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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/22/2013	.	
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The Committee on Appropriations (Bean) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Paragraphs (d) and (e) of subsection (12) of section 112.0455, Florida Statutes, are amended to read:

112.0455 Drug-Free Workplace Act.—

(12) DRUG-TESTING STANDARDS; LABORATORIES.—

~~(d) The laboratory shall submit to the Agency for Health Care Administration a monthly report with statistical information regarding the testing of employees and job applicants. The reports shall include information on the methods~~



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13 ~~of analyses conducted, the drugs tested for, the number of~~
14 ~~positive and negative results for both initial and confirmation~~
15 ~~tests, and any other information deemed appropriate by the~~
16 ~~Agency for Health Care Administration. No monthly report shall~~
17 ~~identify specific employees or job applicants.~~

18 ~~(d)~~ (e) Laboratories shall provide technical assistance to
19 the employer, employee, or job applicant for the purpose of
20 interpreting any positive confirmed test results which could
21 have been caused by prescription or nonprescription medication
22 taken by the employee or job applicant.

23 Section 2. Paragraph (n) of subsection (1) of section
24 154.11, Florida Statutes, is amended to read:

25 154.11 Powers of board of trustees.—

26 (1) The board of trustees of each public health trust shall
27 be deemed to exercise a public and essential governmental
28 function of both the state and the county and in furtherance
29 thereof it shall, subject to limitation by the governing body of
30 the county in which such board is located, have all of the
31 powers necessary or convenient to carry out the operation and
32 governance of designated health care facilities, including, but
33 without limiting the generality of, the foregoing:

34 (n) To appoint originally the staff of physicians to
35 practice in a any designated facility owned or operated by the
36 board and to approve the bylaws and rules to be adopted by the
37 medical staff of a any designated facility owned and operated by
38 the board, such governing regulations to be in accordance with
39 the standards of the Joint Commission, the American Osteopathic
40 Association/Healthcare Facilities Accreditation Program, or a
41 national accrediting organization that is approved by the



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42 Centers for Medicare and Medicaid Services and whose standards
43 incorporate comparable licensure regulations required by the
44 state on the Accreditation of Hospitals which provide, among
45 other things, for the method of appointing additional staff
46 members and for the removal of staff members.

47 Section 3. Subsection (4) of section 322.142, Florida
48 Statutes, is amended to read:

49 322.142 Color photographic or digital imaged licenses.—

50 (4) The department may maintain a film negative or print
51 file. The department shall maintain a record of the digital
52 image and signature of the licensees, together with other data
53 required by the department for identification and retrieval.
54 Reproductions from the file or digital record are exempt from
55 the provisions of s. 119.07(1) and shall be made and issued only
56 for departmental administrative purposes; for the issuance of
57 duplicate licenses; in response to law enforcement agency
58 requests; to the Department of Business and Professional
59 Regulation pursuant to an interagency agreement for the purpose
60 of accessing digital images for reproduction of licenses issued
61 by the Department of Business and Professional Regulation; to
62 the Department of State pursuant to an interagency agreement to
63 facilitate determinations of eligibility of voter registration
64 applicants and registered voters in accordance with ss. 98.045
65 and 98.075; to the Department of Revenue pursuant to an
66 interagency agreement for use in establishing paternity and
67 establishing, modifying, or enforcing support obligations in
68 Title IV-D cases; to the Department of Children and Family
69 Services pursuant to an interagency agreement to conduct
70 protective investigations under part III of chapter 39 and



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71 chapter 415; to the Department of Children and Family Services
72 pursuant to an interagency agreement specifying the number of
73 employees in each of that department's regions to be granted
74 access to the records for use as verification of identity to
75 expedite the determination of eligibility for public assistance
76 and for use in public assistance fraud investigations; to the
77 Agency for Health Care Administration pursuant to an interagency
78 agreement for the purpose of verifying photographs in the Care
79 Provider Background Screening Clearinghouse authorized in s.
80 435.12; to the Department of Financial Services pursuant to an
81 interagency agreement to facilitate the location of owners of
82 unclaimed property, the validation of unclaimed property claims,
83 and the identification of fraudulent or false claims; or to
84 district medical examiners pursuant to an interagency agreement
85 for the purpose of identifying a deceased individual,
86 determining cause of death, and notifying next of kin of any
87 investigations, including autopsies and other laboratory
88 examinations, authorized in s. 406.011.

89 Section 4. Subsection (9) of section 381.745, Florida
90 Statutes, is amended to read:

91 381.745 Definitions; ss. 381.739-381.79.—As used in ss.
92 381.739-381.79, the term:

93 (9) "Transitional living facility," for the purpose of this
94 part, means a state-approved facility, as defined and licensed
95 under chapter 400 ~~or chapter 429, or a facility approved by the~~
96 ~~brain and spinal cord injury program in accordance with this~~
97 ~~chapter.~~

98 Section 5. Section 381.75, Florida Statutes, is amended to
99 read:



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100 381.75 Duties and responsibilities of the department, ~~of~~
101 ~~transitional living facilities, and of residents.~~ Consistent
102 with the mandate of s. 381.7395, the department shall develop
103 and administer a multilevel treatment program for individuals
104 who sustain brain or spinal cord injuries and who are referred
105 to the brain and spinal cord injury program.

106 (1) Within 15 days after any report of an individual who
107 has sustained a brain or spinal cord injury, the department
108 shall notify the individual or the most immediate available
109 family members of their right to assistance from the state, the
110 services available, and the eligibility requirements.

111 (2) The department shall refer individuals who have brain
112 or spinal cord injuries to other state agencies to assure that
113 rehabilitative services, if desired, are obtained by that
114 individual.

115 (3) The department, in consultation with emergency medical
116 service, shall develop standards for an emergency medical
117 evacuation system that will ensure that all individuals who
118 sustain traumatic brain or spinal cord injuries are transported
119 to a department-approved trauma center that meets the standards
120 and criteria established by the emergency medical service and
121 the acute-care standards of the brain and spinal cord injury
122 program.

123 (4) The department shall develop standards for designation
124 of rehabilitation centers to provide rehabilitation services for
125 individuals who have brain or spinal cord injuries.

126 (5) The department shall determine the appropriate number
127 of designated acute-care facilities, inpatient rehabilitation
128 centers, and outpatient rehabilitation centers, needed based on



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129 incidence, volume of admissions, and other appropriate criteria.

130 (6) The department shall develop standards for designation
131 of transitional living facilities to provide transitional living
132 services for individuals who participate in the brain and spinal
133 cord injury program ~~the opportunity to adjust to their~~
134 ~~disabilities and to develop physical and functional skills in a~~
135 ~~supported living environment.~~

136 ~~(a) The Agency for Health Care Administration, in~~
137 ~~consultation with the department, shall develop rules for the~~
138 ~~licensure of transitional living facilities for individuals who~~
139 ~~have brain or spinal cord injuries.~~

140 ~~(b) The goal of a transitional living program for~~
141 ~~individuals who have brain or spinal cord injuries is to assist~~
142 ~~each individual who has such a disability to achieve a higher~~
143 ~~level of independent functioning and to enable that person to~~
144 ~~reenter the community. The program shall be focused on preparing~~
145 ~~participants to return to community living.~~

146 ~~(c) A transitional living facility for an individual who~~
147 ~~has a brain or spinal cord injury shall provide to such~~
148 ~~individual, in a residential setting, a goal-oriented treatment~~
149 ~~program designed to improve the individual's physical,~~
150 ~~cognitive, communicative, behavioral, psychological, and social~~
151 ~~functioning, as well as to provide necessary support and~~
152 ~~supervision. A transitional living facility shall offer at least~~
153 ~~the following therapies: physical, occupational, speech,~~
154 ~~neuropsychology, independent living skills training, behavior~~
155 ~~analysis for programs serving brain-injured individuals, health~~
156 ~~education, and recreation.~~

157 ~~(d) All residents shall use the transitional living~~



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158 ~~facility as a temporary measure and not as a permanent home or~~
159 ~~domicile. The transitional living facility shall develop an~~
160 ~~initial treatment plan for each resident within 3 days after the~~
161 ~~resident's admission. The transitional living facility shall~~
162 ~~develop a comprehensive plan of treatment and a discharge plan~~
163 ~~for each resident as soon as practical, but no later than 30~~
164 ~~days after the resident's admission. Each comprehensive~~
165 ~~treatment plan and discharge plan must be reviewed and updated~~
166 ~~as necessary, but no less often than quarterly. This subsection~~
167 ~~does not require the discharge of an individual who continues to~~
168 ~~require any of the specialized services described in paragraph~~
169 ~~(c) or who is making measurable progress in accordance with that~~
170 ~~individual's comprehensive treatment plan. The transitional~~
171 ~~living facility shall discharge any individual who has an~~
172 ~~appropriate discharge site and who has achieved the goals of his~~
173 ~~or her discharge plan or who is no longer making progress toward~~
174 ~~the goals established in the comprehensive treatment plan and~~
175 ~~the discharge plan. The discharge location must be the least~~
176 ~~restrictive environment in which an individual's health, well-~~
177 ~~being, and safety is preserved.~~

178 ~~(7) Recipients of services, under this section, from any of~~
179 ~~the facilities referred to in this section shall pay a fee based~~
180 ~~on ability to pay.~~

181 Section 6. Subsection (4) of section 381.78, Florida
182 Statutes, is amended to read:

183 381.78 Advisory council on brain and spinal cord injuries.—

184 (4) The council shall:

185 ~~(a)~~ provide advice and expertise to the department in the
186 preparation, implementation, and periodic review of the brain



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187 and spinal cord injury program.

188 ~~(b) Annually appoint a five-member committee composed of~~
189 ~~one individual who has a brain injury or has a family member~~
190 ~~with a brain injury, one individual who has a spinal cord injury~~
191 ~~or has a family member with a spinal cord injury, and three~~
192 ~~members who shall be chosen from among these representative~~
193 ~~groups: physicians, other allied health professionals,~~
194 ~~administrators of brain and spinal cord injury programs, and~~
195 ~~representatives from support groups with expertise in areas~~
196 ~~related to the rehabilitation of individuals who have brain or~~
197 ~~spinal cord injuries, except that one and only one member of the~~
198 ~~committee shall be an administrator of a transitional living~~
199 ~~facility. Membership on the council is not a prerequisite for~~
200 ~~membership on this committee.~~

201 ~~1. The committee shall perform onsite visits to those~~
202 ~~transitional living facilities identified by the Agency for~~
203 ~~Health Care Administration as being in possible violation of the~~
204 ~~statutes and rules regulating such facilities. The committee~~
205 ~~members have the same rights of entry and inspection granted~~
206 ~~under s. 400.805(4) to designated representatives of the agency.~~

207 ~~2. Factual findings of the committee resulting from an~~
208 ~~onsite investigation of a facility pursuant to subparagraph 1.~~
209 ~~shall be adopted by the agency in developing its administrative~~
210 ~~response regarding enforcement of statutes and rules regulating~~
211 ~~the operation of the facility.~~

212 ~~3. Onsite investigations by the committee shall be funded~~
213 ~~by the Health Care Trust Fund.~~

214 ~~4. Travel expenses for committee members shall be~~
215 ~~reimbursed in accordance with s. 112.061.~~



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216 ~~5. Members of the committee shall recuse themselves from~~
217 ~~participating in any investigation that would create a conflict~~
218 ~~of interest under state law, and the council shall replace the~~
219 ~~member, either temporarily or permanently.~~

220 Section 7. Section 385.2035, Florida Statutes, is created
221 to read:

222 385.2035 Resource for research in the prevention and
223 treatment of diabetes.—The Florida Hospital Sanford-Burnham
224 Translational Research Institute for Metabolism and Diabetes is
225 designated as a resource in this state for research in the
226 prevention and treatment of diabetes.

227 Section 8. Section 394.4574, Florida Statutes, is amended
228 to read:

229 394.4574 ~~Department~~ Responsibilities for coordination of
230 services for a mental health resident who resides in an assisted
231 living facility that holds a limited mental health license.—

232 (1) As used in this section, the term "mental health
233 resident" ~~"mental health resident,"~~ for purposes of this
234 ~~section,~~ means an individual who receives social security
235 disability income due to a mental disorder as determined by the
236 Social Security Administration or receives supplemental security
237 income due to a mental disorder as determined by the Social
238 Security Administration and receives optional state
239 supplementation.

240 (2) Medicaid prepaid behavioral health plans are
241 responsible for enrolled mental health residents, and managing
242 entities under contract with the department are responsible for
243 mental health residents who are not enrolled with a Medicaid
244 prepaid behavioral health plan. Each responsible entity shall



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245 ~~The department must~~ ensure that:

246 (a) A mental health resident has been assessed by a
247 psychiatrist, clinical psychologist, clinical social worker, or
248 psychiatric nurse, or an individual who is supervised by one of
249 these professionals, and determined to be appropriate to reside
250 in an assisted living facility. The documentation must be
251 provided to the administrator of the facility within 30 days
252 after the mental health resident has been admitted to the
253 facility. An evaluation completed upon discharge from a state
254 mental hospital meets the requirements of this subsection
255 related to appropriateness for placement as a mental health
256 resident if it was completed within 90 days before ~~prior to~~
257 admission to the facility.

258 (b) A cooperative agreement, as required in s. 429.075, is
259 developed between the mental health care services provider that
260 serves a mental health resident and the administrator of the
261 assisted living facility with a limited mental health license in
262 which the mental health resident is living. ~~Any entity that~~
263 ~~provides Medicaid prepaid health plan services shall ensure the~~
264 ~~appropriate coordination of health care services with an~~
265 ~~assisted living facility in cases where a Medicaid recipient is~~
266 ~~both a member of the entity's prepaid health plan and a resident~~
267 ~~of the assisted living facility. If the entity is at risk for~~
268 ~~Medicaid targeted case management and behavioral health~~
269 ~~services, the entity shall inform the assisted living facility~~
270 ~~of the procedures to follow should an emergent condition arise.~~

271 (c) The community living support plan, as defined in s.
272 429.02, has been prepared by a mental health resident and a
273 mental health case manager of that resident in consultation with



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274 the administrator of the facility or the administrator's
275 designee. The plan must be completed and provided to the
276 administrator of the assisted living facility with a limited
277 mental health license in which the mental health resident lives
278 upon the resident's admission. The support plan and the
279 agreement may be in one document.

280 (d) The assisted living facility with a limited mental
281 health license is provided with documentation that the
282 individual meets the definition of a mental health resident.

283 (e) The mental health services provider assigns a case
284 manager to each mental health resident for whom the entity is
285 responsible ~~who lives in an assisted living facility with a~~
286 ~~limited mental health license~~. The case manager is responsible
287 for coordinating the development of and implementation of the
288 community living support plan defined in s. 429.02. The plan
289 must be updated at least annually, or when there is a
290 significant change to the resident's behavioral health status,
291 such as an inpatient admission or a change in behavioral status,
292 medications, level of service, or residence. Each case manager
293 shall keep a record of the date and time of any face-to-face
294 interaction with the resident and make the record available to
295 the responsible entity for inspection. The record must be
296 retained for at least 2 years after the date of the most recent
297 interaction.

298 (f) Adequate and consistent monitoring and enforcement of
299 community living support plans and cooperative agreements are
300 conducted by the resident's case manager.

301 (g) Concerns are reported to the appropriate regulatory
302 oversight organization if a regulated provider fails to deliver



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303 appropriate services or otherwise acts in a manner that has the
304 potential to result in harm to the resident.

305 (3) The Secretary of Children and Family Services, in
306 consultation with the Agency for Health Care Administration,
307 shall ~~annually~~ require each district administrator to develop,
308 with community input, a detailed annual plan that demonstrates
309 ~~detailed plans that demonstrate~~ how the district will ensure the
310 provision of state-funded mental health and substance abuse
311 treatment services to residents of assisted living facilities
312 that hold a limited mental health license. These plans must be
313 consistent with the substance abuse and mental health district
314 plan developed pursuant to s. 394.75 and must address case
315 management services; access to consumer-operated drop-in
316 centers; access to services during evenings, weekends, and
317 holidays; supervision of the clinical needs of the residents;
318 and access to emergency psychiatric care.

319 Section 9. Subsection (2) of section 394.741, Florida
320 Statutes, is amended to read:

321 394.741 Accreditation requirements for providers of
322 behavioral health care services.—

323 (2) Notwithstanding any provision of law to the contrary,
324 accreditation shall be accepted by the agency and department in
325 lieu of the agency's and department's facility licensure onsite
326 review requirements and shall be accepted as a substitute for
327 the department's administrative and program monitoring
328 requirements, except as required by subsections (3) and (4),
329 for:

330 (a) An ~~Any~~ organization from which the department purchases
331 behavioral health care services which ~~that~~ is accredited by the



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332 Joint Commission, American Osteopathic Association/the
333 Healthcare Facilities Accreditation Program, a national
334 accrediting organization that is approved by the Centers for
335 Medicare and Medicaid Services and whose standards incorporate
336 comparable licensure regulations required by the state, ~~on~~
337 ~~Accreditation of Healthcare Organizations or the Council on~~
338 ~~Accreditation for Children and Family Services, or CARF~~
339 ~~International for the~~ has these services that are being
340 purchased by the department ~~accredited by CARF the~~
341 ~~Rehabilitation Accreditation Commission.~~

342 (b) A ~~Any~~ mental health facility licensed by the agency or
343 a ~~any~~ substance abuse component licensed by the department which
344 ~~that~~ is accredited by the Joint Commission, the American
345 Osteopathic Association/Healthcare Facilities Accreditation
346 Program, a national accrediting organization that is approved by
347 the Centers for Medicare and Medicaid Services and whose
348 standards incorporate comparable licensure regulations required
349 by the state, CARF International ~~on Accreditation of Healthcare~~
350 ~~Organizations, CARF the Rehabilitation Accreditation Commission,~~
351 or the Council on Accreditation ~~of Children and Family Services.~~

352 (c) A ~~Any~~ network of providers from which the department or
353 the agency purchases behavioral health care services accredited
354 by the Joint Commission, the American Osteopathic
355 Association/Healthcare Facilities Accreditation Program, a
356 national accrediting organization that is approved by the
357 Centers for Medicare and Medicaid Services and whose standards
358 incorporate comparable licensure regulations required by the
359 state, CARF International ~~on Accreditation of Healthcare~~
360 ~~Organizations, CARF the Rehabilitation Accreditation Commission,~~



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361 the Council on Accreditation ~~of Children and Family Services~~, or
362 the National Committee for Quality Assurance. A provider
363 organization that, ~~which~~ is part of an accredited network, is
364 afforded the same rights under this part.

365 Section 10. Subsection (3) of section 395.0161, Florida
366 Statutes, is amended to read:

367 395.0161 Licensure inspection.—

368 (3) In accordance with s. 408.805, an applicant or licensee
369 shall pay a fee for each license application submitted under
370 this part, part II of chapter 408, and applicable rules. With
371 the exception of state-operated licensed facilities, each
372 facility licensed under this part shall pay to the agency, ~~at~~
373 ~~the time of inspection~~, the following fees:

374 (a) *Inspection for licensure.*—A fee shall be paid which is
375 not less than \$8 per hospital bed, nor more than \$12 per
376 hospital bed, except that the minimum fee shall be \$400 per
377 facility.

378 (b) *Inspection for lifesafety only.*—A fee shall be paid
379 which is not less than 75 cents per hospital bed, nor more than
380 \$1.50 per hospital bed, except that the minimum fee shall be \$40
381 per facility.

382 Section 11. Section 395.1046, Florida Statutes, is
383 repealed.

384 Section 12. Section 395.3038, Florida Statutes, is amended
385 to read:

386 395.3038 State-listed primary stroke centers and
387 comprehensive stroke centers; notification of hospitals.—

388 (1) The agency shall make available on its website and to
389 the department a list of the name and address of each hospital



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390 that meets the criteria for a primary stroke center and the name
391 and address of each hospital that meets the criteria for a
392 comprehensive stroke center. The list of primary and
393 comprehensive stroke centers must ~~shall~~ include only those
394 hospitals that attest in an affidavit submitted to the agency
395 that the hospital meets the named criteria, or those hospitals
396 that attest in an affidavit submitted to the agency that the
397 hospital is certified as a primary or a comprehensive stroke
398 center by the Joint Commission, the American Osteopathic
399 Association/Healthcare Facilities Accreditation Program, or a
400 national accrediting organization that is approved by the
401 Centers for Medicare and Medicaid Services and whose standards
402 incorporate comparable licensure regulations required by the
403 state ~~on Accreditation of Healthcare Organizations.~~

404 (2) (a) If a hospital no longer chooses to meet the criteria
405 for a primary or comprehensive stroke center, the hospital shall
406 notify the agency and the agency shall immediately remove the
407 hospital from the list.

408 (b)1. This subsection does not apply if the hospital is
409 unable to provide stroke treatment services for a period of time
410 not to exceed 2 months. The hospital shall immediately notify
411 all local emergency medical services providers when the
412 temporary unavailability of stroke treatment services begins and
413 when the services resume.

414 2. If stroke treatment services are unavailable for more
415 than 2 months, the agency shall remove the hospital from the
416 list of primary or comprehensive stroke centers until the
417 hospital notifies the agency that stroke treatment services have
418 been resumed.



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419 ~~(3) The agency shall notify all hospitals in this state by~~
420 ~~February 15, 2005, that the agency is compiling a list of~~
421 ~~primary stroke centers and comprehensive stroke centers in this~~
422 ~~state. The notice shall include an explanation of the criteria~~
423 ~~necessary for designation as a primary stroke center and the~~
424 ~~criteria necessary for designation as a comprehensive stroke~~
425 ~~center. The notice shall also advise hospitals of the process by~~
426 ~~which a hospital might be added to the list of primary or~~
427 ~~comprehensive stroke centers.~~

428 (3)(4) The agency shall adopt by rule criteria for a
429 primary stroke center which are substantially similar to the
430 certification standards for primary stroke centers of the Joint
431 Commission, the American Osteopathic Association/Healthcare
432 Facilities Accreditation Program, or a national accrediting
433 organization that is approved by the Centers for Medicare and
434 Medicaid Services and whose standards incorporate comparable
435 licensure regulations required by the state ~~on Accreditation of~~
436 ~~Healthcare Organizations.~~

437 (4)(5) The agency shall adopt by rule criteria for a
438 comprehensive stroke center. However, if the Joint Commission,
439 the American Osteopathic Association/Healthcare Facilities
440 Accreditation Program, or a national accrediting organization
441 that is approved by the Centers for Medicare and Medicaid
442 Services and whose standards incorporate comparable licensure
443 regulations required by the state ~~on Accreditation of Healthcare~~
444 ~~Organizations~~ establishes criteria for a comprehensive stroke
445 center, the agency shall establish criteria for a comprehensive
446 stroke center which are substantially similar to those criteria
447 established by the Joint Commission, the American Osteopathic



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448 Association/Healthcare Facilities Accreditation Program, or such
449 national accrediting organization ~~on Accreditation of Healthcare~~
450 ~~Organizations.~~

451 (5)~~(6)~~ This act is not a medical practice guideline and may
452 not be used to restrict the authority of a hospital to provide
453 services for which it is licensed ~~has received a license~~ under
454 chapter 395. The Legislature intends that all patients be
455 treated individually based on each patient's needs and
456 circumstances.

457 Section 13. Section 395.40, Florida Statutes, is repealed.

458 Section 14. Paragraph (a) of subsection (7) and subsection
459 (14) of section 395.4001, Florida Statutes, are amended to read:
460 395.4001 Definitions.—As used in this part, the term:

461 (7) "Level II trauma center" means a trauma center that:

462 (a) Is verified by the department to be in substantial
463 compliance with Level II trauma center standards and has been
464 approved by the department to operate as a Level II trauma
465 center or is designated pursuant to subsection (14).

466 (14) "Trauma center" means a hospital that has been
467 verified by the department to be in substantial compliance with
468 the requirements in s. 395.4025 and has been approved by the
469 department to operate as a Level I trauma center, Level II
470 trauma center, or pediatric trauma center, or is designated by
471 the department as a Level II trauma center pursuant to
472 subsection (14).

473 Section 15. Paragraph (b) of subsection (1) and paragraph
474 (3) of section 395.401, Florida Statutes, are amended to read:

475 395.401 Trauma services system plans; approval of trauma
476 centers and pediatric trauma centers; procedures; renewal.—



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- 477 (1)
- 478 (b) The local and regional trauma agencies shall develop
479 and submit to the department plans for local and regional trauma
480 services systems. The plans must include, at a minimum, the
481 following components:
- 482 1. The organizational structure of the trauma system.
 - 483 2. Prehospital care management guidelines for triage and
484 transportation of trauma cases.
 - 485 3. Flow patterns of trauma cases and transportation system
486 design and resources, including air transportation services,
487 provision for interfacility trauma transfer, and the prehospital
488 transportation of trauma victims. The trauma agency shall plan
489 for the development of a system of transportation of trauma
490 alert victims to trauma centers where the distance or time to a
491 trauma center or transportation resources diminish access by
492 trauma alert victims.
 - 493 ~~4. The number and location of needed trauma centers based~~
494 ~~on local needs, population, and location and distribution of~~
495 ~~resources.~~
 - 496 ~~4.5.~~ Data collection regarding system operation and patient
497 outcome.
 - 498 ~~5.6.~~ Periodic performance evaluation of the trauma system
499 and its components.
 - 500 ~~6.7.~~ The use of air transport services within the
501 jurisdiction of the local trauma agency.
 - 502 ~~7.8.~~ Public information and education about the trauma
503 system.
 - 504 ~~8.9.~~ Emergency medical services communication system usage
505 and dispatching.



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506 ~~9.10.~~ The coordination and integration between the trauma
507 center and other acute care hospitals.

508 ~~10.11.~~ Medical control and accountability.

509 ~~11.12.~~ Quality control and system evaluation.

510 (3) The department may withdraw local or regional agency
511 authority, prescribe corrective actions, or use the
512 administrative remedies as provided in s. 395.1065 for the
513 violation of any provision of this section and ss. 395.4015,
514 ~~395.402~~, 395.4025, 395.403, 395.404, and 395.4045 or rules
515 adopted thereunder. All amounts collected pursuant to this
516 subsection shall be deposited into the Emergency Medical
517 Services Trust Fund provided in s. 401.34.

518 Section 16. Subsection (1) of section 395.4015, Florida
519 Statutes, is amended to read:

520 395.4015 State regional trauma planning; trauma regions.—

521 (1) The department shall establish a state trauma system
522 plan. As part of the state trauma system plan, the department
523 shall establish trauma regions that cover all geographical areas
524 of the state and have boundaries that are coterminous with the
525 boundaries of the regional domestic security task forces
526 established under s. 943.0312. These regions may serve as the
527 basis for the development of department-approved local or
528 regional trauma plans. However, such regional plans shall
529 recognize trauma service areas that reflect well established
530 patient flow patterns. The delivery of trauma services by or in
531 coordination with a trauma agency established before July 1,
532 2004, may continue in accordance with public and private
533 agreements and operational procedures entered into as provided
534 in s. 395.401.



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535 Section 17. Section 395.402, Florida Statutes, is repealed.

536 Section 18. Subsections (12) and (14) of section 395.4025,
537 Florida Statutes, are amended to read:

538 395.4025 Trauma centers; selection; quality assurance;
539 records.—

540 (12) Patient care, transport, or treatment records or
541 reports, or patient care quality assurance proceedings, records,
542 or reports obtained or made pursuant to this section, s.
543 395.3025(4)(f), s. 395.401, s. 395.4015, ~~s. 395.402~~, s. 395.403,
544 s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51
545 must be held confidential by the department or its agent and are
546 exempt from the provisions of s. 119.07(1). Patient care quality
547 assurance proceedings, records, or reports obtained or made
548 pursuant to these sections are not subject to discovery or
549 introduction into evidence in any civil or administrative
550 action.

551 (14) Notwithstanding the procedures established pursuant to
552 subsections (1) through (13) in this section, hospitals located
553 in areas with limited access to trauma center services shall be
554 designated by the department as a Level II trauma center based
555 on documentation of a valid certificate of trauma center
556 verification from the American College of Surgeons. Areas with
557 limited access to trauma center services are defined by the
558 following criteria:

559 (a) The hospital is located in a trauma service area with a
560 population greater than 600,000 persons but a population density
561 of less than 300 persons per square mile; and,

562 (b) The hospital is located in a county with no designated
563 or provisional trauma center; and,



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564 (c) The hospital is located at least 15 miles or 20 minutes
565 travel time by ground transport from the nearest trauma center.

566 ~~any other provisions of this section and rules adopted~~
567 ~~pursuant to this section, until the department has conducted the~~
568 ~~review provided under s. 395.402, only hospitals located in~~
569 ~~trauma services areas where there is no existing trauma center~~
570 ~~may apply.~~

571 Section 19. Section 395.405, Florida Statutes, is amended
572 to read

573 395.405 Rulemaking.—The department shall adopt and enforce
574 all rules necessary to administer ss. 395.401, 395.4015,
575 ~~395.402~~, 395.4025, 395.403, 395.404, and 395.4045.

576 Section 20. Paragraph (c) of subsection (1) of section
577 395.701, Florida Statutes, is amended to read:

578 395.701 Annual assessments on net operating revenues for
579 inpatient and outpatient services to fund public medical
580 assistance; administrative fines for failure to pay assessments
581 when due; exemption.—

582 (1) For the purposes of this section, the term:

583 (c) "Hospital" means a health care institution as defined
584 in s. 395.002(12), but does not include any hospital operated by
585 a state ~~the agency or the Department of Corrections.~~

586 Section 21. Section 395.7015, Florida Statutes, is
587 repealed.

588 Section 22. Section 395.7016, Florida Statutes, is amended
589 to read:

590 395.7016 Annual appropriation.—The Legislature shall
591 appropriate each fiscal year from either the General Revenue
592 Fund or the Agency for Health Care Administration Tobacco



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593 Settlement Trust Fund an amount sufficient to replace the funds
594 lost due to ~~reduction by chapter 2000-256, Laws of Florida, of~~
595 ~~the assessment on other health care entities under s. 395.7015,~~
596 ~~and~~ the reduction by chapter 2000-256 in the assessment on
597 hospitals under s. 395.701, and to maintain federal approval of
598 the reduced amount of funds deposited into the Public Medical
599 Assistance Trust Fund under s. 395.701, as state match for the
600 state's Medicaid program.

601 Section 23. Subsection (3) of section 397.403, Florida
602 Statutes, is amended to read:

603 397.403 License application.-

604 (3) The department shall accept proof of accreditation by
605 CARF International, ~~the Commission on Accreditation of~~
606 ~~Rehabilitation Facilities (CARF) or~~ the Joint Commission, the
607 American Osteopathic Association/Healthcare Facilities
608 Accreditation Program, or a national accrediting organization
609 that is approved by the Centers for Medicare and Medicaid
610 Services and whose standards incorporate comparable licensure
611 regulations required by the state; or through another any other
612 nationally recognized certification process that is acceptable
613 to the department and meets the minimum licensure requirements
614 under this chapter, in lieu of requiring the applicant to submit
615 the information required by paragraphs (1)(a)-(c).

616 Section 24. Subsection (1) of section 400.0074, Florida
617 Statutes, is amended, and paragraph (h) is added to subsection
618 (2) of that section, to read:

619 400.0074 Local ombudsman council onsite administrative
620 assessments.-

621 (1) In addition to any specific investigation conducted



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622 pursuant to a complaint, the local council shall conduct, at
623 least annually, an onsite administrative assessment of each
624 nursing home, assisted living facility, and adult family-care
625 home within its jurisdiction. This administrative assessment
626 must be comprehensive in nature and must ~~shall~~ focus on factors
627 affecting the rights, health, safety, and welfare of the
628 residents. Each local council is encouraged to conduct a similar
629 onsite administrative assessment of each additional long-term
630 care facility within its jurisdiction.

631 (2) An onsite administrative assessment conducted by a
632 local council shall be subject to the following conditions:

633 (h) The local council shall conduct an exit consultation
634 with the facility administrator or administrator designee to
635 discuss issues and concerns in areas affecting the rights,
636 health, safety, and welfare of the residents and make
637 recommendations for improvement, if any.

638 Section 25. Subsection (2) of section 400.0078, Florida
639 Statutes, is amended to read:

640 400.0078 Citizen access to State Long-Term Care Ombudsman
641 Program services.—

642 ~~(2) Every resident or representative of a resident shall~~
643 ~~receive,~~ Upon admission to a long-term care facility, each
644 resident or representative of a resident must receive
645 information regarding the purpose of the State Long-Term Care
646 Ombudsman Program, the statewide toll-free telephone number for
647 receiving complaints, information that retaliatory action cannot
648 be taken against a resident for presenting grievances or for
649 exercising any other resident right, and other relevant
650 information regarding how to contact the program. Residents or



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651 their representatives must be furnished additional copies of
652 this information upon request.

653 Section 26. Subsection (21) of section 400.462, Florida
654 Statutes, is amended to read:

655 400.462 Definitions.—As used in this part, the term:

656 (21) "Nurse registry" means any person that procures,
657 offers, promises, or attempts to secure health-care-related
658 contracts for registered nurses, licensed practical nurses,
659 certified nursing assistants, home health aides, companions, or
660 homemakers, who are compensated by fees as independent
661 contractors, including, but not limited to, contracts for the
662 provision of services to patients and contracts to provide
663 private duty or staffing services to health care facilities
664 licensed under chapter 395, this chapter, or chapter 429 or
665 other business entities. For the purposes of the delivery of
666 services under s. 627.94071(5), a nurse registry may be
667 considered a "home health agency" as defined in s. 400.462(12).

668 Section 27. Section 400.805, Florida Statutes, is repealed.

669 Section 28. Subsection (1) of section 400.925, Florida
670 Statutes, is amended to read:

671 400.925 Definitions.—As used in this part, the term:

672 (1) "Accrediting organizations" means the Joint Commission,
673 the American Osteopathic Association/Healthcare Facilities
674 Accreditation Program, a national accrediting organization that
675 is approved by the Centers for Medicare and Medicaid Services
676 and whose standards incorporate comparable licensure regulations
677 required by the state, ~~on Accreditation of Healthcare~~
678 Organizations or other national accrediting accreditation
679 agencies whose standards for accreditation are comparable to



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680 those required by this part for licensure.

681 Section 29. Subsection (5) of section 400.93, Florida
682 Statutes, is amended to read:

683 400.93 Licensure required; exemptions; unlawful acts;
684 penalties.—

685 (5) The following are exempt from home medical equipment
686 provider licensure, unless they have a separate company,
687 corporation, or division that is in the business of providing
688 home medical equipment and services for sale or rent to
689 consumers at their regular or temporary place of residence
690 pursuant to the provisions of this part:

691 (a) Providers operated by the Department of Health or
692 Federal Government.

693 (b) Nursing homes licensed under part II.

694 (c) Assisted living facilities licensed under chapter 429,
695 when serving their residents.

696 (d) Home health agencies licensed under part III.

697 (e) Hospices licensed under part IV.

698 (f) Intermediate care facilities, homes for special
699 services, and transitional living facilities licensed under part
700 V.

701 (g) Transitional living facilities licensed under part XI.

702 (h)~~(g)~~ Hospitals and ambulatory surgical centers licensed
703 under chapter 395.

704 (i)~~(h)~~ Manufacturers and wholesale distributors when not
705 selling directly to consumers.

706 (j)~~(i)~~ Licensed health care practitioners who utilize home
707 medical equipment in the course of their practice, but do not
708 sell or rent home medical equipment to their patients.



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709 (k)~~(j)~~ Pharmacies licensed under chapter 465.

710 Section 30. Paragraphs (l) and (m) of subsection (4) of
711 section 400.9905, Florida Statutes, is amended to read:

712 400.9905 Definitions.—

713 (4) "Clinic" means an entity where health care services are
714 provided to individuals and which tenders charges for
715 reimbursement for such services, including a mobile clinic and a
716 portable equipment provider. As used in this part, the term does
717 not include and the licensure requirements of this part do not
718 apply to:

719 (l) Orthotic, ~~or~~ prosthetic, pediatric cardiology, or
720 perinatology clinical facilities or anesthesia clinical
721 facilities that are not otherwise exempt under paragraph (a) or
722 paragraph (k) and that are a publicly traded corporation or ~~that~~
723 are wholly owned, directly or indirectly, by a publicly traded
724 corporation. As used in this paragraph, a publicly traded
725 corporation is a corporation that issues securities traded on an
726 exchange registered with the United States Securities and
727 Exchange Commission as a national securities exchange.

728 (m) Entities that are owned by a corporation that has \$250
729 million or more in total annual sales of health care services
730 provided by licensed health care practitioners where one or more
731 of the persons responsible for the operations of the entity
732 ~~owners~~ is a health care practitioner who is licensed in this
733 state and who is responsible for supervising the business
734 activities of the entity and is ~~legally~~ responsible for the
735 entity's compliance with state law for purposes of this part.

736
737 Notwithstanding this subsection, an entity shall be deemed a



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738 clinic and must be licensed under this part in order to receive
739 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.
740 627.730-627.7405, unless exempted under s. 627.736(5)(h).

741 Section 31. Paragraph (g) of subsection (1) and subsection
742 (7) of section 400.9935, Florida Statutes, are amended to read:
743 400.9935 Clinic responsibilities.—

744 (1) Each clinic shall appoint a medical director or clinic
745 director who shall agree in writing to accept legal
746 responsibility for the following activities on behalf of the
747 clinic. The medical director or the clinic director shall:

748 (g) Conduct systematic reviews of clinic billings to ensure
749 that the billings are not fraudulent or unlawful. Upon discovery
750 of an unlawful charge, the medical director or clinic director
751 shall take immediate corrective action. If the clinic performs
752 only the technical component of magnetic resonance imaging,
753 static radiographs, computed tomography, or positron emission
754 tomography, and provides the professional interpretation of such
755 services, in a fixed facility that is accredited by the Joint
756 Commission, the American Osteopathic Association/Healthcare
757 Facilities Accreditation Program, ~~on Accreditation of Healthcare~~
758 ~~Organizations~~ or the Accreditation Association for Ambulatory
759 Health Care, Inc., or a national accrediting organization that
760 is approved by the Centers for Medicare and Medicaid Services
761 and whose standards incorporate comparable licensure regulations
762 required by the state; and the American College of Radiology;
763 and if, in the preceding quarter, the percentage of scans
764 performed by that clinic which was billed to all personal injury
765 protection insurance carriers was less than 15 percent, the
766 chief financial officer of the clinic may, in a written



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767 acknowledgment provided to the agency, assume the responsibility
768 for the conduct of the systematic reviews of clinic billings to
769 ensure that the billings are not fraudulent or unlawful.

770 (7) (a) Each clinic engaged in magnetic resonance imaging
771 services must be accredited by the Joint Commission, the
772 American Osteopathic Association/Healthcare Facilities
773 Accreditation Program, a national accrediting organization that
774 is approved by the Centers for Medicare and Medicaid Services
775 and whose standards incorporate comparable licensure regulations
776 required by the state ~~on Accreditation of Healthcare~~
777 ~~Organizations~~, the American College of Radiology, or the
778 Accreditation Association for Ambulatory Health Care, Inc.,
779 within 1 year after licensure. A clinic that is accredited by
780 the American College of Radiology or that is within the original
781 1-year period after licensure and replaces its core magnetic
782 resonance imaging equipment shall be given 1 year after the date
783 on which the equipment is replaced to attain accreditation.
784 However, a clinic may request a single, 6-month extension if it
785 provides evidence to the agency establishing that, for good
786 cause shown, such clinic cannot be accredited within 1 year
787 after licensure, and that such accreditation will be completed
788 within the 6-month extension. After obtaining accreditation as
789 required by this subsection, each such clinic must maintain
790 accreditation as a condition of renewal of its license. A clinic
791 that files a change of ownership application must comply with
792 the original accreditation timeframe requirements of the
793 transferor. The agency shall deny a change of ownership
794 application if the clinic is not in compliance with the
795 accreditation requirements. When a clinic adds, replaces, or



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796 modifies magnetic resonance imaging equipment and the
797 accrediting ~~accreditation~~ agency requires new accreditation, the
798 clinic must be accredited within 1 year after the date of the
799 addition, replacement, or modification but may request a single,
800 6-month extension if the clinic provides evidence of good cause
801 to the agency.

802 (b) The agency may deny the application or revoke the
803 license of an ~~any~~ entity formed for the purpose of avoiding
804 compliance with the accreditation provisions of this subsection
805 and whose principals were previously principals of an entity
806 that was unable to meet the accreditation requirements within
807 the specified timeframes. The agency may adopt rules as to the
808 accreditation of magnetic resonance imaging clinics.

809 Section 32. Sections 400.9970 through 400.9984, Florida
810 Statutes, are designated as part XI of chapter 400, Florida
811 Statutes, entitled "Transitional Living Facilities."

812 Section 33. Section 400.9970, Florida Statutes, is created
813 to read:

814 400.9970 Legislative intent.—It is the intent of the
815 Legislature to provide for the licensure of transitional living
816 facilities and require the development, establishment, and
817 enforcement of basic standards by the Agency for Health Care
818 Administration to ensure quality of care and services to clients
819 in transitional living facilities. It is the policy of the state
820 that the least restrictive appropriate available treatment be
821 used based on the individual needs and best interest of the
822 client and consistent with optimum improvement of the client's
823 condition. The goal of a transitional living program for
824 individuals who have brain or spinal cord injuries is to assist



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825 each individual who has such an injury to achieve a higher level
826 of independent functioning and to enable that individual to
827 reenter the community. It is also the policy of this state that
828 the use of restraints and seclusion of clients is justified only
829 as an emergency safety measure to be used in response to danger
830 to the client or others. It is, therefore, the intent of the
831 Legislature to achieve an ongoing reduction in the use of
832 restraints and seclusion in programs and facilities that serve
833 persons who have brain injury or spinal cord injuries.

834 Section 34. Section 400.9971, Florida Statutes, is created
835 to read:

836 400.9971 Definitions.—As used in this part, the term:

837 (1) "Agency" means the Agency for Health Care
838 Administration.

839 (2) "Chemical restraint" means a pharmacologic drug that
840 physically limits, restricts, or deprives an individual of
841 movement or mobility, is used for client protection or safety,
842 and is not required for the treatment of medical conditions or
843 symptoms.

844 (3) "Client's representative" means the parent of a child
845 client or the client's guardian, designated representative or
846 designee, surrogate, or attorney in fact.

847 (4) "Department" means the Department of Health.

848 (5) "Physical restraint" means any manual method to
849 restrict freedom of movement of or normal access to an
850 individual's body or a physical or mechanical device, material,
851 or equipment attached or adjacent to the individual's body so
852 that he or she cannot easily remove the restraint and which
853 restricts freedom of movement of or normal access to one's body,



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854 including, but not limited to, a half-bed rail, a full-bed rail,
855 a geriatric chair, and a posey restraint. The term includes any
856 device that was not specifically manufactured as a restraint but
857 that has been altered, arranged, or otherwise used for this
858 purpose. The term does not include bandage material used for the
859 purpose of binding a wound or injury.

860 (6) "Seclusion" means the physical segregation of a person
861 in any fashion or the involuntary isolation of a person in a
862 room or area from which the person is prevented from leaving.
863 The prevention may be by physical barrier or by a staff member
864 who is acting in a manner, or who is physically situated, so as
865 to prevent the person from leaving the room or area. For
866 purposes of this chapter, the term does not mean isolation due
867 to a person's medical condition or symptoms.

868 (7) "Transitional living facility" means a site where
869 specialized health care services are provided, including, but
870 not limited to, rehabilitative services, behavior modification,
871 community reentry training, aids for independent living, and
872 counseling to individuals who have brain injuries or spinal cord
873 injuries. The term does not require a provider that is licensed
874 by the agency to obtain a separate transitional living facility
875 license to serve persons who have brain injuries or spinal cord
876 injuries as long as the services provided are within the scope
877 of the provider's license.

878 Section 35. Section 400.9972, Florida Statutes, is created
879 to read:

880 400.9972 License required; fee; application.—

881 (1) The requirements of part II of chapter 408 apply to the
882 provision of services that require licensure pursuant to this



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883 part and part II of chapter 408 and to entities licensed by or
884 applying for such licensure from the agency pursuant to this
885 part. A license issued by the agency is required for the
886 operation of a transitional living facility in this state. Every
887 transitional living facility licensed under s. 400.805 on or
888 before July 1, 2013, shall be granted a license under the
889 provisions of part XI of chapter 400.

890 (2) In accordance with this part, an applicant or a
891 licensee shall pay a fee for each license application submitted
892 under this part. The license fee shall consist of a \$4,588
893 license fee and a \$90 per-bed fee per biennium and shall conform
894 to the annual adjustment authorized in s. 408.805.

895 (3) Each applicant for licensure must provide the
896 following:

897 (a) The location of the facility for which a license is
898 sought and documentation, signed by the appropriate local
899 government official, which states that the applicant has met
900 local zoning requirements.

901 (b) Proof of liability insurance as provided in s. 624.605.

902 (c) Proof of compliance with local zoning requirements,
903 including compliance with the requirements of chapter 419 if the
904 proposed facility is a community residential home.

905 (d) Proof that the facility has received a satisfactory
906 firesafety inspection.

907 (e) Documentation of a satisfactory sanitation inspection
908 of the facility by the county health department.

909
910 The applicant's proposed facility must attain and continuously
911 maintain accreditation by an accrediting organization



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912 specializing in evaluating rehabilitation facilities whose
913 standards incorporate comparable licensure regulations required
914 by the state. An applicant for licensure as a transitional
915 living facility must acquire accreditation within 12 months
916 after the issuance of an initial license. The agency shall
917 accept the accreditation survey report of the accrediting
918 organization in lieu of conducting a licensure inspection if the
919 standards included in the survey report are determined by the
920 agency to document that the facility is in substantial
921 compliance with state licensure requirements. The applicant
922 shall submit to the agency within 10 days after receipt a copy
923 of any accreditation survey report and evidence of the
924 accreditation decision subsequent to a survey by the accrediting
925 organization on the facility. This part does not preclude the
926 agency from conducting periodic inspections of a transitional
927 living facility to ensure compliance with all licensure
928 requirements, and as it deems necessary to carry out the
929 functions of the agency. An inspection may be conducted to
930 ensure compliance with licensure requirements of this part, to
931 validate the inspection process of accrediting organizations, to
932 respond to licensure complaints, or to protect the public health
933 and safety.

934 Section 36. Section 400.9973, Florida Statutes, is created
935 to read:

936 400.9973 Client admission, transfer, and discharge.-

937 (1) Each transitional living facility must have written
938 policies and procedures governing the admission, transfer, and
939 discharge of clients.

940 (2) The admission of each client to a transitional living



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941 facility must be in accordance with the licensee's policies and
942 procedures.

943 (3) A client admitted to a transitional living facility
944 must have a brain or spinal cord injury, such as a lesion to the
945 spinal cord or cauda equina syndrome, with evidence of
946 significant involvement of two of the following deficits or
947 dysfunctions:

948 (a) A motor deficit.

949 (b) A sensory deficit.

950 (c) Bowel and bladder dysfunction.

951 (d) An acquired internal or external injury to the skull,
952 the brain, or the brain's covering, whether caused by a
953 traumatic or nontraumatic event, which produces an altered state
954 of consciousness or an anatomic motor, sensory, cognitive, or
955 behavioral deficit.

956 (4) A client whose medical condition and diagnosis do not
957 positively identify a cause of the client's condition, whose
958 symptoms are inconsistent with the known cause of injury, or
959 whose recovery is inconsistent with the known medical condition
960 may be admitted to a transitional living facility for evaluation
961 for a period not to exceed 90 days.

962 (5) A client admitted to a transitional living facility
963 must be admitted upon prescription by a licensed physician and
964 must remain under the care of a licensed physician for the
965 duration of the client's stay in the facility.

966 (6) A transitional living facility may not admit a client
967 whose primary admitting diagnosis is mental illness or an
968 intellectual or a developmental disability.

969 (7) An individual may not be admitted to a transitional



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970 living facility if the individual:
971 (a) Presents significant risk of infection to other clients
972 or personnel. A health care practitioner must provide
973 documentation that the individual is free of apparent signs and
974 symptoms of communicable disease;
975 (b) Is a danger to self or others as determined by a
976 physician or mental health practitioner licensed under chapter
977 490 or chapter 491, unless the facility provides adequate
978 staffing and support to ensure patient safety;
979 (c) Is bedridden; or
980 (d) Requires 24-hour nursing supervision.
981 (8) If the client meets the admission criteria, the medical
982 or nursing director of the facility must complete an initial
983 evaluation of the client's functional skills, behavioral status,
984 cognitive status, educational or vocational potential, medical
985 status, psychosocial status, sensorimotor capacity, and other
986 related skills and abilities within the first 72 hours after the
987 client's admission to the facility. An initial comprehensive
988 treatment plan that delineates services to be provided and
989 appropriate sources for such services must be implemented within
990 the first 4 days after admission.
991 (9) Each transitional living facility shall develop a
992 discharge plan for each client before or upon admission to the
993 facility. The discharge plan must identify the intended
994 discharge site and possible alternative discharge sites. For
995 each discharge site identified, the discharge plan must identify
996 the skills, behaviors, and other conditions that the client must
997 achieve to be appropriate for discharge. Discharge plans must be
998 reviewed and updated as necessary, but no less often than once



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999 monthly.

1000 (10) As soon as practicable, a transitional living facility
1001 shall discharge a client when he or she no longer requires any
1002 of the specialized services described in s. 400.9971(7) or is
1003 not making measurable progress in accordance with his or her
1004 comprehensive treatment plan, or if the transitional living
1005 facility is no longer the most appropriate, least restrictive
1006 treatment option.

1007 (11) Each transitional living facility shall provide at
1008 least 30 days' notice to clients of transfer or discharge plans,
1009 including the location of an acceptable transfer location if the
1010 client is unable to live independently. This requirement does
1011 not apply if a client voluntarily terminates residency.

1012 Section 37. Section 400.9974, Florida Statutes, is created
1013 to read:

1014 400.9974 Client comprehensive treatment plans; client
1015 services.-

1016 (1) Each transitional living facility shall develop a
1017 comprehensive treatment plan for each client as soon as
1018 possible, but no later than 30 days following development of the
1019 initial comprehensive treatment plan. Comprehensive treatment
1020 plans must be reviewed and updated if the client fails to meet
1021 projected improvements in the plan or if a significant change in
1022 the client's condition occurs. Comprehensive treatment plans
1023 must be reviewed and updated at least once monthly.

1024 Comprehensive treatment plans must be developed by an
1025 interdisciplinary team consisting of the case manager, the
1026 program director, the nurse, and appropriate therapists. The
1027 client or, if appropriate, the client's representative must be



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- 1028 included in developing the comprehensive treatment plan.
- 1029 (2) The comprehensive treatment plan must include the
1030 following:
- 1031 (a) The physician's orders and the client's diagnosis,
1032 medical history, physical examination, and rehabilitative or
1033 restorative needs.
- 1034 (b) A preliminary nursing evaluation with physician's
1035 orders for immediate care, completed on admission.
- 1036 (c) A comprehensive, accurate, reproducible, and
1037 standardized assessment of the client's functional capability;
1038 the treatments designed to achieve skills, behaviors, and other
1039 conditions necessary to return to the community; and specific
1040 measurable goals.
- 1041 (d) Steps necessary for the client to achieve transition to
1042 the community and estimated length of time to achieve the goals.
- 1043 (3) The client or, if appropriate, the client's
1044 representative must consent to the continued treatment at the
1045 transitional living facility. Consent may be for a period of up
1046 to 3 months. If such consent is not given, the transitional
1047 living facility shall discharge the client as soon as
1048 practicable.
- 1049 (4) Each client must receive the professional program
1050 services needed to implement the client's comprehensive
1051 treatment plan.
- 1052 (5) The licensee must employ qualified professional staff
1053 to carry out and monitor the various professional interventions
1054 in accordance with the stated goals and objectives of every
1055 client's comprehensive treatment plan.
- 1056 (6) Each client must receive a continuous treatment program



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1057 that includes appropriate, consistent implementation of a
1058 program of specialized and general training, treatment, health
1059 services, and related services and that is directed toward:

1060 (a) The acquisition of the behaviors and skills necessary
1061 for the client to function with as much self-determination and
1062 independence as possible;

1063 (b) The prevention or deceleration of regression or loss of
1064 current optimal functional status; and

1065 (c) The management of behavioral issues that preclude
1066 independent functioning in the community.

1067 Section 38. Section 400.9975, Florida Statutes, is created
1068 to read:

1069 400.9975 Licensee responsibilities.—

1070 (1) The licensee shall ensure that each client:

1071 (a) Lives in a safe environment free from abuse, neglect,
1072 and exploitation.

1073 (b) Is treated with consideration and respect and with due
1074 recognition of personal dignity, individuality, and the need for
1075 privacy.

1076 (c) Retains and uses his or her own clothes and other
1077 personal property in his or her immediate living quarters, so as
1078 to maintain individuality and personal dignity, except when the
1079 licensee can demonstrate that such retention and use would be
1080 unsafe, impractical, or an infringement upon the rights of other
1081 clients.

1082 (d) Has unrestricted private communication, including
1083 receiving and sending unopened correspondence, access to a
1084 telephone, and visiting with any person of his or her choice.
1085 Upon request, the licensee shall make provisions to modify



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1086 visiting hours for caregivers and guests. The facility shall
1087 restrict communication in accordance with any court order or
1088 written instruction of a client's representative. Any
1089 restriction on a client's communication for therapeutic reasons
1090 shall be documented and reviewed at least weekly and shall be
1091 removed as soon as it is no longer clinically indicated. The
1092 basis for the restriction shall be explained to the client and,
1093 if applicable, the client's representative. The client shall
1094 nonetheless retain the right to call the abuse hotline, the
1095 agency, and Disability Rights Florida at any and all times.

1096 (e) Has the opportunity to participate in and benefits from
1097 community services and activities to achieve the highest
1098 possible level of independence, autonomy, and interaction within
1099 the community.

1100 (f) Has the opportunity to manage his or her financial
1101 affairs unless the client or, if applicable, the client's
1102 representative authorizes the administrator of the facility to
1103 provide safekeeping for funds as provided in this part.

1104 (g) Has reasonable opportunity for regular exercise several
1105 times a week and to be outdoors at regular and frequent
1106 intervals except when prevented by inclement weather.

1107 (h) Has the opportunity to exercise civil and religious
1108 liberties, including the right to independent personal
1109 decisions. No religious belief or practice, including attendance
1110 at religious services, shall be imposed upon any client.

1111 (i) Has access to adequate and appropriate health care
1112 consistent with established and recognized standards within the
1113 community.

1114 (j) Has the ability to present grievances and recommend



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1115 changes in policies, procedures, and services to the staff of
1116 the licensee, governing officials, or any other person without
1117 restraint, interference, coercion, discrimination, or reprisal.
1118 Each licensee shall establish a grievance procedure to
1119 facilitate a client's ability to present grievances, including a
1120 system for investigating, tracking, managing, and responding to
1121 complaints by persons receiving services or individuals acting
1122 on their behalf, and an appeals process. This process must
1123 include access to Disability Rights Florida and other advocates
1124 and the right to be a member of, be active in, and associate
1125 with advocacy or special interest groups.

1126 (2) The licensee shall:

1127 (a) Promote participation of each client's representative
1128 in the process of providing treatment to the client unless the
1129 representative's participation is unobtainable or inappropriate.

1130 (b) Answer communications from each client's family,
1131 guardians, and friends promptly and appropriately.

1132 (c) Promote visits by individuals with a relationship to
1133 the client at any reasonable hour, without requiring prior
1134 notice, or in any area of the facility which provides direct
1135 client care services to the client, consistent with the client's
1136 and other clients' privacy, unless the interdisciplinary team
1137 determines that such a visit would not be appropriate.

1138 (d) Promote leave from the facility for visits, trips, or
1139 vacations.

1140 (e) Promptly notify the client's representative of any
1141 significant incidents or changes in the client's condition,
1142 including, but not limited to, serious illness, accident, abuse,
1143 unauthorized absence, or death.



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1144 (3) The administrator of a facility shall ensure that a
1145 written notice of licensee responsibilities is posted in a
1146 prominent place in each building where clients reside, and is
1147 read, or explained, to clients who cannot read. This notice must
1148 include the statewide toll-free telephone number for reporting
1149 complaints to the agency, must be provided to clients in a
1150 manner that is clearly legible, and must include the words: "To
1151 report a complaint regarding the services you receive, please
1152 call toll-free ...[telephone number]... or Disability Rights
1153 Florida ...[telephone number]..."; and the statewide toll-free
1154 telephone number for the central abuse hotline must be provided
1155 to clients in a manner that is clearly legible and must include
1156 the words: "To report abuse, neglect, or exploitation, please
1157 call toll-free ...[telephone number where complaints may be
1158 lodged]...." The licensee must ensure a client's access to a
1159 telephone where telephone numbers required in this subsection
1160 are readily available to call the agency, central abuse hotline,
1161 or Disability Rights Florida.

1162 (4) A licensee or employee of a facility may not serve
1163 notice upon a client to leave the premises or take any other
1164 retaliatory action against any person solely due to the
1165 following:

1166 (a) The client or other person files an internal or
1167 external complaint or grievance regarding the facility.

1168 (b) The client or other person appears as a witness in any
1169 hearing inside or outside the facility.

1170 (5) Before or at the time of admission, the client and the
1171 client's representative shall be provided with a copy of the
1172 licensee's responsibilities as provided in this section,



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1173 including grievance procedures and the telephone numbers
1174 provided in this section.

1175 (6) The licensee must develop and implement policies and
1176 procedures governing the release of any client information,
1177 including consent necessary from the client or the client's
1178 representative.

1179 Section 39. Section 400.9976, Florida Statutes, is created
1180 to read:

1181 400.9976 Medication practices.—

1182 (1) An individual medication administration record must be
1183 maintained for each client. Each dose of medication, including a
1184 self-administered dose, shall be properly recorded in the
1185 client's record. Each client who self-administers medication
1186 shall be given a pill organizer. Medication must be placed in
1187 the pill organizer by a nurse. A nurse shall document the date
1188 and time medication is placed into each client's pill organizer.
1189 All medications must be administered in compliance with the
1190 physician's orders.

1191 (2) If the interdisciplinary team determines that self-
1192 administration of medications is an appropriate objective, and
1193 if the physician does not specify otherwise, a client must be
1194 taught to self-administer his or her medication without a staff
1195 person. This includes all forms of administration, including
1196 orally, via injection, and via suppository. The client's
1197 physician must be informed of the interdisciplinary team's
1198 decision that self-administration of medications is an objective
1199 for the client. A client may not self-administer medication
1200 until he or she demonstrates the competency to take the correct
1201 medication in the correct dosage at the correct time, to respond



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1202 to missed doses, and to contact an appropriate person with
1203 questions.

1204 (3) Medication administration discrepancies and adverse
1205 drug reactions must be recorded and reported immediately to a
1206 physician.

1207 Section 40. Section 400.9977, Florida Statutes, is created
1208 to read:

1209 400.9977 Protection from abuse, neglect, mistreatment, and
1210 exploitation.—The licensee must develop and implement policies
1211 and procedures for the screening and training of employees; the
1212 protection of clients; and the prevention, identification,
1213 investigation, and reporting of abuse, neglect, and
1214 exploitation. This includes the licensee's identification of
1215 clients whose personal histories render them at risk for abusing
1216 other clients, development of intervention strategies to prevent
1217 occurrences, monitoring for changes that would trigger abusive
1218 behavior, and reassessment of the interventions on a regular
1219 basis. A licensee shall implement procedures to:

1220 (1) Screen potential employees for a history of abuse,
1221 neglect, or mistreatment of clients. The screening shall include
1222 an attempt to obtain information from previous employers and
1223 current employers and verification with the appropriate
1224 licensing boards.

1225 (2) Train employees, through orientation and ongoing
1226 sessions, on issues related to abuse prohibition practices,
1227 including identification of abuse, neglect, mistreatment, and
1228 exploitation, appropriate interventions to deal with aggressive
1229 or catastrophic reactions of clients, the process to report
1230 allegations without fear of reprisal, and recognition of signs



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1231 of frustration and stress that may lead to abuse.

1232 (3) Provide clients, families, and staff with information
1233 on how and to whom they may report concerns, incidents, and
1234 grievances without the fear of retribution and provide feedback
1235 regarding the concerns that have been expressed. A licensee must
1236 identify, correct, and intervene in situations in which abuse,
1237 neglect, mistreatment, or exploitation is likely to occur,
1238 including:

1239 (a) Evaluating the physical environment of the facility to
1240 identify characteristics that may make abuse or neglect more
1241 likely to occur, such as secluded areas.

1242 (b) Providing sufficient staff on each shift to meet the
1243 needs of the clients, and ensuring that the staff assigned have
1244 knowledge of the individual clients' care needs. The licensee
1245 shall identify inappropriate behaviors of its staff, such as
1246 using derogatory language, rough handling, ignoring clients
1247 while giving care, and directing clients who need toileting
1248 assistance to urinate or defecate in their beds.

1249 (c) Assessing, planning care for, and monitoring clients
1250 with needs and behaviors that might lead to conflict or neglect,
1251 such as clients with a history of aggressive behaviors, clients
1252 who have behaviors such as entering other clients' rooms,
1253 clients with self-injurious behaviors, clients with
1254 communication disorders, and clients who require heavy nursing
1255 care or are totally dependent on staff.

1256 (4) Identify events, such as suspicious bruising of
1257 clients, occurrences, patterns, and trends that may constitute
1258 abuse and determine the direction of the investigation.

1259 (5) Investigate different types of incidents, identify the



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1260 staff member responsible for the initial reporting, investigate
1261 alleged violations, and report results to the proper
1262 authorities. The licensee must analyze the occurrences to
1263 determine what changes are needed, if any, to policies and
1264 procedures to prevent further occurrences and to take all
1265 necessary corrective action depending on the results of the
1266 investigation.

1267 (6) Protect clients from harm during an investigation.

1268 (7) Report all alleged violations and all substantiated
1269 incidents, as required under chapters 39 and 415, to the
1270 licensing authorities and all other agencies as required, and to
1271 report any knowledge it has of any actions by a court of law
1272 that would indicate an employee is unfit for service.

1273 Section 41. Section 400.9978, Florida Statutes, is created
1274 to read:

1275 400.9978 Restraints and seclusion; client safety.—

1276 (1) Each facility shall provide a therapeutic milieu that
1277 supports a culture of individual empowerment and responsibility.
1278 The health and safety of the client shall be the primary concern
1279 at all times.

1280 (2) The use of physical restraints must be ordered and
1281 documented by a physician and must be consistent with policies
1282 and procedures adopted by the facility. The client or, if
1283 applicable, the client's representative must be informed of the
1284 facility's physical restraint policies and procedures at the
1285 time of the client's admission.

1286 (3) The use of chemical restraints is limited to prescribed
1287 dosages of medications as ordered by a physician and must be
1288 consistent with the client's diagnosis and the policies and



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1289 procedures adopted by the facility. The client and, if
1290 applicable, the client's representative must be informed of the
1291 facility's chemical restraint policies and procedures at the
1292 time of the client's admission.

1293 (4) Based on a physician's assessment, if a client exhibits
1294 symptoms that present an immediate risk of injury or death to
1295 self or others, a physician may issue an emergency treatment
1296 order to immediately administer rapid response psychotropic
1297 medications or other chemical restraints. Each emergency
1298 treatment order must be documented and maintained in the
1299 client's record.

1300 (a) An emergency treatment order is effective for no more
1301 than 24 hours.

1302 (b) Whenever a client is medicated in accordance with this
1303 subsection, the client's representative or responsible party and
1304 the client's physician must be notified as soon as practicable.

1305 (5) A client who is prescribed and receiving a medication
1306 that can serve as a chemical restraint for a purpose other than
1307 an emergency treatment order must be evaluated by his or her
1308 physician at least monthly to assess the following:

1309 (a) The continued need for the medication.

1310 (b) The level of the medication in the client's blood, as
1311 appropriate.

1312 (c) The need for adjustments in the prescription.

1313 (6) The licensee shall ensure that clients are free from
1314 unnecessary drugs and physical restraints and are provided
1315 treatment to reduce dependency on drugs and physical restraints.

1316 (7) The licensee may use physical restraints and seclusion
1317 only as authorized by the facility's written physical restraint



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1318 and seclusion policies, which must be in compliance with this
1319 section and applicable rules.

1320 (8) Interventions to manage dangerous client behavior must
1321 be employed with sufficient safeguards and supervision to ensure
1322 that the safety, welfare, and civil and human rights of each
1323 client are adequately protected.

1324 (9) A facility shall notify the parent or guardian of a
1325 client each time restraint or seclusion is used. Such
1326 notification must be within 24 hours from the time the restraint
1327 or seclusion occurs. Reasonable efforts must be taken to notify
1328 the parent or guardian by telephone or e-mail, or both, and
1329 these efforts must be documented.

1330 (10) The agency may adopt by rule standards and procedures
1331 relating to the use of restraints, restraint positioning,
1332 seclusion, and emergency treatment orders for psychotropic
1333 medications, restraint, and seclusion. These rules must include
1334 duration of restraint use, staff training, client observation
1335 during restraint, and documentation and reporting standards.

1336 Section 42. Section 400.9979, Florida Statutes, is created
1337 to read:

1338 400.9979 Background screening; administration and
1339 management.—

1340 (1) The agency shall require level 2 background screening
1341 for personnel as required in s. 408.809(1) (e) pursuant to s.
1342 408.809 and chapter 435.

1343 (2) The licensee shall maintain personnel records for each
1344 staff member which contain, at a minimum, documentation of
1345 background screening, if applicable, a job description,
1346 documentation of compliance with all training requirements of



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1347 this part or applicable rule, the employment application,
1348 references, a copy of all job performance evaluations, and, for
1349 each staff member who performs services for which licensure or
1350 certification is required, a copy of all licenses or
1351 certification held by the staff member.

1352 (3) The licensee must:

1353 (a) Develop and implement infection control policies and
1354 procedures and include such policies and procedures in the
1355 licensee's policy manual.

1356 (b) Maintain liability insurance as defined in s. 624.605.

1357 (c) Designate one person as an administrator who is
1358 responsible and accountable for the overall management of the
1359 facility.

1360 (d) Designate a person in writing to be responsible for the
1361 facility when the administrator is absent from the facility for
1362 more than 24 hours.

1363 (e) Designate in writing a program director who is
1364 responsible for supervising the therapeutic and behavioral staff
1365 and who determines the levels of supervision and the room
1366 placement for each client.

1367 (f) Designate in writing a person to be responsible when
1368 the program director is absent from the facility for more than
1369 24 hours.

1370 (g) Obtain approval of the comprehensive emergency
1371 management plan, pursuant to s. 400.9981(2)(e), from the local
1372 emergency management agency. Pending the approval of the plan,
1373 the local emergency management agency shall ensure that the
1374 following agencies, at a minimum, are given the opportunity to
1375 review the plan: the Department of Health, the Agency for Health



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1376 Care Administration, and the Division of Emergency Management.
1377 Appropriate volunteer organizations must also be given the
1378 opportunity to review the plan. The local emergency management
1379 agency shall complete its review within 60 days and either
1380 approve the plan or advise the licensee of necessary revisions.

1381 (h) Maintain written records in a form and system that
1382 comply with medical and business practices and make such records
1383 available in the facility for review or submission to the agency
1384 upon request. The records shall include:

1385 1. A daily census record that indicates the number of
1386 clients currently receiving services in the facility, including
1387 information regarding any public funding of such clients.

1388 2. A record of all accidents or unusual incidents involving
1389 any client or staff member which caused, or had the potential to
1390 cause, injury or harm to any person or property within the
1391 facility. Such records must contain a clear description of each
1392 accident or incident, the names of the persons involved, a
1393 description of all medical or other services provided to these
1394 persons specifying who provided such services, and the steps
1395 taken to prevent recurrence of such accidents or incidents.

1396 3. A copy of current agreements with third-party providers.

1397 4. A copy of current agreements with each consultant
1398 employed by the licensee and documentation of each consultant's
1399 visits and required written, dated reports.

1400 Section 43. Section 400.9980, Florida Statutes, is created
1401 to read:

1402 400.9980 Property and personal affairs of clients.—

1403 (1) A client shall be given the option of using his or her
1404 own belongings, as space permits; choosing his or her roommate



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1405 if practical and not clinically contraindicated; and, whenever
1406 possible, unless the client is adjudicated incompetent or
1407 incapacitated under state law, managing his or her own affairs.

1408 (2) The admission of a client to a facility and his or her
1409 presence therein shall not confer on a licensee, administrator,
1410 employee, or representative thereof any authority to manage,
1411 use, or dispose of any property of the client, nor shall such
1412 admission or presence confer on any of such persons any
1413 authority or responsibility for the personal affairs of the
1414 client except that which may be necessary for the safe
1415 management of the facility or for the safety of the client.

1416 (3) A licensee, administrator, employee, or representative
1417 thereof may:

1418 (a) Not act as the guardian, trustee, or conservator for
1419 any client or any of such client's property.

1420 (b) Act as a competent client's payee for social security,
1421 veteran's, or railroad benefits if the client provides consent
1422 and the licensee files a surety bond with the agency in an
1423 amount equal to twice the average monthly aggregate income or
1424 personal funds due to the client, or expendable for the client's
1425 account, which are received by a licensee.

1426 (c) Act as the power of attorney for a client if the
1427 licensee has filed a surety bond with the agency in an amount
1428 equal to twice the average monthly income of the client, plus
1429 the value of any client's property under the control of the
1430 attorney in fact.

1431
1432 The bond under paragraph (b) or paragraph (c) shall be executed
1433 by the licensee as principal and a licensed surety company. The



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1434 bond shall be conditioned upon the faithful compliance of the
1435 licensee with the requirements of licensure and shall be payable
1436 to the agency for the benefit of any client who suffers a
1437 financial loss as a result of the misuse or misappropriation of
1438 funds held pursuant to this subsection. Any surety company that
1439 cancels or does not renew the bond of any licensee shall notify
1440 the agency in writing not less than 30 days in advance of such
1441 action, giving the reason for the cancellation or nonrenewal.
1442 Any licensee, administrator, employee, or representative thereof
1443 who is granted power of attorney for any client of the facility
1444 shall, on a monthly basis, notify the client in writing of any
1445 transaction made on behalf of the client pursuant to this
1446 subsection, and a copy of such notification given to the client
1447 shall be retained in each client's file and available for agency
1448 inspection.

1449 (4) A licensee, upon mutual consent with the client, shall
1450 provide for the safekeeping in the facility of the client's
1451 personal effects of a value not in excess of \$1,000 and the
1452 client's funds not in excess of \$500 cash and shall keep
1453 complete and accurate records of all such funds and personal
1454 effects received. If a client is absent from a facility for 24
1455 hours or more, the licensee may provide for the safekeeping of
1456 the client's personal effects of a value in excess of \$1,000.

1457 (5) Any funds or other property belonging to or due to a
1458 client or expendable for his or her account which is received by
1459 a licensee shall be trust funds and shall be kept separate from
1460 the funds and property of the licensee and other clients or
1461 shall be specifically credited to such client. Such trust funds
1462 shall be used or otherwise expended only for the account of the



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1463 client. At least once every month, unless upon order of a court
1464 of competent jurisdiction, the licensee shall furnish the client
1465 and the client's representative a complete and verified
1466 statement of all funds and other property to which this
1467 subsection applies, detailing the amount and items received,
1468 together with their sources and disposition. In any event, the
1469 licensee shall furnish such statement annually and upon the
1470 discharge or transfer of a client. Any governmental agency or
1471 private charitable agency contributing funds or other property
1472 to the account of a client shall also be entitled to receive
1473 such statement monthly and upon the discharge or transfer of the
1474 client.

1475 (6) (a) In addition to any damages or civil penalties to
1476 which a person is subject, any person who:

1477 1. Intentionally withholds a client's personal funds,
1478 personal property, or personal needs allowance, or who demands,
1479 beneficially receives, or contracts for payment of all or any
1480 part of a client's personal property or personal needs allowance
1481 in satisfaction of the facility rate for supplies and services;
1482 or

1483 2. Borrows from or pledges any personal funds of a client,
1484 other than the amount agreed to by written contract under s.
1485 429.24,

1486
1487 commits a misdemeanor of the first degree, punishable as
1488 provided in s. 775.082 or s. 775.083.

1489 (b) Any licensee or any administrator, employee, or
1490 representative thereof who is granted power of attorney for any
1491 client of the facility and who misuses or misappropriates funds



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1492 obtained through this power commits a felony of the third
1493 degree, punishable as provided in s. 775.082, s. 775.083, or s.
1494 775.084.

1495 (7) In the event of the death of a client, a licensee shall
1496 return all refunds, funds, and property held in trust to the
1497 client's personal representative, if one has been appointed at
1498 the time the licensee disburses such funds, or, if not, to the
1499 client's spouse or adult next of kin named in a beneficiary
1500 designation form provided by the licensee to the client. If the
1501 client has no spouse or adult next of kin or such person cannot
1502 be located, funds due the client shall be placed in an interest-
1503 bearing account and all property held in trust by the licensee
1504 shall be safeguarded until such time as the funds and property
1505 are disbursed pursuant to the Florida Probate Code. Such funds
1506 shall be kept separate from the funds and property of the
1507 licensee and other clients of the facility. If the funds of the
1508 deceased client are not disbursed pursuant to the Florida
1509 Probate Code within 2 years after the client's death, the funds
1510 shall be deposited in the Health Care Trust Fund administered by
1511 the agency.

1512 (8) The agency, by rule, may clarify terms and specify
1513 procedures and documentation necessary to administer the
1514 provisions of this section relating to the proper management of
1515 clients' funds and personal property and the execution of surety
1516 bonds.

1517 Section 44. Section 400.9981, Florida Statutes, is created
1518 to read:

1519 400.9981 Rules establishing standards.-

1520 (1) It is the intent of the Legislature that rules



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1521 published and enforced pursuant to this part and part II of
1522 chapter 408 include criteria to ensure reasonable and consistent
1523 quality of care and client safety. Rules should make reasonable
1524 efforts to accommodate the needs and preferences of clients to
1525 enhance the quality of life in transitional living facilities.

1526 (2) The agency may adopt and enforce rules to implement
1527 this part and part II of chapter 408, which shall include
1528 reasonable and fair criteria in relation to the following:

1529 (a) The location of transitional living facilities.

1530 (b) The number of qualifications of all personnel,
1531 including management, medical, nursing, and other professional
1532 personnel and nursing assistants and support personnel having
1533 responsibility for any part of the care given to clients. The
1534 licensee must have enough qualified professional staff available
1535 to carry out and monitor the various professional interventions
1536 in accordance with the stated goals and objectives of each
1537 comprehensive treatment plan.

1538 (c) Requirements for personnel procedures, reporting
1539 procedures, and documentation necessary to implement this part.

1540 (d) Services provided to clients of transitional living
1541 facilities.

1542 (e) The preparation and annual update of a comprehensive
1543 emergency management plan in consultation with the Division of
1544 Emergency Management. At a minimum, the rules must provide for
1545 plan components that address emergency evacuation
1546 transportation; adequate sheltering arrangements; postdisaster
1547 activities, including provision of emergency power, food, and
1548 water; postdisaster transportation; supplies; staffing;
1549 emergency equipment; individual identification of clients and



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1550 transfer of records; communication with families; and responses
1551 to family inquiries.

1552 Section 45. Section 400.9982, Florida Statutes, is created
1553 to read:

1554 400.9982 Violations; penalties.-

1555 (1) Each violation of this part and rules adopted pursuant
1556 thereto shall be classified according to the nature of the
1557 violation and the gravity of its probable effect on facility
1558 clients. The agency shall indicate the classification on the
1559 written notice of the violation as follows:

1560 (a) Class "I" violations are defined in s. 408.813. The
1561 agency shall issue a citation regardless of correction and
1562 impose an administrative fine of \$5,000 for an isolated
1563 violation, \$7,500 for a patterned violation, and \$10,000 for a
1564 widespread violation. Violations may be identified and a fine
1565 must be levied notwithstanding the correction of the deficiency
1566 giving rise to the violation.

1567 (b) Class "II" violations are defined in s. 408.813. The
1568 agency shall impose an administrative fine of \$1,000 for an
1569 isolated violation, \$2,500 for a patterned violation, and \$5,000
1570 for a widespread violation. A fine must be levied
1571 notwithstanding the correction of the deficiency giving rise to
1572 the violation.

1573 (c) Class "III" violations are defined in s. 408.813. The
1574 agency shall impose an administrative fine of \$500 for an
1575 isolated violation, \$750 for a patterned violation, and \$1,000
1576 for a widespread violation. If a deficiency giving rise to a
1577 class III violation is corrected within the time specified by
1578 the agency, a fine may not be imposed.



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1579 (d) Class "IV" violations are defined in s. 408.813. The
1580 agency shall impose an administrative fine for a cited class IV
1581 violation in an amount not less than \$100 and not exceeding \$200
1582 for each violation. If a deficiency giving rise to a class IV
1583 violation is corrected within the time specified by the agency,
1584 a fine may not be imposed.

1585 Section 46. Section 400.9983, Florida Statutes, is created
1586 to read:

1587 400.9983 Receivership proceedings.—The agency may apply s.
1588 429.22 with regard to receivership proceedings for transitional
1589 living facilities.

1590 Section 47. Section 400.9984, Florida Statutes, is created
1591 to read:

1592 400.9984 Interagency communication.—The agency, the
1593 department, the Agency for Persons with Disabilities, and the
1594 Department of Children and Families shall develop electronic
1595 systems to ensure that relevant information pertaining to the
1596 regulation of transitional living facilities and clients is
1597 timely and effectively communicated among agencies in order to
1598 facilitate the protection of clients. Electronic sharing of
1599 information shall include, at a minimum, a brain and spinal cord
1600 injury registry and a client abuse registry.

1601 Section 48. Subsections (1) and (2) of section 402.7306,
1602 Florida Statutes, are amended to read:

1603 402.7306 Administrative monitoring of child welfare
1604 providers, and administrative, licensure, and programmatic
1605 monitoring of mental health and substance abuse service
1606 providers.—The Department of Children and Family Services, the
1607 Department of Health, the Agency for Persons with Disabilities,



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1608 the Agency for Health Care Administration, community-based care
1609 lead agencies, managing entities as defined in s. 394.9082, and
1610 agencies who have contracted with monitoring agents shall
1611 identify and implement changes that improve the efficiency of
1612 administrative monitoring of child welfare services, and the
1613 administrative, licensure, and programmatic monitoring of mental
1614 health and substance abuse service providers. For the purpose of
1615 this section, the term "mental health and substance abuse
1616 service provider" means a provider who provides services to this
1617 state's priority population as defined in s. 394.674. To assist
1618 with that goal, each such agency shall adopt the following
1619 policies:

1620 (1) Limit administrative monitoring to once every 3 years
1621 if the child welfare provider is accredited by the Joint
1622 Commission, a national accrediting organization that is approved
1623 by the Centers for Medicare and Medicaid Services and whose
1624 standards incorporate comparable licensure regulations required
1625 by the state, CARF International ~~the Commission on Accreditation~~
1626 ~~of Rehabilitation Facilities~~, or the Council on Accreditation.
1627 If the accrediting body does not require documentation that the
1628 state agency requires, that documentation shall be requested by
1629 the state agency and may be posted by the service provider on
1630 the data warehouse for the agency's review. Notwithstanding the
1631 survey or inspection of an accrediting organization specified in
1632 this subsection, an agency specified in and subject to this
1633 section may continue to monitor the service provider as
1634 necessary with respect to:

1635 (a) Ensuring that services for which the agency is paying
1636 are being provided.



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1637 (b) Investigating complaints or suspected problems and
1638 monitoring the service provider's compliance with ~~any~~ resulting
1639 negotiated terms and conditions, including provisions relating
1640 to consent decrees that are unique to a specific service and are
1641 not statements of general applicability.

1642 (c) Ensuring compliance with federal and state laws,
1643 federal regulations, or state rules if such monitoring does not
1644 duplicate the accrediting organization's review pursuant to
1645 accreditation standards.

1646
1647 Medicaid certification and precertification reviews are exempt
1648 from this subsection to ensure Medicaid compliance.

1649 (2) Limit administrative, licensure, and programmatic
1650 monitoring to once every 3 years if the mental health or
1651 substance abuse service provider is accredited by the Joint
1652 Commission, the American Osteopathic Association/Healthcare
1653 Facilities Accreditation Program, a national accrediting
1654 organization that is approved by the Centers for Medicare and
1655 Medicaid Services and whose standards incorporate comparable
1656 licensure regulations required by the state, CARF International
1657 ~~the Commission on Accreditation of Rehabilitation Facilities~~, or
1658 the Council on Accreditation. If the services being monitored
1659 are not the services for which the provider is accredited, the
1660 limitations of this subsection do not apply. If the accrediting
1661 body does not require documentation that the state agency
1662 requires, that documentation, except documentation relating to
1663 licensure applications and fees, must be requested by the state
1664 agency and may be posted by the service provider on the data
1665 warehouse for the agency's review. Notwithstanding the survey or



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1666 inspection of an accrediting organization specified in this
1667 subsection, an agency specified in and subject to this section
1668 may continue to monitor the service provider as necessary with
1669 respect to:

1670 (a) Ensuring that services for which the agency is paying
1671 are being provided.

1672 (b) Investigating complaints, identifying problems that
1673 would affect the safety or viability of the service provider,
1674 and monitoring the service provider's compliance with ~~any~~
1675 resulting negotiated terms and conditions, including provisions
1676 relating to consent decrees that are unique to a specific
1677 service and are not statements of general applicability.

1678 (c) Ensuring compliance with federal and state laws,
1679 federal regulations, or state rules if such monitoring does not
1680 duplicate the accrediting organization's review pursuant to
1681 accreditation standards.

1682
1683 Federal certification and precertification reviews are exempt
1684 from this subsection to ensure Medicaid compliance.

1685 Section 49. Subsection (4) of section 408.061, Florida
1686 Statutes, is amended to read:

1687 408.061 Data collection; uniform systems of financial
1688 reporting; information relating to physician charges;
1689 confidential information; immunity.—

1690 (4) Within 120 days after the end of its fiscal year, each
1691 health care facility, excluding continuing care facilities,
1692 hospitals operated by state agencies, and nursing homes as
1693 defined in s. 408.07(14) and (37), shall file with the agency,
1694 on forms adopted by the agency and based on the uniform system



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1695 of financial reporting, its actual financial experience for that
1696 fiscal year, including expenditures, revenues, and statistical
1697 measures. Such data may be based on internal financial reports
1698 which are certified to be complete and accurate by the provider.
1699 However, hospitals' actual financial experience shall be their
1700 audited actual experience. Every nursing home shall submit to
1701 the agency, in a format designated by the agency, a statistical
1702 profile of the nursing home residents. The agency, in
1703 conjunction with the Department of Elderly Affairs and the
1704 Department of Health, shall review these statistical profiles
1705 and develop recommendations for the types of residents who might
1706 more appropriately be placed in their homes or other
1707 noninstitutional settings.

1708 Section 50. Subsection (4) of section 408.20, Florida
1709 Statutes, is amended to read:

1710 408.20 Assessments; Health Care Trust Fund.—

1711 (4) Hospitals operated by state agencies ~~the Department of~~
1712 ~~Children and Family Services, the Department of Health, or the~~
1713 ~~Department of Corrections~~ are exempt from the assessments
1714 required under this section.

1715 Section 51. Subsection (21) of section 408.802, Florida
1716 Statutes, is amended to read:

1717 408.802 Applicability.—The provisions of this part apply to
1718 the provision of services that require licensure as defined in
1719 this part and to the following entities licensed, registered, or
1720 certified by the agency, as described in chapters 112, 383, 390,
1721 394, 395, 400, 429, 440, 483, and 765:

1722 (21) Transitional living facilities, as provided under part
1723 XI ~~¶~~ of chapter 400.



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1724 Section 52. Subsection (4) of section 408.809, Florida
1725 Statutes, is amended to read:

1726 408.809 Background screening; prohibited offenses.—

1727 (4) In addition to the offenses listed in s. 435.04, all
1728 persons required to undergo background screening pursuant to
1729 this part or authorizing statutes must not have an arrest
1730 awaiting final disposition for, must not have been found guilty
1731 of, regardless of adjudication, or entered a plea of nolo
1732 contendere or guilty to, and must not have been adjudicated
1733 delinquent and the record not have been sealed or expunged for
1734 any of the following offenses or any similar offense of another
1735 jurisdiction:

1736 (a) Any authorizing statutes, if the offense was a felony.

1737 (b) This chapter, if the offense was a felony.

1738 (c) Section 409.920, relating to Medicaid provider fraud.

1739 (d) Section 409.9201, relating to Medicaid fraud.

1740 (e) Section 741.28, relating to domestic violence.

1741 (f) Section 777.04, relating to attempts, solicitation, and
1742 conspiracy to commit an offense listed in this subsection.

1743 (g)~~(f)~~ Section 817.034, relating to fraudulent acts through
1744 mail, wire, radio, electromagnetic, photoelectronic, or
1745 photooptical systems.

1746 (h)~~(g)~~ Section 817.234, relating to false and fraudulent
1747 insurance claims.

1748 (i) Section 817.481, relating to obtaining goods by using
1749 false, expired, etc., credit cards, if the offense was a felony.

1750 (j) Section 817.50, relating to fraudulently obtaining
1751 goods, services, etc., from a health care provider.

1752 (k)~~(h)~~ Section 817.505, relating to patient brokering.



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1753 (l)~~(i)~~ Section 817.568, relating to criminal use of
1754 personal identification information.
1755 (m)~~(j)~~ Section 817.60, relating to obtaining a credit card
1756 through fraudulent means.
1757 (n)~~(k)~~ Section 817.61, relating to fraudulent use of credit
1758 cards, if the offense was a felony.
1759 (o)~~(l)~~ Section 831.01, relating to forgery.
1760 (p)~~(m)~~ Section 831.02, relating to uttering forged
1761 instruments.
1762 (q)~~(n)~~ Section 831.07, relating to forging bank bills,
1763 checks, drafts, or promissory notes.
1764 (r)~~(o)~~ Section 831.09, relating to uttering forged bank
1765 bills, checks, drafts, or promissory notes.
1766 (s)~~(p)~~ Section 831.30, relating to fraud in obtaining
1767 medicinal drugs.
1768 (t)~~(q)~~ Section 831.31, relating to the sale, manufacture,
1769 delivery, or possession with the intent to sell, manufacture, or
1770 deliver any counterfeit controlled substance, if the offense was
1771 a felony.
1772 (u) Section 895.03, relating to racketeering and illegal
1773 debts.
1774 (v) Section 896.101, relating to the Florida Money
1775 Laundering Act.
1776 Section 53. Subsection (20) of section 408.820, Florida
1777 Statutes, is amended to read:
1778 408.820 Exemptions.—Except as prescribed in authorizing
1779 statutes, the following exemptions shall apply to specified
1780 requirements of this part:
1781 (20) Transitional living facilities, as provided under part



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1782 XI ¶ of chapter 400, are exempt from s. 408.810(10).

1783 Section 54. Subsections (3) through (21) of section
1784 409.9122, Florida Statutes, are renumbered as subsection (4)
1785 through (22), paragraphs (1) and (m) of subsection (2) of that
1786 section are amended, and a new subsection (3) is added to that
1787 section, to read:

1788 409.9122 Mandatory Medicaid managed care enrollment;
1789 programs and procedures.—

1790 (2)

1791 ~~(1) If the Medicaid recipient is diagnosed with HIV/AIDS,~~
1792 ~~the agency shall assign the Medicaid recipient to a managed care~~
1793 ~~plan that is a health maintenance organization authorized under~~
1794 ~~chapter 641, is under contract with the agency on July 1, 2011,~~
1795 ~~and which offers a delivery system through a university-based~~
1796 ~~teaching and research-oriented organization that specializes in~~
1797 ~~providing health care services and treatment for individuals~~
1798 ~~diagnosed with HIV/AIDS.~~

1799 (1)(m) Notwithstanding the provisions of chapter 287, the
1800 agency may, at its discretion, renew cost-effective contracts
1801 for choice counseling services once or more for such periods as
1802 the agency may decide. However, all such renewals may not
1803 combine to exceed a total period longer than the term of the
1804 original contract.

1805

1806 This subsection expires October 1, 2014.

1807 (3) If the Medicaid recipient is diagnosed with HIV/AIDS,
1808 the agency shall assign the Medicaid recipient to a managed care
1809 plan that is a health maintenance organization authorized under
1810 chapter 641, is under contract with the agency as an HIV/AIDS



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1811 specialty plan, and offers a delivery system through a
1812 university-based teaching and research-oriented organization
1813 that specializes in providing health care services and treatment
1814 for individuals diagnosed with HIV/AIDS.

1815 Section 55. Paragraph (a) of subsection (3) of section
1816 409.966, Florida Statutes, is amended to read:

1817 409.966 Eligible plans; selection.—

1818 (3) QUALITY SELECTION CRITERIA.—

1819 (a) The invitation to negotiate must specify the criteria
1820 and the relative weight of the criteria that will be used for
1821 determining the acceptability of the reply and guiding the
1822 selection of the organizations with which the agency negotiates.
1823 In addition to criteria established by the agency, the agency
1824 shall consider the following factors in the selection of
1825 eligible plans:

1826 1. Accreditation by the National Committee for Quality
1827 Assurance, the Joint Commission, the American Osteopathic
1828 Association/Healthcare Facilities Accreditation Program, a
1829 national accrediting organization that is approved by the
1830 Centers for Medicare and Medicaid Services and whose standards
1831 incorporate comparable licensure regulations required by the
1832 state, or another nationally recognized accrediting body.

1833 2. Experience serving similar populations, including the
1834 organization's record in achieving specific quality standards
1835 with similar populations.

1836 3. Availability and accessibility of primary care and
1837 specialty physicians in the provider network.

1838 4. Establishment of community partnerships with providers
1839 that create opportunities for reinvestment in community-based



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1840 services.

1841 5. Organization commitment to quality improvement and
1842 documentation of achievements in specific quality improvement
1843 projects, including active involvement by organization
1844 leadership.

1845 6. Provision of additional benefits, particularly dental
1846 care and disease management, and other initiatives that improve
1847 health outcomes.

1848 7. Evidence that an eligible plan has written agreements or
1849 signed contracts or has made substantial progress in
1850 establishing relationships with providers before the plan
1851 submitting a response.

1852 8. Comments submitted in writing by an ~~any~~ enrolled
1853 Medicaid provider relating to a specifically identified plan
1854 participating in the procurement in the same region as the
1855 submitting provider.

1856 9. Documentation of policies and procedures for preventing
1857 fraud and abuse.

1858 10. The business relationship an eligible plan has with
1859 another ~~any other~~ eligible plan that responds to the invitation
1860 to negotiate.

1861 Section 56. Paragraph (e) of subsection (2) of section
1862 409.967, Florida Statutes, is amended to read:

1863 409.967 Managed care plan accountability.—

1864 (2) The agency shall establish such contract requirements
1865 as are necessary for the operation of the statewide managed care
1866 program. In addition to any other provisions the agency may deem
1867 necessary, the contract must require:

1868 (e) *Continuous improvement.*—The agency shall establish



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1869 specific performance standards and expected milestones or
1870 timelines for improving performance over the term of the
1871 contract.

1872 1. Each managed care plan shall establish an internal
1873 health care quality improvement system, including enrollee
1874 satisfaction and disenrollment surveys. The quality improvement
1875 system must include incentives and disincentives for network
1876 providers.

1877 2. Each plan must collect and report the Health Plan
1878 Employer Data and Information Set (HEDIS) measures, as specified
1879 by the agency. These measures must be published on the plan's
1880 website in a manner that allows recipients to reliably compare
1881 the performance of plans. The agency shall use the HEDIS
1882 measures as a tool to monitor plan performance.

1883 3. Each managed care plan must be accredited by the
1884 National Committee for Quality Assurance, the Joint Commission,
1885 a national accrediting organization that is approved by the
1886 Centers for Medicare and Medicaid Services and whose standards
1887 incorporate comparable licensure regulations required by the
1888 state, or another nationally recognized accrediting body, or
1889 have initiated the accreditation process, within 1 year after
1890 the contract is executed. The agency shall suspend automatic
1891 assignment under ss. 409.977 and 409.984 for a any plan not
1892 accredited within 18 months after executing the contract, ~~the~~
1893 agency shall suspend automatic assignment under s. 409.977 and
1894 409.984.

1895 4. By the end of the fourth year of the first contract
1896 term, the agency shall issue a request for information to
1897 determine whether cost savings could be achieved by contracting



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1898 for plan oversight and monitoring, including analysis of
1899 encounter data, assessment of performance measures, and
1900 compliance with other contractual requirements.

1901 Section 57. Paragraphs (b) and (c) of subsection (3) of
1902 section 429.07, Florida Statutes, are amended to read:

1903 429.07 License required; fee.—

1904 (3) In addition to the requirements of s. 408.806, each
1905 license granted by the agency must state the type of care for
1906 which the license is granted. Licenses shall be issued for one
1907 or more of the following categories of care: standard, extended
1908 congregate care, limited nursing services, or limited mental
1909 health.

1910 (b) An extended congregate care license shall be issued to
1911 facilities that have been licensed as assisted living facilities
1912 for 2 or more years and that provide ~~providing~~, directly or
1913 through contract, services beyond those authorized in paragraph
1914 (a), including services performed by persons licensed under part
1915 I of chapter 464 and supportive services, as defined by rule, to
1916 persons who would otherwise be disqualified from continued
1917 residence in a facility licensed under this part. An extended
1918 congregate care license may also be issued to those facilities
1919 that have provisional extended congregate care licenses and meet
1920 the requirements for licensure under subparagraph 2. The primary
1921 purpose of extended congregate care services is to allow
1922 residents, as they become more impaired, the option of remaining
1923 in a familiar setting from which they would otherwise be
1924 disqualified for continued residency. A facility licensed to
1925 provide extended congregate care services may also admit an
1926 individual who exceeds the admission criteria for a facility



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1927 with a standard license, if the individual is determined
1928 appropriate for admission to the extended congregate care
1929 facility.

1930 1. In order for extended congregate care services to be
1931 provided, the agency must first determine that all requirements
1932 established in law and rule are met and must specifically
1933 designate, on the facility's license, that such services may be
1934 provided and whether the designation applies to all or part of
1935 the facility. Such designation may be made at the time of
1936 initial licensure or relicensure, or upon request in writing by
1937 a licensee under this part and part II of chapter 408. The
1938 notification of approval or the denial of the request shall be
1939 made in accordance with part II of chapter 408. Existing
1940 facilities qualifying to provide extended congregate care
1941 services must have maintained a standard license and may not
1942 have been subject to administrative sanctions during the
1943 previous 2 years, or since initial licensure if the facility has
1944 been licensed for less than 2 years, for any of the following
1945 reasons:

1946 a. A class I or class II violation;

1947 b. Three or more repeat or recurring class III violations
1948 of identical or similar resident care standards from which a
1949 pattern of noncompliance is found by the agency;

1950 c. Three or more class III violations that were not
1951 corrected in accordance with the corrective action plan approved
1952 by the agency;

1953 d. Violation of resident care standards which results in
1954 requiring the facility to employ the services of a consultant
1955 pharmacist or consultant dietitian;



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1956 e. Denial, suspension, or revocation of a license for
1957 another facility licensed under this part in which the applicant
1958 for an extended congregate care license has at least 25 percent
1959 ownership interest; or

1960 f. Imposition of a moratorium pursuant to this part or part
1961 II of chapter 408 or initiation of injunctive proceedings.

1962 2. If an assisted living facility has been licensed for
1963 less than 2 years but meets all other licensure requirements for
1964 an extended congregate care license, it shall be issued a
1965 provisional extended congregate care license for a period of 6
1966 months. Within the first 3 months after the provisional license
1967 is issued, the licensee shall notify the agency when it has
1968 admitted an extended congregate care resident, after which an
1969 unannounced inspection shall be made to determine compliance
1970 with requirements of an extended congregate care license. If the
1971 licensee demonstrates compliance with all of the requirements of
1972 an extended congregate care license during the inspection, the
1973 licensee shall be issued an extended congregate care license. In
1974 addition to sanctions authorized under this part, if violations
1975 are found during the inspection and the licensee fails to
1976 demonstrate compliance with all assisted living requirements
1977 during a followup inspection, the licensee shall immediately
1978 suspend extended congregate care services, and the provisional
1979 extended congregate care license expires.

1980 3.2- A facility that is licensed to provide extended
1981 congregate care services shall maintain a written progress
1982 report on each person who receives services which describes the
1983 type, amount, duration, scope, and outcome of services that are
1984 rendered and the general status of the resident's health. A



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1985 registered nurse, or appropriate designee, representing the
1986 agency shall visit the facility at least twice a year ~~quarterly~~
1987 to monitor residents who are receiving extended congregate care
1988 services and to determine if the facility is in compliance with
1989 this part, part II of chapter 408, and relevant rules. One of
1990 the visits may be in conjunction with the regular survey. The
1991 monitoring visits may be provided through contractual
1992 arrangements with appropriate community agencies. A registered
1993 nurse shall serve as part of the team that inspects the
1994 facility. The agency may waive one of the required yearly
1995 monitoring visits for a facility ~~that has been licensed for at~~
1996 ~~least 24 months to provide extended congregate care services,~~
1997 ~~if, during the inspection, the registered nurse determines that~~
1998 ~~extended congregate care services are being provided~~
1999 ~~appropriately, and if the facility has held an extended~~
2000 ~~congregate care license during the last 24 months, has had no~~
2001 ~~class I or class II violations, has had and no uncorrected class~~
2002 ~~III violations, and has had no confirmed ombudsman council~~
2003 ~~complaints that resulted in a citation for licensure. The agency~~
2004 ~~must first consult with the long-term care ombudsman council for~~
2005 ~~the area in which the facility is located to determine if any~~
2006 ~~complaints have been made and substantiated about the quality of~~
2007 ~~services or care. The agency may not waive one of the required~~
2008 ~~yearly monitoring visits if complaints have been made and~~
2009 ~~substantiated.~~

2010 4.3. A facility that is licensed to provide extended
2011 congregate care services must:

2012 a. Demonstrate the capability to meet unanticipated
2013 resident service needs.



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2014 b. Offer a physical environment that promotes a homelike
2015 setting, provides for resident privacy, promotes resident
2016 independence, and allows sufficient congregate space as defined
2017 by rule.

2018 c. Have sufficient staff available, taking into account the
2019 physical plant and firesafety features of the building, to
2020 assist with the evacuation of residents in an emergency.

2021 d. Adopt and follow policies and procedures that maximize
2022 resident independence, dignity, choice, and decisionmaking to
2023 permit residents to age in place, so that moves due to changes
2024 in functional status are minimized or avoided.

2025 e. Allow residents or, if applicable, a resident's
2026 representative, designee, surrogate, guardian, or attorney in
2027 fact to make a variety of personal choices, participate in
2028 developing service plans, and share responsibility in
2029 decisionmaking.

2030 f. Implement the concept of managed risk.

2031 g. Provide, directly or through contract, the services of a
2032 person licensed under part I of chapter 464.

2033 h. In addition to the training mandated in s. 429.52,
2034 provide specialized training as defined by rule for facility
2035 staff.

2036 ~~5.4.~~ A facility that is licensed to provide extended
2037 congregate care services is exempt from the criteria for
2038 continued residency set forth in rules adopted under s. 429.41.
2039 A licensed facility must adopt its own requirements within
2040 guidelines for continued residency set forth by rule. However,
2041 the facility may not serve residents who require 24-hour nursing
2042 supervision. A licensed facility that provides extended



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2043 congregare care services must also provide each resident with a
2044 written copy of facility policies governing admission and
2045 retention.

2046 ~~5. The primary purpose of extended congregare care services~~
2047 ~~is to allow residents, as they become more impaired, the option~~
2048 ~~of remaining in a familiar setting from which they would~~
2049 ~~otherwise be disqualified for continued residency. A facility~~
2050 ~~licensed to provide extended congregare care services may also~~
2051 ~~admit an individual who exceeds the admission criteria for a~~
2052 ~~facility with a standard license, if the individual is~~
2053 ~~determined appropriate for admission to the extended congregare~~
2054 ~~care facility.~~

2055 6. Before the admission of an individual to a facility
2056 licensed to provide extended congregare care services, the
2057 individual must undergo a medical examination as provided in s.
2058 429.26(4) and the facility must develop a preliminary service
2059 plan for the individual.

2060 7. If ~~When~~ a facility can no longer provide or arrange for
2061 services in accordance with the resident's service plan and
2062 needs and the facility's policy, the facility must ~~shall~~ make
2063 arrangements for relocating the person in accordance with s.
2064 429.28(1)(k).

2065 ~~8. Failure to provide extended congregare care services may~~
2066 ~~result in denial of extended congregare care license renewal.~~

2067
2068 The agency may deny or revoke a facility's extended congregare
2069 care license for not meeting the standards of an extended
2070 congregare care license or for any of the grounds listed in this
2071 subsection.



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2072 (c) A limited nursing services license shall be issued to a
2073 facility that provides services beyond those authorized in
2074 paragraph (a) and as specified in this paragraph.

2075 1. In order for limited nursing services to be provided in
2076 a facility licensed under this part, the agency must first
2077 determine that all requirements established in law and rule are
2078 met and must specifically designate, on the facility's license,
2079 that such services may be provided. Such designation may be made
2080 at the time of initial licensure or licensure renewal
2081 ~~relicensure~~, or upon request in writing by a licensee under this
2082 part and part II of chapter 408. Notification of approval or
2083 denial of such request shall be made in accordance with part II
2084 of chapter 408. An existing facility that qualifies ~~facilities~~
2085 ~~qualifying~~ to provide limited nursing services must ~~shall~~ have
2086 maintained a standard license and may not have been subject to
2087 administrative sanctions that affect the health, safety, and
2088 welfare of residents for the previous 2 years or since initial
2089 licensure if the facility has been licensed for less than 2
2090 years.

2091 2. A facility ~~Facilities~~ that is ~~are~~ licensed to provide
2092 limited nursing services shall maintain a written progress
2093 report on each person who receives such nursing services. The
2094 ~~which~~ report must describe ~~describes~~ the type, amount, duration,
2095 scope, and outcome of services that are rendered and the general
2096 status of the resident's health. A registered nurse representing
2097 the agency shall visit the facility ~~such facilities~~ at least
2098 annually ~~twice a year~~ to monitor residents who are receiving
2099 limited nursing services and to determine if the facility is in
2100 compliance with applicable provisions of this part, part II of



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2101 chapter 408, and related rules. The monitoring visits may be
2102 provided through contractual arrangements with appropriate
2103 community agencies. A registered nurse shall also serve as part
2104 of the team that inspects such facility. Visits may be in
2105 conjunction with other agency inspections. The agency may waive
2106 one of the required yearly monitoring visits for a facility that
2107 has:

2108 a. A limited nursing services license for at least 24
2109 months;

2110 b. No class I or class II violations and no uncorrected
2111 class III violations; and

2112 c. No confirmed ombudsman council complaints that resulted
2113 in a citation for licensure.

2114 3. A person who receives limited nursing services under
2115 this part must meet the admission criteria established by the
2116 agency for assisted living facilities. When a resident no longer
2117 meets the admission criteria for a facility licensed under this
2118 part, arrangements for relocating the person shall be made in
2119 accordance with s. 429.28(1)(k), unless the facility is licensed
2120 to provide extended congregate care services.

2121 Section 58. Section 429.075, Florida Statutes, is amended
2122 to read:

2123 429.075 Limited mental health license.—An assisted living
2124 facility that serves one ~~three~~ or more mental health residents
2125 must obtain a limited mental health license.

2126 (1) To obtain a limited mental health license, a facility
2127 must hold a standard license as an assisted living facility,
2128 must not have any current uncorrected ~~deficiencies or~~
2129 violations, and must ensure that, within 6 months after



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2130 receiving a limited mental health license, the facility
2131 administrator and the staff of the facility who are in direct
2132 contact with mental health residents must complete training of
2133 no less than 6 hours related to their duties. Such designation
2134 may be made at the time of initial licensure or relicensure or
2135 upon request in writing by a licensee under this part and part
2136 II of chapter 408. Notification of approval or denial of such
2137 request shall be made in accordance with this part, part II of
2138 chapter 408, and applicable rules. This training must ~~will~~ be
2139 provided by or approved by the Department of Children and Family
2140 Services.

2141 (2) A facility that is ~~Facilities~~ licensed to provide
2142 services to mental health residents must ~~shall~~ provide
2143 appropriate supervision and staffing to provide for the health,
2144 safety, and welfare of such residents.

2145 (3) A facility that has a limited mental health license
2146 must:

2147 (a) Have a copy of each mental health resident's community
2148 living support plan and the cooperative agreement with the
2149 mental health care services provider. The support plan and the
2150 agreement may be combined.

2151 (b) Have documentation that is provided by the Department
2152 of Children and Family Services that each mental health resident
2153 has been assessed and determined to be able to live in the
2154 community in an assisted living facility that has ~~with~~ a limited
2155 mental health license.

2156 (c) Make the community living support plan available for
2157 inspection by the resident, the resident's legal guardian, the
2158 resident's health care surrogate, and other individuals who have



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2159 a lawful basis for reviewing this document.

2160 (d) Assist the mental health resident in carrying out the
2161 activities identified in the individual's community living
2162 support plan.

2163 (4) A facility that has ~~with~~ a limited mental health
2164 license may enter into a cooperative agreement with a private
2165 mental health provider. For purposes of the limited mental
2166 health license, the private mental health provider may act as
2167 the case manager.

2168 Section 59. Section 429.14, Florida Statutes, is amended to
2169 read:

2170 429.14 Administrative penalties.—

2171 (1) In addition to the requirements of part II of chapter
2172 408, the agency may deny, revoke, and suspend any license issued
2173 under this part and impose an administrative fine in the manner
2174 provided in chapter 120 against a licensee for a violation of
2175 any provision of this part, part II of chapter 408, or
2176 applicable rules, or for any of the following actions by a
2177 licensee, for the actions of any person subject to level 2
2178 background screening under s. 408.809, or for the actions of any
2179 facility staff ~~employee~~:

2180 (a) An intentional or negligent act seriously affecting the
2181 health, safety, or welfare of a resident of the facility.

2182 (b) A ~~The~~ determination by the agency that the owner lacks
2183 the financial ability to provide continuing adequate care to
2184 residents.

2185 (c) Misappropriation or conversion of the property of a
2186 resident of the facility.

2187 (d) Failure to follow the criteria and procedures provided



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2188 under part I of chapter 394 relating to the transportation,
2189 voluntary admission, and involuntary examination of a facility
2190 resident.

2191 (e) A citation of any of the following violations
2192 ~~deficiencies~~ as specified in s. 429.19:

- 2193 1. One or more cited class I violations ~~deficiencies~~.
2194 2. Three or more cited class II violations ~~deficiencies~~.
2195 3. Five or more cited class III violations ~~deficiencies~~
2196 that have been cited on a single survey and have not been
2197 corrected within the times specified.

2198 (f) Failure to comply with the background screening
2199 standards of this part, s. 408.809(1), or chapter 435.

2200 (g) Violation of a moratorium.

2201 (h) Failure of the license applicant, the licensee during
2202 relicensure, or a licensee that holds a provisional license to
2203 meet the minimum license requirements of this part, or related
2204 rules, at the time of license application or renewal.

2205 (i) An intentional or negligent life-threatening act in
2206 violation of the uniform firesafety standards for assisted
2207 living facilities or other firesafety standards which ~~that~~
2208 threatens the health, safety, or welfare of a resident of a
2209 facility, as communicated to the agency by the local authority
2210 having jurisdiction or the State Fire Marshal.

2211 (j) Knowingly operating any unlicensed facility or
2212 providing without a license any service that must be licensed
2213 under this chapter or chapter 400.

2214 (k) Any act constituting a ground upon which application
2215 for a license may be denied.

2216 (2) Upon notification by the local authority having



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2217 jurisdiction or by the State Fire Marshal, the agency may deny
2218 or revoke the license of an assisted living facility that fails
2219 to correct cited fire code violations that affect or threaten
2220 the health, safety, or welfare of a resident of a facility.

2221 (3) The agency may deny or revoke a license of an ~~to any~~
2222 applicant or controlling interest as defined in part II of
2223 chapter 408 which has or had a 25-percent or greater financial
2224 or ownership interest in any other facility that is licensed
2225 under this part, or in any entity licensed by this state or
2226 another state to provide health or residential care, if that
2227 ~~which~~ facility or entity during the 5 years prior to the
2228 application for a license closed due to financial inability to
2229 operate; had a receiver appointed or a license denied,
2230 suspended, or revoked; was subject to a moratorium; or had an
2231 injunctive proceeding initiated against it.

2232 (4) The agency shall deny or revoke the license of an
2233 assisted living facility if:

2234 (a) There are two moratoria, issued pursuant to this part
2235 or part II of chapter 408, within a 2-year period which are
2236 imposed by final order;

2237 (b) The facility is cited for two or more class I
2238 violations arising from unrelated circumstances during the same
2239 survey or investigation; or

2240 (c) The facility is cited for two or more class I
2241 violations arising from separate surveys or investigations
2242 within a 2-year period ~~that has two or more class I violations~~
2243 ~~that are similar or identical to violations identified by the~~
2244 ~~agency during a survey, inspection, monitoring visit, or~~
2245 ~~complaint investigation occurring within the previous 2 years.~~



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2246 (5) An action taken by the agency to suspend, deny, or
2247 revoke a facility's license under this part or part II of
2248 chapter 408, in which the agency claims that the facility owner
2249 or an employee of the facility has threatened the health,
2250 safety, or welfare of a resident of the facility must be heard
2251 by the Division of Administrative Hearings of the Department of
2252 Management Services within 120 days after receipt of the
2253 facility's request for a hearing, unless that time limitation is
2254 waived by both parties. The administrative law judge shall ~~must~~
2255 render a decision within 30 days after receipt of a proposed
2256 recommended order.

2257 (6) The agency shall impose an immediate moratorium, as
2258 provided under s. 408.814, on an assisted living facility that
2259 fails to provide the agency access to the facility or prohibits
2260 the agency from conducting a regulatory inspection. The licensee
2261 may not restrict agency staff in accessing and copying records
2262 or in conducting confidential interviews with facility staff or
2263 any individual who receives services from the facility ~~provide~~
2264 ~~to the Division of Hotels and Restaurants of the Department of~~
2265 ~~Business and Professional Regulation, on a monthly basis, a list~~
2266 ~~of those assisted living facilities that have had their licenses~~
2267 ~~denied, suspended, or revoked or that are involved in an~~
2268 ~~appellate proceeding pursuant to s. 120.60 related to the~~
2269 ~~denial, suspension, or revocation of a license.~~

2270 (7) Agency notification of a license suspension or
2271 revocation, or denial of a license renewal, shall be posted and
2272 visible to the public at the facility.

2273 (8) If a facility is required to relocate some or all of
2274 its residents due to agency action, that facility is exempt from



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2275 the 45 days' notice requirement in s. 429.28(1)(k). This
2276 provision does not exempt the facility from any deadlines for
2277 corrective action set by the agency.

2278 Section 60. Paragraphs (a) and (b) of subsection (2) of
2279 section 429.178, Florida Statutes, are amended to read:

2280 429.178 Special care for persons with Alzheimer's disease
2281 or other related disorders.—

2282 (2)(a) An individual who is employed by a facility that
2283 provides special care for residents with Alzheimer's disease or
2284 other related disorders, and who has regular contact with such
2285 residents, must complete up to 4 hours of initial dementia-
2286 specific training developed or approved by the department. The
2287 training must ~~shall~~ be completed within 3 months after beginning
2288 employment and satisfy ~~shall satisfy~~ the core training
2289 requirements of s. 429.52(3)(g) ~~s. 429.52(2)(g)~~.

2290 (b) A direct caregiver who is employed by a facility that
2291 provides special care for residents with Alzheimer's disease or
2292 other related disorders, and who provides direct care to such
2293 residents, must complete the required initial training and 4
2294 additional hours of training developed or approved by the
2295 department. The training must ~~shall~~ be completed within 9 months
2296 after beginning employment and satisfy ~~shall satisfy~~ the core
2297 training requirements of s. 429.52(3)(g) ~~s. 429.52(2)(g)~~.

2298 Section 61. Section 429.19, Florida Statutes, is amended to
2299 read:

2300 429.19 Violations; imposition of administrative fines;
2301 grounds.—

2302 (1) In addition to the requirements of part II of chapter
2303 408, the agency shall impose an administrative fine in the



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2304 manner provided in chapter 120 for the violation of any
2305 provision of this part, part II of chapter 408, and applicable
2306 rules by an assisted living facility, for the actions of any
2307 person subject to level 2 background screening under s. 408.809,
2308 for the actions of any facility employee, or for an intentional
2309 or negligent act seriously affecting the health, safety, or
2310 welfare of a resident of the facility.

2311 (2) Each violation of this part and adopted rules must
2312 ~~shall~~ be classified according to the nature of the violation and
2313 the gravity of its probable effect on facility residents. The
2314 agency shall indicate the classification on the written notice
2315 of the violation as follows:

2316 (a) Class "I" violations are defined in s. 408.813. The
2317 agency shall impose an administrative fine of \$7,500 for each a
2318 cited class I violation in a facility that is licensed for fewer
2319 than 100 beds at the time of the violation in an amount not less
2320 than \$5,000 and not exceeding \$10,000 for each violation. The
2321 agency shall impose an administrative fine of \$11,250 for each
2322 cited class I violation in a facility that is licensed for 100
2323 or more beds at the time of the violation. If the noncompliance
2324 occurs within the prior 12 months, the fine must be levied for
2325 violations that are corrected before an inspection.

2326 (b) Class "II" violations are defined in s. 408.813. The
2327 agency shall impose an administrative fine of \$3,000 for each a
2328 cited class II violation in a facility that is licensed for
2329 fewer than 100 beds at the time of the violation in an amount
2330 not less than \$1,000 and not exceeding \$5,000 for each
2331 violation. The agency shall impose an administrative fine of
2332 \$4,500 for each cited class II violation in a facility that is



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2333 licensed for 100 or more beds at the time of the violation.

2334 (c) Class "III" violations are defined in s. 408.813. The
2335 agency shall impose an administrative fine of \$750 for each a
2336 cited class III violation in a facility that is licensed for
2337 fewer than 100 beds at the time of the violation in an amount
2338 not less than \$500 and not exceeding \$1,000 for each violation.
2339 The agency shall impose an administrative fine of \$1,125 for
2340 each cited class III violation in a facility that is licensed
2341 for 100 or more beds at the time of the violation.

2342 (d) Class "IV" violations are defined in s. 408.813. The
2343 agency shall impose an administrative fine of \$150 for each a
2344 cited class IV violation in a facility that is licensed for
2345 fewer than 100 beds at the time of the violation in an amount
2346 not less than \$100 and not exceeding \$200 for each violation.
2347 The agency shall impose an administrative fine of \$225 for each
2348 cited class IV violation in a facility that is licensed for 100
2349 or more beds at the time of the violation.

2350 (e) Any fine imposed for class I and class II violations
2351 must be doubled if a facility was previously cited for one or
2352 more class I or class II violations during the agency's last
2353 licensure inspection or any inspection or complaint
2354 investigation since the last licensure inspection.

2355 (f) Notwithstanding s. 408.813(2)(c) and (d) and s.
2356 408.832, a fine must be imposed for each class III and class IV
2357 violation, regardless of correction, if a facility was
2358 previously cited for one or more class III or class IV
2359 violations during the agency's last licensure inspection or any
2360 inspection or complaint investigation since the last licensure
2361 inspection, for the same regulatory violation. A fine imposed



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2362 for class III or class IV violations must be doubled if a
2363 facility was previously cited for one or more class III or class
2364 IV violations during the agency's last two licensure inspections
2365 for the same regulatory violation.

2366 (g) Regardless of the class of violation cited, instead of
2367 the fine amounts listed in paragraphs (a)-(d), the agency shall
2368 impose an administrative fine of \$500 if a facility is found not
2369 to be in compliance with the background screening requirements
2370 as provided in s. 408.809.

2371 ~~(3) For purposes of this section, in determining if a~~
2372 ~~penalty is to be imposed and in fixing the amount of the fine,~~
2373 ~~the agency shall consider the following factors:~~

2374 ~~(a) The gravity of the violation, including the probability~~
2375 ~~that death or serious physical or emotional harm to a resident~~
2376 ~~will result or has resulted, the severity of the action or~~
2377 ~~potential harm, and the extent to which the provisions of the~~
2378 ~~applicable laws or rules were violated.~~

2379 ~~(b) Actions taken by the owner or administrator to correct~~
2380 ~~violations.~~

2381 ~~(c) Any previous violations.~~

2382 ~~(d) The financial benefit to the facility of committing or~~
2383 ~~continuing the violation.~~

2384 ~~(e) The licensed capacity of the facility.~~

2385 (3)(4) Each day of continuing violation after the date
2386 established by the agency fixed for correction termination of
2387 the violation, as ordered by the agency, constitutes an
2388 additional, separate, and distinct violation.

2389 (4)(5) An Any action taken to correct a violation shall be
2390 documented in writing by the owner or administrator of the



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2391 facility and verified through followup visits by agency
2392 personnel. The agency may impose a fine and, in the case of an
2393 owner-operated facility, revoke or deny a facility's license
2394 when a facility administrator fraudulently misrepresents action
2395 taken to correct a violation.

2396 ~~(5)-(6)~~ (5) ~~A Any~~ facility whose owner fails to apply for a
2397 change-of-ownership license in accordance with part II of
2398 chapter 408 and operates the facility under the new ownership is
2399 subject to a fine of \$5,000.

2400 ~~(6)-(7)~~ In addition to any administrative fines imposed, the
2401 agency may assess a survey fee, equal to the lesser of one half
2402 of the facility's biennial license and bed fee or \$500, to cover
2403 the cost of conducting initial complaint investigations that
2404 result in the finding of a violation that was the subject of the
2405 complaint or monitoring visits conducted under s. 429.28(3)(c)
2406 to verify the correction of the violations.

2407 ~~(7)-(8)~~ During an inspection, the agency shall make a
2408 reasonable attempt to discuss each violation with the owner or
2409 administrator of the facility, prior to written notification.

2410 ~~(8)-(9)~~ The agency shall develop and disseminate an annual
2411 list of all facilities sanctioned or fined for violations of
2412 state standards, the number and class of violations involved,
2413 the penalties imposed, and the current status of cases. The list
2414 shall be disseminated, at no charge, to the Department of
2415 Elderly Affairs, the Department of Health, the Department of
2416 Children and Family Services, the Agency for Persons with
2417 Disabilities, the area agencies on aging, the Florida Statewide
2418 Advocacy Council, and the state and local ombudsman councils.
2419 The Department of Children and Family Services shall disseminate



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2420 the list to service providers under contract to the department
2421 who are responsible for referring persons to a facility for
2422 residency. The agency may charge a fee commensurate with the
2423 cost of printing and postage to other interested parties
2424 requesting a copy of this list. This information may be provided
2425 electronically or through the agency's Internet site.

2426 Section 62. Subsection (1) of section 429.26, Florida
2427 Statutes, is amended to read:

2428 429.26 Appropriateness of placements; examinations of
2429 residents.—

2430 (1) The owner or administrator of a facility is responsible
2431 for determining the appropriateness of admission of an
2432 individual to the facility and for determining the continued
2433 appropriateness of residence of an individual in the facility. A
2434 determination shall be based upon an assessment of the
2435 strengths, needs, and preferences of the resident, the care and
2436 services offered or arranged for by the facility in accordance
2437 with facility policy, and any limitations in law or rule related
2438 to admission criteria or continued residency for the type of
2439 license held by the facility under this part. A resident who
2440 requires assistance with portable oxygen, colostomy care, and
2441 anti-embolism stockings or hosiery, and who otherwise meets the
2442 admission criteria, may be admitted to a standard licensed
2443 assisted living facility as long as the facility has a licensed
2444 nurse on staff or under contract to perform the services. A
2445 resident may not be moved from one facility to another without
2446 consultation with and agreement from the resident or, if
2447 applicable, the resident's representative or designee or the
2448 resident's family, guardian, surrogate, or attorney in fact. In



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2449 the case of a resident who has been placed by the department or
2450 the Department of Children and Family Services, the
2451 administrator must notify the appropriate contact person in the
2452 applicable department.

2453 Section 63. Subsections (2) and (6) of section 429.28,
2454 Florida Statutes, are amended to read:

2455 429.28 Resident bill of rights.—

2456 (2) The administrator of a facility shall ensure that a
2457 written notice of the rights, obligations, and prohibitions set
2458 forth in this part is posted in a prominent place in each
2459 facility and read or explained to residents who cannot read. The
2460 ~~This~~ notice must ~~shall~~ include the name, address, and telephone
2461 numbers of the local ombudsman council and central abuse hotline
2462 and, if ~~when~~ applicable, Disability Rights Florida ~~the Advocacy~~
2463 ~~Center for Persons with Disabilities, Inc., and the Florida~~
2464 ~~local advocacy council~~, where complaints may be lodged. The
2465 notice must state that a complaint made to the Office of State
2466 Long-Term Care Ombudsman or a local long-term care ombudsman
2467 council, the names and identities of the residents involved in
2468 the complaint, and the identity of complainants are kept
2469 confidential pursuant to s. 400.0077 and that retaliatory action
2470 cannot be taken against a resident for presenting grievances or
2471 for exercising any other resident right. The facility must
2472 ensure a resident's access to a telephone to call the local
2473 ombudsman council, central abuse hotline, and Disability Rights
2474 Florida ~~Advocacy Center for Persons with Disabilities, Inc., and~~
2475 ~~the Florida local advocacy council.~~

2476 (6) A ~~Any~~ facility that ~~which~~ terminates the residency of
2477 an individual who participated in activities specified in



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2478 subsection (5) must ~~shall~~ show good cause in a court of
2479 competent jurisdiction. If good cause is not shown, the agency
2480 shall impose a fine of \$2,500 in addition to any other penalty
2481 assessed against the facility.

2482 Section 64. Section 429.34, Florida Statutes, is amended to
2483 read:

2484 429.34 Right of entry and inspection.-

2485 (1) In addition to the requirements of s. 408.811, any duly
2486 designated officer or employee of the department, the Department
2487 of Children and Family Services, the Medicaid Fraud Control Unit
2488 of the Office of the Attorney General, the state or local fire
2489 marshal, or a member of the state or local long-term care
2490 ombudsman council has ~~shall have~~ the right to enter unannounced
2491 upon and into the premises of any facility licensed pursuant to
2492 this part in order to determine the state of compliance with the
2493 provisions of this part, part II of chapter 408, and applicable
2494 rules. Data collected by the state or local long-term care
2495 ombudsman councils or the state or local advocacy councils may
2496 be used by the agency in investigations involving violations of
2497 regulatory standards. A person specified in this section who
2498 knows or has reasonable cause to suspect that a vulnerable adult
2499 has been or is being abused, neglected, or exploited shall
2500 immediately report such knowledge or suspicion to the central
2501 abuse hotline pursuant to chapter 415.

2502 (2) Each licensed assisted living facility must be
2503 inspected by the agency at least once every 24 months to
2504 determine compliance with this chapter and related rules. If an
2505 assisted living facility is cited for one or more class I
2506 violations or two or more class II violations arising from



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2507 separate surveys within a 60-day period or due to unrelated
2508 circumstances during the same survey, the agency must conduct an
2509 additional licensure inspection within 6 months. In addition to
2510 any fines imposed on the facility under s. 429.19, the licensee
2511 must pay a fee for the cost of the additional inspection
2512 equivalent to the standard assisted living facility license and
2513 per-bed fees, without exception for beds designated for
2514 recipients of optional state supplementation. The agency shall
2515 adjust the fee in accordance with s. 408.805.

2516 Section 65. Present subsections (1) through (11) of section
2517 429.52, Florida Statutes, are redesignated as subsections (2)
2518 through (12), respectively, a new subsection (1) is added to
2519 that section, and present subsection (9) of that section is
2520 amended, to read:

2521 429.52 Staff training and educational programs; core
2522 educational requirement.—

2523 (1) Effective October 1, 2013, each new assisted living
2524 facility employee who has not previously completed core training
2525 must attend a preservice orientation provided by the facility
2526 before interacting with residents. The preservice orientation
2527 must be at least 2 hours in duration and cover topics that help
2528 the employee provide responsible care and respond to the needs
2529 of residents of the facility. Upon completion, the employee and
2530 the administrator of the facility must sign an affidavit stating
2531 that the employee completed the required preservice orientation.
2532 The facility must keep the affidavit in the employee's work
2533 file.

2534 (10)-(9) The training required by this section ~~must~~ shall be
2535 conducted by persons registered with the department as having



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2536 the requisite experience and credentials to conduct the
2537 training. A person seeking to register as a trainer must provide
2538 the department with proof of completion of the minimum core
2539 training education requirements, successful passage of the
2540 competency test established under this section, and proof of
2541 compliance with the continuing education requirement in
2542 subsection (5)~~(4)~~.

2543 Section 66. The Legislature finds that consistent
2544 regulation of assisted living facilities benefits residents and
2545 operators of such facilities. To determine whether surveys are
2546 consistent between surveys and surveyors, the Agency for Health
2547 Care Administration shall conduct a study of intersurveyor
2548 reliability for assisted living facilities. By November 1, 2013,
2549 the agency shall report to the Governor, the President of the
2550 Senate, and the Speaker of the House of Representatives its
2551 findings and make any recommendations to improve intersurveyor
2552 reliability.

2553 Section 67. The Legislature finds that consumers need
2554 additional information on the quality of care and service in
2555 assisted living facilities in order to select the best facility
2556 for themselves or their loved ones. Therefore, the Agency for
2557 Health Care Administration shall:

2558 (1) Propose a rating system for assisted living facilities.
2559 The proposal must include, but is not limited to, the data
2560 elements to be used, the method of collecting the data, the
2561 method of determining the rating, an estimate of the initial and
2562 ongoing costs of a rating system to both the agency and assisted
2563 living facilities, and a timetable for the implementation of the
2564 rating system for assisted living facilities. The agency shall



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2565 submit its proposal to the Governor, the President of the
2566 Senate, and the Speaker of the House of Representatives by
2567 November 1, 2013.

2568 (2) By January 1, 2014, create a content that is easily
2569 accessible through the front page of the agency's website. At a
2570 minimum, the content must include:

2571 (a) Information on each licensed assisted living facility,
2572 including, but not limited to:

- 2573 1. The name and address of the facility.
2574 2. The number and type of licensed beds in the facility.
2575 3. The types of licenses held by the facility.
2576 4. The facility's license expiration date and status.
2577 5. Other relevant information that the agency currently
2578 collects.

2579 (b) A list of the facility's violations, including, for
2580 each violation:

- 2581 1. A summary of the violation which is presented in a
2582 manner understandable by the general public;
2583 2. Any sanctions imposed by final order; and
2584 3. A summary of any corrective action taken by the
2585 facility.

2586 (c) Links to inspection reports that the agency has on
2587 file.

2588 (d) A monitored comment page, maintained by the agency,
2589 which allows members of the public to anonymously comment on
2590 assisted living facilities that are licensed to operate in the
2591 state. This comment page must, at a minimum, allow members of
2592 the public to post comments on their experiences with, or
2593 observations of, an assisted living facility and to review other



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2594 people's comments. Comments posted to the agency's comment page
2595 may not contain profanity and are intended to provide meaningful
2596 feedback about the assisted living facility. The agency shall
2597 provide for a webpage moderator to review comments for profane
2598 content before the comments are posted to the page. An employee,
2599 owner, or controlling interest in an assisted living facility is
2600 prohibited from posting comments on the page.

2601 Section 68. Paragraph (b) of subsection (3) of section
2602 430.80, Florida Statutes, is amended to read:

2603 430.80 Implementation of a teaching nursing home pilot
2604 project.—

2605 (3) To be designated as a teaching nursing home, a nursing
2606 home licensee must, at a minimum:

2607 (b) Participate in a nationally recognized accrediting
2608 accreditation program and hold a valid accreditation, such as
2609 the accreditation awarded by the Joint Commission ~~on~~
2610 ~~Accreditation of Healthcare Organizations~~, a national
2611 accrediting organization that is approved by the Centers for
2612 Medicare and Medicaid Services and whose standards incorporate
2613 comparable licensure regulations required by the state, or, at
2614 the time of initial designation, possess a Gold Seal Award as
2615 conferred by the state on its licensed nursing home;

2616 Section 69. Paragraphs (d) through (yy) of subsection (2)
2617 of section 435.04, Florida Statutes, are redesignated as
2618 paragraphs (e) through (zz), respectively, paragraph (e) of
2619 subsection (1) of that section is amended, and a new paragraph
2620 (d) is added to subsection (2) of that section, to read:

2621 435.04 Level 2 screening standards.—

2622 (1)



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2623 (e) Vendors who submit fingerprints on behalf of employers
2624 must:

- 2625 1. Meet the requirements of s. 943.053; and
2626 2. Have the ability to communicate electronically with the
2627 state agency accepting screening results from the Department of
2628 Law Enforcement and provide the first, middle, and last name;
2629 social security number; date of birth; mailing address; sex; and
2630 race of the applicant ~~a photograph of the applicant taken at the~~
2631 ~~time the fingerprints are submitted.~~

2632 (2) The security background investigations under this
2633 section must ensure that no persons subject to the provisions of
2634 this section have been arrested for and are awaiting final
2635 disposition of, have been found guilty of, regardless of
2636 adjudication, or entered a plea of nolo contendere or guilty to,
2637 or have been adjudicated delinquent and the record has not been
2638 sealed or expunged for, any offense prohibited under any of the
2639 following provisions of state law or similar law of another
2640 jurisdiction:

2641 (d) Section 777.04, relating to attempts, solicitation, and
2642 conspiracy to commit an offense listed in this subsection.

2643 Section 70. Subsections (1) and (2) of section 435.07,
2644 Florida Statutes, are amended to read:

2645 435.07 Exemptions from disqualification.—Unless otherwise
2646 provided by law, the provisions of this section apply to
2647 exemptions from disqualification for disqualifying offenses
2648 revealed pursuant to background screenings required under this
2649 chapter, regardless of whether those disqualifying offenses are
2650 listed in this chapter or other laws.

2651 (1) (a) The head of the appropriate agency may grant to any



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2652 employee otherwise disqualified from employment an exemption
2653 from disqualification for:

2654 1.(a) Felonies for which at least 3 years have elapsed
2655 since the applicant for the exemption has completed or been
2656 lawfully released from confinement, supervision, or nonmonetary
2657 condition imposed by the court ~~sanction~~ for the disqualifying
2658 felony;

2659 2.(b) Misdemeanors prohibited under any of the statutes
2660 cited in this chapter or under similar statutes of other
2661 jurisdictions for which the applicant for the exemption has
2662 completed or been lawfully released from confinement,
2663 supervision, or nonmonetary condition imposed by the court
2664 ~~sanction~~;

2665 3.(c) Offenses that were felonies when committed but that
2666 are now misdemeanors and for which the applicant for the
2667 exemption has completed or been lawfully released from
2668 confinement, supervision, or nonmonetary condition imposed by
2669 the court ~~sanction~~; or

2670 4.(d) Findings of delinquency. For offenses that would be
2671 felonies if committed by an adult and the record has not been
2672 sealed or expunged, the exemption may not be granted until at
2673 least 3 years have elapsed since the applicant for the exemption
2674 has completed or been lawfully released from confinement,
2675 supervision, or nonmonetary condition imposed by the court
2676 ~~sanction~~ for the disqualifying offense.

2677 (b) A person who wishes to apply for an exemption who was
2678 ordered to pay any amount for any fee, fine, fund, lien, civil
2679 judgment, application, costs of prosecution, trust, or
2680 restitution as part of the judgment and sentence for any



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2681 disqualifying felony or misdemeanor must have paid the court-
2682 ordered amount in full before being eligible for an exemption.

2683
2684 For the purposes of this subsection, the term "felonies" means
2685 both felonies prohibited under any of the statutes cited in this
2686 chapter or under similar statutes of other jurisdictions.

2687 (2) Persons employed, or applicants for employment, by
2688 treatment providers who treat adolescents 13 years of age and
2689 older who are disqualified from employment solely because of
2690 crimes under s. 817.563, s. 893.13, or s. 893.147 may be
2691 exempted from disqualification from employment pursuant to this
2692 chapter without application of the waiting period in
2693 subparagraph (1) (a) 1 paragraph (1) (a).

2694 Section 71. Subsection (2) of section 435.12, Florida
2695 Statutes, is amended to read:

2696 435.12 Care Provider Background Screening Clearinghouse.—

2697 (2) (a) To ensure that the information in the clearinghouse
2698 is current, the fingerprints of an employee required to be
2699 screened by a specified agency and included in the clearinghouse
2700 must be:

2701 1. Retained by the Department of Law Enforcement pursuant
2702 to s. 943.05(2) (g) and (h) and (3), and the Department of Law
2703 Enforcement must report the results of searching those
2704 fingerprints against state incoming arrest fingerprint
2705 submissions to the Agency for Health Care Administration for
2706 inclusion in the clearinghouse.

2707 2. Resubmitted for a Federal Bureau of Investigation
2708 national criminal history check every 5 years until such time as
2709 the fingerprints are retained by the Federal Bureau of



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2710 Investigation.

2711 3. Subject to retention on a 5-year renewal basis with fees
2712 collected at the time of initial submission or resubmission of
2713 fingerprints.

2714 4. Submitted with a photograph of the person taken at the
2715 time the fingerprints are submitted.

2716 (b) Until such time as the fingerprints are retained at the
2717 Federal Bureau of Investigation, an employee with a break in
2718 service of more than 90 days from a position that requires
2719 screening by a specified agency must submit to a national
2720 screening if the person returns to a position that requires
2721 screening by a specified agency.

2722 (c) An employer of persons subject to screening by a
2723 specified agency must register with the clearinghouse and
2724 maintain the employment status of all employees within the
2725 clearinghouse. Initial employment status and any changes in
2726 status must be reported within 10 business days.

2727 (d) An employer must register and initiate all criminal
2728 history checks through the clearinghouse before referring an
2729 employee or potential employee for electronic fingerprint
2730 submission to the Department of Law Enforcement. The
2731 registration must include the employee's full name (first,
2732 middle, last), social security number, date of birth, mailing
2733 address, sex, and race.

2734 Section 72. Paragraphs (b) and (d) of subsection (9) of
2735 section 440.102, Florida Statutes, are amended to read:

2736 440.102 Drug-free workplace program requirements.—The
2737 following provisions apply to a drug-free workplace program
2738 implemented pursuant to law or to rules adopted by the Agency



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2739 for Health Care Administration:

2740 (9) DRUG-TESTING STANDARDS FOR LABORATORIES.—

2741 (b) A laboratory may analyze ~~initial or~~ confirmation test
2742 specimens only if:

2743 1. The laboratory obtains a license under part II of
2744 chapter 408 and s. 112.0455(17). Each applicant for licensure
2745 and each licensee must comply with all requirements of this
2746 section, part II of chapter 408, and applicable rules.

2747 2. The laboratory has written procedures to ensure the
2748 chain of custody.

2749 3. The laboratory follows proper quality control
2750 procedures, including, but not limited to:

2751 a. The use of internal quality controls, including the use
2752 of samples of known concentrations which are used to check the
2753 performance and calibration of testing equipment, and periodic
2754 use of blind samples for overall accuracy.

2755 b. An internal review and certification process for drug
2756 test results, conducted by a person qualified to perform that
2757 function in the testing laboratory.

2758 c. Security measures implemented by the testing laboratory
2759 to preclude adulteration of specimens and drug test results.

2760 d. Other necessary and proper actions taken to ensure
2761 reliable and accurate drug test results.

2762 ~~(d) The laboratory shall submit to the Agency for Health
2763 Care Administration a monthly report with statistical
2764 information regarding the testing of employees and job
2765 applicants. The report must include information on the methods
2766 of analysis conducted, the drugs tested for, the number of
2767 positive and negative results for both initial tests and~~



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2768 ~~confirmation tests, and any other information deemed appropriate~~
2769 ~~by the Agency for Health Care Administration. A monthly report~~
2770 ~~must not identify specific employees or job applicants.~~

2771 Section 73. Paragraph (a) of subsection (2) of section
2772 440.13, Florida Statutes, is amended to read:

2773 440.13 Medical services and supplies; penalty for
2774 violations; limitations.—

2775 (2) MEDICAL TREATMENT; DUTY OF EMPLOYER TO FURNISH.—

2776 (a) Subject to the limitations specified elsewhere in this
2777 chapter, the employer shall furnish to the employee such
2778 medically necessary remedial treatment, care, and attendance for
2779 such period as the nature of the injury or the process of
2780 recovery may require, which is in accordance with established
2781 practice parameters and protocols of treatment as provided for
2782 in this chapter, including medicines, medical supplies, durable
2783 medical equipment, orthoses, prostheses, and other medically
2784 necessary apparatus. Remedial treatment, care, and attendance,
2785 including work-hardening programs or pain-management programs
2786 accredited by CARF International, the ~~Commission on~~
2787 ~~Accreditation of Rehabilitation Facilities or Joint Commission,~~
2788 the American Osteopathic Association/Healthcare Facilities
2789 Accreditation Program, or a national accrediting organization
2790 that is approved by the Centers for Medicare and Medicaid
2791 Services and whose standards incorporate comparable licensure
2792 regulations required by the state, ~~on the Accreditation of~~
2793 ~~Health Organizations~~ or pain-management programs affiliated with
2794 medical schools, shall be considered ~~as~~ covered treatment only
2795 when such care is given based on a referral by a physician as
2796 defined in this chapter. Medically necessary treatment, care,



2797 and attendance does not include chiropractic services in excess
2798 of 24 treatments or rendered 12 weeks beyond the date of the
2799 initial chiropractic treatment, whichever comes first, unless
2800 the carrier authorizes additional treatment or the employee is
2801 catastrophically injured.

2802
2803 Failure of the carrier to timely comply with this subsection
2804 shall be a violation of this chapter and the carrier shall be
2805 subject to penalties as provided for in s. 440.525.

2806 Section 74. Section 465.1902, Florida Statutes, is created
2807 to read:

2808 465.1902 Preemption.—This chapter preempts to the state all
2809 regulation of the licensure, activity, and operation of
2810 pharmacies and pharmacists as defined in this chapter. A local
2811 government or political subdivision of the state may not enact
2812 or enforce an ordinance that imposes a levy, charge, or fee
2813 upon, or that otherwise regulates, pharmacies and pharmacists as
2814 defined in this chapter, except that this preemption does not
2815 prohibit a local government or political subdivision from
2816 enacting an ordinance regarding the following:

2817 (1) Local business taxes adopted pursuant to chapter 205.

2818 (2) Land use development regulations adopted pursuant to
2819 chapter 163, which include regulation of any aspect of
2820 development, including a subdivision, building construction,
2821 sign regulation, and any other regulation concerning the
2822 development of land, landscaping, or tree protection, and which
2823 do not include restrictions on pain-management services, health
2824 care services, or the prescribing of controlled substances.

2825 Section 75. Paragraph (b) of subsection (54) of section



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2826 499.003, Florida Statutes, is amended to read:

2827 499.003 Definitions of terms used in this part.—As used in
2828 this part, the term:

2829 (54) “Wholesale distribution” means distribution of
2830 prescription drugs to persons other than a consumer or patient,
2831 but does not include:

2832 (a) Any of the following activities, which is not a
2833 violation of s. 499.005(21) or s. 499.0051(13)(f) if such
2834 activity is conducted in accordance with s. 499.01(2)(g):

2835 1. The purchase or other acquisition by a hospital or other
2836 health care entity that is a member of a group purchasing
2837 organization of a prescription drug for its own use from the
2838 group purchasing organization or from other hospitals or health
2839 care entities that are members of that organization.

2840 2. The sale, purchase, or trade of a prescription drug or
2841 an offer to sell, purchase, or trade a prescription drug by a
2842 charitable organization described in s. 501(c)(3) of the
2843 Internal Revenue Code of 1986, as amended and revised, to a
2844 nonprofit affiliate of the organization to the extent otherwise
2845 permitted by law.

2846 3. The sale, purchase, or trade of a prescription drug or
2847 an offer to sell, purchase, or trade a prescription drug among
2848 hospitals or other health care entities that are under common
2849 control. For purposes of this subparagraph, “common control”
2850 means the power to direct or cause the direction of the
2851 management and policies of a person or an organization, whether
2852 by ownership of stock, by voting rights, by contract, or
2853 otherwise.

2854 4. The sale, purchase, trade, or other transfer of a



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2855 prescription drug from or for any federal, state, or local
2856 government agency or any entity eligible to purchase
2857 prescription drugs at public health services prices pursuant to
2858 Pub. L. No. 102-585, s. 602 to a contract provider or its
2859 subcontractor for eligible patients of the agency or entity
2860 under the following conditions:

2861 a. The agency or entity must obtain written authorization
2862 for the sale, purchase, trade, or other transfer of a
2863 prescription drug under this subparagraph from the Secretary of
2864 Business and Professional Regulation or his or her designee.

2865 b. The contract provider or subcontractor must be
2866 authorized by law to administer or dispense prescription drugs.

2867 c. In the case of a subcontractor, the agency or entity
2868 must be a party to and execute the subcontract.

2869 d. The contract provider and subcontractor must maintain
2870 and produce immediately for inspection all records of movement
2871 or transfer of all the prescription drugs belonging to the
2872 agency or entity, including, but not limited to, the records of
2873 receipt and disposition of prescription drugs. Each contractor
2874 and subcontractor dispensing or administering these drugs must
2875 maintain and produce records documenting the dispensing or
2876 administration. Records that are required to be maintained
2877 include, but are not limited to, a perpetual inventory itemizing
2878 drugs received and drugs dispensed by prescription number or
2879 administered by patient identifier, which must be submitted to
2880 the agency or entity quarterly.

2881 e. The contract provider or subcontractor may administer or
2882 dispense the prescription drugs only to the eligible patients of
2883 the agency or entity or must return the prescription drugs for



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2884 or to the agency or entity. The contract provider or
2885 subcontractor must require proof from each person seeking to
2886 fill a prescription or obtain treatment that the person is an
2887 eligible patient of the agency or entity and must, at a minimum,
2888 maintain a copy of this proof as part of the records of the
2889 contractor or subcontractor required under sub-subparagraph d.

2890 f. In addition to the departmental inspection authority set
2891 forth in s. 499.051, the establishment of the contract provider
2892 and subcontractor and all records pertaining to prescription
2893 drugs subject to this subparagraph shall be subject to
2894 inspection by the agency or entity. All records relating to
2895 prescription drugs of a manufacturer under this subparagraph
2896 shall be subject to audit by the manufacturer of those drugs,
2897 without identifying individual patient information.

2898 (b) Any of the following activities, which is not a
2899 violation of s. 499.005(21) or s. 499.0051(13)(f) if such
2900 activity is conducted in accordance with rules established by
2901 the department:

2902 1. The sale, purchase, or trade of a prescription drug
2903 among federal, state, or local government health care entities
2904 that are under common control and are authorized to purchase
2905 such prescription drug.

2906 2. The sale, purchase, or trade of a prescription drug or
2907 an offer to sell, purchase, or trade a prescription drug for
2908 emergency medical reasons. For purposes of this subparagraph,
2909 the term "emergency medical reasons" includes transfers of
2910 prescription drugs by a retail pharmacy to another retail
2911 pharmacy to alleviate a temporary shortage.

2912 3. The transfer of a prescription drug acquired by a



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2913 medical director on behalf of a licensed emergency medical
2914 services provider to that emergency medical services provider
2915 and its transport vehicles for use in accordance with the
2916 provider's license under chapter 401.

2917 4. The revocation of a sale or the return of a prescription
2918 drug to the person's prescription drug wholesale supplier.

2919 5. The donation of a prescription drug by a health care
2920 entity to a charitable organization that has been granted an
2921 exemption under s. 501(c)(3) of the Internal Revenue Code of
2922 1986, as amended, and that is authorized to possess prescription
2923 drugs.

2924 6. The transfer of a prescription drug by a person
2925 authorized to purchase or receive prescription drugs to a person
2926 licensed or permitted to handle reverse distributions or
2927 destruction under the laws of the jurisdiction in which the
2928 person handling the reverse distribution or destruction receives
2929 the drug.

2930 7. The transfer of a prescription drug by a hospital or
2931 other health care entity, either directly or through the
2932 hospital's or health care entity's prescription drug wholesale
2933 supplier or the manufacturer, to a person licensed under this
2934 part to repackage prescription drugs for the purpose of
2935 repackaging the prescription drug for use by that hospital, or
2936 other health care entity and other health care entities that are
2937 under common control, and the transfer of the drugs by the
2938 repackager to the hospital or other healthcare entity, if
2939 ownership of the prescription drugs remains with the hospital or
2940 other health care entity at all times. In addition to the
2941 recordkeeping requirements of s. 499.0121(6), the hospital or



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2942 health care entity that transfers prescription drugs pursuant to
2943 this subparagraph must reconcile all drugs transferred and
2944 returned and resolve any discrepancies in a timely manner. The
2945 repackager must comply with the recordkeeping requirements of s.
2946 499.01212(2).

2947 Section 76. Paragraph (b) of subsection (2) of section
2948 499.01, Florida Statutes, is amended to read

2949 499.01 Permits.—

2950 (2) The following permits are established:

2951 (b) *Prescription drug repackager permit.*—A prescription
2952 drug repackager permit is required for any person that
2953 repackages a prescription drug in this state or any person
2954 located in another state who repackages and distributes
2955 prescription drugs in or into this state which are received in a
2956 transfer pursuant to s. 499.003(54)(b)7.

2957 1. A person that operates an establishment permitted as a
2958 prescription drug repackager may engage in wholesale
2959 distribution of prescription drugs repackaged at that
2960 establishment and must comply with all the provisions of this
2961 part and the rules adopted under this part that apply to a
2962 wholesale distributor.

2963 2. A prescription drug repackager must comply with all
2964 appropriate state and federal good manufacturing practices.

2965 Section 77. Subsection (2) of section 499.01212, Florida
2966 Statutes, is amended to read:

2967 499.01212 Pedigree paper.—

2968 (2) *FORMAT.*—A pedigree paper must contain the following
2969 information:

2970 (a) For the wholesale distribution of a prescription drug



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2971 within the normal distribution chain or pursuant to a transfer
2972 described in s. 499.003(54) (b)7. if the wholesale distributor
2973 purchased the specific unit of the prescription drug directly
2974 from the manufacturer and the wholesale distributor transfers
2975 title to the prescription drug within the normal distribution
2976 chain, but delivers physical possession to a repackager licensed
2977 under this part:

2978 1. The following statement: "This wholesale distributor
2979 purchased the specific unit of the prescription drug directly
2980 from the manufacturer."

2981 2. The manufacturer's national drug code identifier and the
2982 name and address of the wholesale distributor and the purchaser
2983 of the prescription drug.

2984 3. The name of the prescription drug as it appears on the
2985 label.

2986 4. The quantity, dosage form, and strength of the
2987 prescription drug.

2988
2989 The wholesale distributor must also maintain and make available
2990 to the department, upon request, the point of origin of the
2991 prescription drugs, including intracompany transfers, the date
2992 of the shipment from the manufacturer to the wholesale
2993 distributor, the lot numbers of such drugs, and the invoice
2994 numbers from the manufacturer. If a repackager further
2995 distributes prescription drugs to a hospital or other health
2996 care entity pursuant to s. 499.003(54) (b)7., and the hospital or
2997 other health care entity receives the statement from the
2998 wholesale distributor in this subsection, the repackager's
2999 pedigree paper must contain the statement from the wholesale



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3000 distributor in this subsection, along with the lot numbers of
3001 the prescription drugs, the name and address of the repackager
3002 and his or her signature, the date of receipt, and the name and
3003 address of the person authorized by law to purchase prescription
3004 drugs for the purpose of administering or dispensing the drug,
3005 as defined in s. 465.003.

3006 (b) For all other wholesale distributions of prescription
3007 drugs and all other transfers of prescription drugs by
3008 repackagers pursuant to s. 499.003(54)(b)7.:

3009 1. The quantity, dosage form, and strength of the
3010 prescription drugs.

3011 2. The lot numbers of the prescription drugs.

3012 3. The name and address of each owner of the prescription
3013 drug and his or her signature.

3014 4. Shipping information, including the name and address of
3015 each person certifying delivery or receipt of the prescription
3016 drug.

3017 5. An invoice number, a shipping document number, or
3018 another number uniquely identifying the transaction.

3019 6. A certification that the recipient wholesale distributor
3020 has authenticated the pedigree papers.

3021 7. The unique serialization of the prescription drug, if
3022 the manufacturer or repackager has uniquely serialized the
3023 individual prescription drug unit.

3024 8. The name, address, telephone number, and, if available,
3025 e-mail contact information of each wholesale distributor
3026 involved in the chain of the prescription drug's custody.

3027
3028 When an affiliated group member obtains title to a prescription



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3029 drug before distributing the prescription drug as the
3030 manufacturer under s. 499.003(31)(e), information regarding the
3031 distribution between those affiliated group members may be
3032 omitted from a pedigree paper required under this paragraph for
3033 subsequent distributions of that prescription drug.

3034 Section 78. Subsection (8) of section 499.041, Florida
3035 Statutes, is amended to read

3036 499.041 Schedule of fees for drug, device, and cosmetic
3037 applications and permits, product registrations, and free-sale
3038 certificates.—

3039 (8) The department shall assess a prescription drug
3040 repackager applicant or permittee physically located outside of
3041 the state or an out-of-state prescription drug wholesale
3042 distributor applicant or permittee an onsite inspection fee of
3043 not less than \$1,000 or more than \$3,000 annually, to be based
3044 on the actual cost of the inspection if an onsite inspection is
3045 performed by agents of the department.

3046 Section 79. Subsection (1) of section 627.645, Florida
3047 Statutes, is amended to read:

3048 627.645 Denial of health insurance claims restricted.—

3049 (1) A ~~No~~ claim for payment under a health insurance policy
3050 or self-insured program of health benefits for treatment, care,
3051 or services in a licensed hospital ~~that~~ ~~which~~ is accredited by
3052 the Joint Commission, the American Osteopathic
3053 Association/Healthcare Facilities Accreditation Program, a
3054 national accrediting organization that is approved by the
3055 Centers for Medicare and Medicaid Services and whose standards
3056 incorporate comparable licensure regulations required by the
3057 state ~~on the Accreditation of Hospitals,~~ the American



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3058 Osteopathic Association, or CARF International may not ~~the~~
3059 ~~Commission on the Accreditation of Rehabilitative Facilities~~
3060 ~~shall~~ be denied because such hospital lacks major surgical
3061 facilities and is primarily of a rehabilitative nature, if such
3062 rehabilitation is specifically for treatment of physical
3063 disability.

3064 Section 80. Paragraph (c) of subsection (2) of section
3065 627.668, Florida Statutes, is amended to read:

3066 627.668 Optional coverage for mental and nervous disorders
3067 required; exception.—

3068 (2) Under group policies or contracts, inpatient hospital
3069 benefits, partial hospitalization benefits, and outpatient
3070 benefits consisting of durational limits, dollar amounts,
3071 deductibles, and coinsurance factors shall not be less favorable
3072 than for physical illness generally, except that:

3073 (c) Partial hospitalization benefits shall be provided
3074 under the direction of a licensed physician. For purposes of
3075 this part, the term "partial hospitalization services" is
3076 defined as those services offered by a program that is
3077 accredited by the Joint Commission, the American Osteopathic
3078 Association/Healthcare Facilities Accreditation Program, or a
3079 national accrediting organization approved by the Centers for
3080 Medicare and Medicaid Services and whose standards incorporate
3081 comparable licensure regulations required by the state; ~~on~~
3082 ~~Accreditation of Hospitals (JCAH)~~ or that is in compliance with
3083 equivalent standards. Alcohol rehabilitation programs accredited
3084 by the Joint Commission ~~on Accreditation of Hospitals~~ or
3085 approved by the state and licensed drug abuse rehabilitation
3086 programs shall also be qualified providers under this section.



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3087 In a given ~~any~~ benefit year, if partial hospitalization services
3088 or a combination of inpatient and partial hospitalization are
3089 used ~~utilized~~, the total benefits paid for all such services may
3090 ~~shall~~ not exceed the cost of 30 days after ~~of~~ inpatient
3091 hospitalization for psychiatric services, including physician
3092 fees, which prevail in the community in which the partial
3093 hospitalization services are rendered. If partial
3094 hospitalization services benefits are provided beyond the limits
3095 set forth in this paragraph, the durational limits, dollar
3096 amounts, and coinsurance factors thereof need not be the same as
3097 those applicable to physical illness generally.

3098 Section 81. Subsection (3) of section 627.669, Florida
3099 Statutes, is amended to read:

3100 627.669 Optional coverage required for substance abuse
3101 impaired persons; exception.—

3102 (3) The benefits provided under this section are ~~shall be~~
3103 applicable only if treatment is provided by, or under the
3104 supervision of, or is prescribed by, a licensed physician or
3105 licensed psychologist and if services are provided in a program
3106 that is accredited by the Joint Commission, the American
3107 Osteopathic Association/Healthcare Facilities Accreditation
3108 Program, or a national accrediting organization that is approved
3109 by the Centers for Medicare and Medicaid Services and whose
3110 standards incorporate comparable licensure regulations required
3111 by the state ~~on Accreditation of Hospitals~~ or that is approved
3112 by the state.

3113 Section 82. Paragraph (a) of subsection (1) of section
3114 627.736, Florida Statutes, is amended to read:

3115 627.736 Required personal injury protection benefits;



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3116 exclusions; priority; claims.-

3117 (1) REQUIRED BENEFITS.-An insurance policy complying with
3118 the security requirements of s. 627.733 must provide personal
3119 injury protection to the named insured, relatives residing in
3120 the same household, persons operating the insured motor vehicle,
3121 passengers in the motor vehicle, and other persons struck by the
3122 motor vehicle and suffering bodily injury while not an occupant
3123 of a self-propelled vehicle, subject to subsection (2) and
3124 paragraph (4) (e), to a limit of \$10,000 in medical and
3125 disability benefits and \$5,000 in death benefits resulting from
3126 bodily injury, sickness, disease, or death arising out of the
3127 ownership, maintenance, or use of a motor vehicle as follows:

3128 (a) *Medical benefits.*-Eighty percent of all reasonable
3129 expenses for medically necessary medical, surgical, X-ray,
3130 dental, and rehabilitative services, including prosthetic
3131 devices and medically necessary ambulance, hospital, and nursing
3132 services if the individual receives initial services and care
3133 pursuant to subparagraph 1. within 14 days after the motor
3134 vehicle accident. The medical benefits provide reimbursement
3135 only for:

3136 1. Initial services and care that are lawfully provided,
3137 supervised, ordered, or prescribed by a physician licensed under
3138 chapter 458 or chapter 459, a dentist licensed under chapter
3139 466, or a chiropractic physician licensed under chapter 460 or
3140 that are provided in a hospital or in a facility that owns, or
3141 is wholly owned by, a hospital. Initial services and care may
3142 also be provided by a person or entity licensed under part III
3143 of chapter 401 which provides emergency transportation and
3144 treatment.



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3145 2. Upon referral by a provider described in subparagraph
3146 1., followup services and care consistent with the underlying
3147 medical diagnosis rendered pursuant to subparagraph 1. which may
3148 be provided, supervised, ordered, or prescribed only by a
3149 physician licensed under chapter 458 or chapter 459, a
3150 chiropractic physician licensed under chapter 460, a dentist
3151 licensed under chapter 466, or, to the extent permitted by
3152 applicable law and under the supervision of such physician,
3153 osteopathic physician, chiropractic physician, or dentist, by a
3154 physician assistant licensed under chapter 458 or chapter 459 or
3155 an advanced registered nurse practitioner licensed under chapter
3156 464. Followup services and care may also be provided by ~~any of~~
3157 the following persons or entities:

3158 a. A hospital or ambulatory surgical center licensed under
3159 chapter 395.

3160 b. An entity wholly owned by one or more physicians
3161 licensed under chapter 458 or chapter 459, chiropractic
3162 physicians licensed under chapter 460, or dentists licensed
3163 under chapter 466 or by such practitioners and the spouse,
3164 parent, child, or sibling of such practitioners.

3165 c. An entity that owns or is wholly owned, directly or
3166 indirectly, by a hospital or hospitals.

3167 d. A physical therapist licensed under chapter 486, based
3168 upon a referral by a provider described in this subparagraph.

3169 e. A health care clinic licensed under part X of chapter
3170 400 which is accredited by the Joint Commission, the American
3171 Osteopathic Association/Healthcare Facilities Accreditation
3172 Program, a national accrediting organization that is approved by
3173 the Centers for Medicare and Medicaid Services and whose



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3174 standards incorporate comparable licensure regulations required
3175 by the state, CARF International ~~on Accreditation of Healthcare~~
3176 ~~Organizations, the American Osteopathic Association, the~~
3177 ~~Commission on Accreditation of Rehabilitation Facilities, or the~~
3178 Accreditation Association for Ambulatory Health Care, Inc., or

3179 (I) Has a medical director licensed under chapter 458,
3180 chapter 459, or chapter 460;

3181 (II) Has been continuously licensed for more than 3 years
3182 or is a publicly traded corporation that issues securities
3183 traded on an exchange registered with the United States
3184 Securities and Exchange Commission as a national securities
3185 exchange; and

3186 (III) Provides at least four of the following medical
3187 specialties:

3188 (A) General medicine.

3189 (B) Radiography.

3190 (C) Orthopedic medicine.

3191 (D) Physical medicine.

3192 (E) Physical therapy.

3193 (F) Physical rehabilitation.

3194 (G) Prescribing or dispensing outpatient prescription
3195 medication.

3196 (H) Laboratory services.

3197 3. Reimbursement for services and care provided in
3198 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
3199 licensed under chapter 458 or chapter 459, a dentist licensed
3200 under chapter 466, a physician assistant licensed under chapter
3201 458 or chapter 459, or an advanced registered nurse practitioner
3202 licensed under chapter 464 has determined that the injured



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3203 person had an emergency medical condition.

3204 4. Reimbursement for services and care provided in
3205 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a any
3206 provider listed in subparagraph 1. or subparagraph 2. determines
3207 that the injured person did not have an emergency medical
3208 condition.

3209 5. Medical benefits do not include massage as defined in s.
3210 480.033 or acupuncture as defined in s. 457.102, regardless of
3211 the person, entity, or licensee providing massage or
3212 acupuncture, and a licensed massage therapist or licensed
3213 acupuncturist may not be reimbursed for medical benefits under
3214 this section.

3215 6. The Financial Services Commission shall adopt by rule
3216 the form that must be used by an insurer and a health care
3217 provider specified in sub-subparagraph 2.b., sub-subparagraph
3218 2.c., or sub-subparagraph 2.e. to document that the health care
3219 provider meets the criteria of this paragraph. Such,~~which~~ rule
3220 must include a requirement for a sworn statement or affidavit.

3221
3222 Only insurers writing motor vehicle liability insurance in this
3223 state may provide the required benefits of this section, and
3224 such insurer may not require the purchase of any other motor
3225 vehicle coverage other than the purchase of property damage
3226 liability coverage as required by s. 627.7275 as a condition for
3227 providing such benefits. Insurers may not require that property
3228 damage liability insurance in an amount greater than \$10,000 be
3229 purchased in conjunction with personal injury protection. Such
3230 insurers shall make benefits and required property damage
3231 liability insurance coverage available through normal marketing



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3232 channels. An insurer writing motor vehicle liability insurance
3233 in this state who fails to comply with such availability
3234 requirement as a general business practice violates part IX of
3235 chapter 626, and such violation constitutes an unfair method of
3236 competition or an unfair or deceptive act or practice involving
3237 the business of insurance. An insurer committing such violation
3238 is subject to the penalties provided under that part, as well as
3239 those provided elsewhere in the insurance code.

3240 Section 83. Subsection (12) of section 641.495, Florida
3241 Statutes, is amended to read:

3242 641.495 Requirements for issuance and maintenance of
3243 certificate.-

3244 (12) The provisions of part I of chapter 395 do not apply
3245 to a health maintenance organization that, on or before January
3246 1, 1991, provides not more than 10 outpatient holding beds for
3247 short-term and hospice-type patients in an ambulatory care
3248 facility for its members, provided that such health maintenance
3249 organization maintains current accreditation by the Joint
3250 Commission ~~on Accreditation of Health Care Organizations~~, a
3251 national accrediting organization that is approved by the
3252 Centers for Medicare and Medicaid Services and whose standards
3253 incorporate comparable licensure regulations required by the
3254 state, the Accreditation Association for Ambulatory Health Care,
3255 Inc., or the National Committee for Quality Assurance.

3256 Section 84. Subsection (2) of section 766.1015, Florida
3257 Statutes, is amended to read:

3258 766.1015 Civil immunity for members of or consultants to
3259 certain boards, committees, or other entities.-

3260 (2) Such committee, board, group, commission, or other



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3261 entity must be established in accordance with state law, ~~or~~ in
3262 accordance with requirements of the Joint Commission, the
3263 American Osteopathic Association/Healthcare Facilities
3264 Accreditation Program, or a national accrediting organization
3265 that is approved by the Centers for Medicare and Medicaid
3266 Services and whose standards incorporate comparable licensure
3267 regulations required by the state ~~on Accreditation of Healthcare~~
3268 ~~Organizations~~, established and duly constituted by one or more
3269 public or licensed private hospitals or behavioral health
3270 agencies, or established by a governmental agency. To be
3271 protected by this section, the act, decision, omission, or
3272 utterance may not be made or done in bad faith or with malicious
3273 intent.

3274 Section 85. Section 893.0552, Florida Statutes, is created
3275 to read:

3276 893.0552 Preemption of regulation.-

3277 (1) This section preempts to the state all regulation of
3278 the licensure, activity, and operation of pain-management
3279 clinics as defined in ss. 458.3265 and 459.0137 in the following
3280 circumstances:

3281 (a) The clinic is wholly owned and operated by a physician
3282 who performs interventional pain procedures of the type
3283 routinely billed using surgical codes, who has never been
3284 suspended or revoked for prescribing a controlled substance in
3285 Schedule II or Schedule III of s. 893.03 and drugs containing
3286 Alprazolam in excessive or inappropriate quantities that are not
3287 in the best interest of a patient, and who:

3288 1. Has completed a fellowship in pain medicine which is
3289 approved by the Accreditation Council for Graduate Medical



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3290 Education or the American Osteopathic Association;
3291 2. Is board-certified in pain medicine by the American
3292 Board of Pain Medicine, board-certified by the American Board of
3293 Interventional Pain Physicians; or
3294 3. Has a board certification or subcertification in pain
3295 management or pain medicine by a specialty board approved by the
3296 American Board of Medical Specialties or the American
3297 Osteopathic Association.
3298 (b) The clinic is wholly owned and operated by a physician-
3299 multispecialty practice if one or more board-eligible or board-
3300 certified medical specialists has one of the qualifications
3301 specified in subparagraph (a)1., subparagraph (a)2., or
3302 subparagraph (a)3., performs interventional pain procedures of
3303 the type routinely billed using surgical codes, and has never
3304 been suspended or revoked for prescribing a controlled substance
3305 in Schedule II or Schedule III of s. 893.03 and drugs containing
3306 Alprazolam in excessive or inappropriate quantities that are not
3307 in the best interest of a patient.
3308 (2) Notwithstanding subsection (1), the preemption does not
3309 prohibit a local government or political subdivision from
3310 enacting an ordinance regarding local business taxes adopted
3311 pursuant to chapter 205 and land use development regulations
3312 adopted pursuant to chapter 163. A pain-management clinic in
3313 which the regulation of its licensure, activity, and operation
3314 is preempted to the state pursuant to subsection (1) is a
3315 permissible use in a land use or zoning category that permits
3316 hospitals and other health care facilities or clinics as defined
3317 in chapter 395 or s. 408.07. Upon the request of a local
3318 government, a pain-management clinic must annually demonstrate



3319 that it qualifies for preemption pursuant to subsection (1).

3320 Section 86. This act shall take effect July 1, 2013.

3321
3322 ===== T I T L E A M E N D M E N T =====

3323 And the title is amended as follows:

3324 Delete everything before the enacting clause
3325 and insert:

3326 A bill to be entitled
3327 An act relating to health care; amending s. 112.0455,
3328 F.S.; deleting a monthly reporting requirement for
3329 laboratories; amending s. 154.11, F.S.; revising
3330 references to certain accrediting organizations to
3331 conform to changes made by the act; amending s.
3332 322.142, F.S.; allowing the Department of Highway
3333 Safety and Motor Vehicles to share driver license
3334 photographs with the Agency for Health Care
3335 Administration pursuant to an interagency agreement;
3336 revising references to certain accrediting
3337 organizations to conform to changes made by the act;
3338 amending s. 381.745, F.S.; revising a definition;
3339 amending s. 381.75, F.S.; revising the duties of the
3340 Department of Health as they relate to transitional
3341 living facilities; amending s. 381.78, F.S.;
3342 conforming provisions to changes made by the act;
3343 creating s. 385.2035, F.S.; designating the Florida
3344 Hospital Sanford-Burnham Translational Research
3345 Institute for Metabolism and Diabetes as a resource
3346 for diabetes research in this state; amending s.
3347 394.4574, F.S.; providing that Medicaid prepaid



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3348 behavioral health plans are responsible for enrolled
3349 mental health residents; providing that managing
3350 entities under contract with the Department of
3351 Children and Families are responsible for mental
3352 health residents who are not enrolled with a Medicaid
3353 prepaid behavioral health plan; deleting a provision
3354 to conform to changes made by the act; requiring that
3355 the community living support plan be completed and
3356 provided to the administrator of a facility upon the
3357 mental health resident's admission; requiring the
3358 community living support plan to be updated when there
3359 is a significant change to the mental health
3360 resident's behavioral health; requiring the case
3361 manager assigned to a mental health resident of an
3362 assisted living facility that holds a limited mental
3363 health license to keep a record of the date and time
3364 of face-to-face interactions with the resident and to
3365 make the record available to the responsible entity
3366 for inspection; requiring that the record be
3367 maintained for a specified time; requiring the
3368 responsible entity to ensure that there is adequate
3369 and consistent monitoring and enforcement of community
3370 living support plans and cooperative agreements and
3371 that concerns are reported to the appropriate
3372 regulatory oversight organization under certain
3373 circumstances; amending s. 394.741, F.S.; revising
3374 references to certain accrediting organizations to
3375 conform to changes made by the act; amending s.
3376 395.0161, F.S.; deleting a requirement that hospitals



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3377 pay certain inspection fees at the time of the
3378 inspection; repealing s. 395.1046, F.S., relating to
3379 the investigation by the Agency for Health Care
3380 Administration of certain complaints against
3381 hospitals; amending s. 395.3038, F.S.; deleting an
3382 obsolete provision relating to stroke centers;
3383 revising references to certain accrediting
3384 organizations to conform; repealing s. 395.40, F.S.;
3385 amending s. 395.4001, F.S.; revising the definition of
3386 the terms "level II trauma center" and "trauma
3387 center"; amending s. 395.401, F.S.; revising the
3388 components of plans for local and regional trauma
3389 services systems; amending s. 395.4015, F.S.;
3390 requiring regional trauma plans to recognize trauma
3391 service areas that reflect well established patient
3392 flow patterns; repealing s. 395.402, F.S.; amending
3393 s. 395.4025, F.S.; establishing criteria for
3394 designating Level II trauma centers in areas with
3395 limited access to trauma center services; amending s.
3396 395.701, F.S.; revising the definition of the term
3397 "hospital" for purposes of annual assessments on net
3398 operating revenues for inpatient and outpatient
3399 services to fund public medical assistance; repealing
3400 s. 395.7015, F.S., relating to annual assessments on
3401 health care entities; amending s. 395.7016, F.S.;
3402 revising a cross-reference to conform to changes made
3403 by the act; amending ss. 397.403, F.S.; amending s.
3404 400.0074, F.S.; providing that an administrative
3405 assessment conducted by a local council be



3406 comprehensive in nature and focus on factors affecting
3407 the rights, health, safety, and welfare of the
3408 residents of a nursing home; requiring a local council
3409 to conduct an exit consultation with the facility
3410 administrator or administrator designee to discuss
3411 issues and concerns in areas affecting rights, health,
3412 safety, and welfare of residents and make
3413 recommendations for improvement; revising references
3414 to certain accrediting organizations to conform to
3415 changes made by the act; amending s. 400.0078, F.S.;
3416 requiring that residents of long-term care facilities
3417 be informed that retaliatory action cannot be taken
3418 against a resident for presenting grievances or for
3419 exercising any other resident right; amending s.
3420 400.462, F.S.; defining the term "home health agency"
3421 to include a Nurse Registry under certain
3422 circumstances; repealing s. 400.805, F.S., relating to
3423 transitional living facilities; providing that every
3424 transitional living facility licensed under s.
3425 400.805, F.S., on or before a specified date is
3426 licensed under the provisions of the act; amending s.
3427 400.925, F.S.; revising references to certain
3428 accrediting organizations to conform to changes made
3429 by the act; amending s. 400.93, F.S.; providing that
3430 transitional living facilities licensed under part XI
3431 of ch. 400, F.S., are exempt from home medical
3432 equipment provider licensure; amending s. 400.9905,
3433 F.S.; revising a definition; amending s. 400.9935,
3434 F.S.; revising references to certain accrediting



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3435 organizations to conform to changes made by the act;
3436 creating part XI of ch. 400, F.S., entitled
3437 "Transitional Living Facilities"; creating s.
3438 400.9970, F.S.; providing legislative intent; creating
3439 s. 400.9971, F.S.; providing definitions; creating s.
3440 400.9972, F.S.; requiring the licensure of
3441 transitional living facilities; providing fees;
3442 providing license application requirements; creating
3443 s. 400.9973, F.S.; providing requirements for
3444 transitional living facilities relating to client
3445 admission, transfer, and discharge; creating s.
3446 400.9974, F.S.; requiring a comprehensive treatment
3447 plan to be developed for each client; providing plan
3448 requirements; creating s. 400.9975, F.S.; providing
3449 licensee responsibilities; providing notice
3450 requirements; prohibiting a licensee or employee of a
3451 facility from serving notice upon a client to leave
3452 the premises or take other retaliatory action;
3453 requiring the client and client's representative to be
3454 provided with certain information; requiring the
3455 licensee to develop and implement certain policies and
3456 procedures; creating s. 400.9976, F.S.; providing
3457 licensee requirements relating to medication
3458 practices; creating s. 400.9977, F.S.; providing
3459 requirements for the screening of potential employees
3460 and monitoring of employees for the protection of
3461 clients; requiring licensees to implement certain
3462 procedures; creating s. 400.9978, F.S.; requiring a
3463 facility to provide a therapeutic milieu that supports



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3464 a culture of individual empowerment and
3465 responsibility; providing that the health and safety
3466 of the client is the primary concern of the facility;
3467 providing requirements and limitations for the use of
3468 physical restraints, seclusion, and chemical restraint
3469 medication on clients; requiring the Agency for Health
3470 Care Administration to adopt rules; creating s.
3471 400.9979, F.S.; providing background screening
3472 requirements; requiring the licensee to maintain
3473 certain personnel records; providing administrative
3474 responsibilities for licensees; providing
3475 recordkeeping requirements; creating s. 400.9980,
3476 F.S.; providing requirements relating to property and
3477 personal affairs of clients; providing requirements
3478 for a licensee with respect to obtaining surety bonds;
3479 providing recordkeeping requirements relating to the
3480 safekeeping of personal effects; providing
3481 requirements for trust funds received by licensee and
3482 credited to the client; providing a penalty for
3483 certain misuse of a resident's personal needs
3484 allowance; providing criminal penalties for
3485 violations; providing for the disposition of property
3486 in the event of the death of a client; authorizing the
3487 Agency for Health Care Administration to adopt rules;
3488 creating s. 400.9981, F.S.; authorizing the agency to
3489 adopt and enforce certain rules; creating s. 400.9982,
3490 F.S.; providing procedures relating to violations and
3491 penalties; providing administrative fines for
3492 specified classes of violations; creating s. 400.9983,



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3493 F.S.; authorizing the agency to apply certain
3494 provisions with regard to receivership proceedings;
3495 creating s. 400.9984, F.S.; requiring the Agency for
3496 Health Care Administration, the Department of Health,
3497 the Agency for Persons with Disabilities, and the
3498 Department of Children and Families to develop
3499 electronic systems for certain purposes; amending s.
3500 402.7306, F.S.; revising a reference to certain
3501 accrediting organizations to conform to changes made
3502 by the act; amending s. 408.061, F.S.; exempting
3503 hospitals operated by state agencies from certain
3504 annual fiscal experience reporting requirements;
3505 amending s. 408.20, F.S.; exempting hospitals operated
3506 by state agencies from certain assessments; amending
3507 ss. 408.802 and 408.820, F.S.; conforming a provision
3508 to changes made by the act; amending s. 408.809, F.S.;
3509 adding additional disqualifying offenses to background
3510 screening provisions; amending s. 409.9122, F.S.;
3511 deleting a requirement that Medicaid recipients with
3512 HIV/AIDS be referred to a Health Maintenance
3513 Organization under contract with the agency; requiring
3514 Medicaid recipients diagnosed with HIV/AIDS be
3515 assigned to a managed care plan that is a health
3516 maintenance organization under ch. 641, F.S., that is
3517 under contract with the agency, and that offers a
3518 delivery system through a university-based teaching
3519 and research-oriented organization specializing in
3520 treating individuals with HIV/AIDS; amending ss.
3521 409.966 and 409.967, F.S.; revising references to



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3522 certain accrediting organizations to conform to
3523 changes made by the act; amending s. 429.07, F.S.;
3524 providing that an extended congregate care license is
3525 issued to certain facilities that have been licensed
3526 as assisted living facilities under certain
3527 circumstances; providing the purpose of an extended
3528 congregate care license; providing that the initial
3529 extended congregate care license of an assisted living
3530 facility is provisional under certain circumstances;
3531 requiring the licensee to notify the Agency for Health
3532 Care Administration whenever it accepts a resident who
3533 qualifies for extended congregate care services;
3534 requiring the agency to inspect the facility for
3535 compliance with the requirements of an extended
3536 congregate care license; authorizing the agency to
3537 waive one of the required yearly monitoring visits
3538 under certain circumstances; authorizing the agency to
3539 deny or revoke a facility's extended congregate care
3540 license for certain reasons or on certain grounds;
3541 requiring a registered nurse representing the agency
3542 to visit the facility at least annually, rather than
3543 twice a year, to monitor residents who are receiving
3544 limited nursing services; providing that the agency's
3545 monitoring visits may be in conjunction with other
3546 agency inspections; authorizing the agency to waive
3547 one of the required yearly monitoring visits for
3548 certain facilities; amending s. 429.075, F.S.;
3549 requiring an assisted living facility that serves one
3550 or more mental health residents to obtain a limited



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3551 mental health license; amending s. 429.14, F.S.;

3552 revising the actions in which the agency may deny,

3553 revoke, or suspend the license of an assisted living

3554 facility and impose an administrative fine; revising

3555 the criteria upon which the agency must deny or revoke

3556 the license of an assisted living facility; requiring

3557 the agency to impose an immediate moratorium on the

3558 license of an assisted living facility under certain

3559 circumstances; deleting a provision requiring the

3560 agency to provide a list of facilities with denied,

3561 suspended, or revoked licenses to the Department of

3562 Business and Professional Regulation; exempting a

3563 facility from the 45-day notice requirement if it is

3564 required to relocate some or all of its residents;

3565 amending s. 429.178, F.S.; conforming cross-

3566 references; amending s. 429.19, F.S.; revising the

3567 amounts and uses of administrative fines; requiring

3568 the agency to levy a fine for violations that are

3569 corrected before an inspection if noncompliance

3570 occurred within a specified period of time; deleting

3571 factors that the agency is required to consider to

3572 determine penalties and fines; amending s. 429.26,

3573 F.S.; providing that certain residents may be admitted

3574 to a standard licensed assisted living facility under

3575 certain circumstances; amending s. 429.28, F.S.;

3576 requiring that residents of facilities be informed

3577 that the identity of the resident and complainant in a

3578 complaint made to the State Long-Term Care Ombudsman

3579 Program is confidential and that retaliatory action



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3580 cannot be taken against a resident for presenting
3581 grievances or for exercising any other resident right;
3582 providing that a facility that terminates an
3583 individual's residency is fined if good cause is not
3584 shown in court; amending s. 429.34, F.S.; requiring
3585 certain persons to report elder abuse in assisted
3586 living facilities; requiring the agency to regularly
3587 inspect every licensed assisted living facility;
3588 requiring the agency to conduct more frequent
3589 inspections under certain circumstances; requiring the
3590 licensee to pay a fee for the cost of additional
3591 inspections; requiring the agency to adjust the fee;
3592 amending s. 429.52, F.S.; requiring each newly hired
3593 employee of an assisted living facility to attend a
3594 preservice orientation provided by the assisted living
3595 facility; requiring the employee and administrator to
3596 sign an affidavit upon completion of the preservice
3597 orientation; requiring the assisted living facility to
3598 maintain the signed affidavit in each employee's work
3599 file; conforming a cross-reference; requiring the
3600 Agency for Health Care Administration to study the
3601 reliability of facility surveys and submit to the
3602 Governor and the Legislature its findings and
3603 recommendations; requiring the agency to propose a
3604 rating system of assisted living facilities for
3605 consumers and create content for the agency's website
3606 that makes available to consumers information
3607 regarding assisted living facilities; providing
3608 criteria for the content; amending s. 430.80, F.S.;



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3609 revising references to certain accrediting
3610 organizations to conform to changes made by the act;
3611 amending s. 435.04, F.S.; revising information to be
3612 submitted for a background screening; adding
3613 additional disqualifying offenses; amending s. 435.07,
3614 F.S.; revising terminology; requiring that individuals
3615 seeking an exemption from disqualification have
3616 completed all nonmonetary conditions imposed by the
3617 court for the disqualifying felony; requiring that all
3618 persons seeking an exemption from disqualification pay
3619 any court-ordered monetary penalty in full before
3620 being eligible to apply; amending s. 435.12, F.S.;
3621 requiring that a photograph of the person taken at the
3622 time the fingerprints are processed be submitted to
3623 the Care Provider Background Screening Clearinghouse
3624 before submission of the electronic fingerprints;
3625 requiring specified information to be included with
3626 the initiation of the screening registration within
3627 the clearinghouse; amending s. 440.102, F.S.; revising
3628 certain drug-testing standards for laboratories;
3629 deleting a requirement that a laboratory comply with
3630 certain criteria to conduct an initial analysis of
3631 test specimens; deleting a monthly reporting
3632 requirement for laboratories; amending s. 440.13,
3633 F.S.; revising references to certain accrediting
3634 organizations to conform to changes made by the act;
3635 creating s. 465.1902, F.S.; providing that regulation
3636 of the licensure, activity, and operation of
3637 pharmacies and pharmacists is preempted to the state;



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3638 prohibiting a local government or political
3639 subdivision of the state from enacting or enforcing an
3640 ordinance that imposes a levy, charge, or fee upon, or
3641 that otherwise regulates, pharmacies and pharmacists,
3642 except for ordinances regarding local business taxes
3643 and land development; amending s. 499.003, F.S.;
3644 exempting prescription drugs transferred either
3645 directly or through a hospital's or health care
3646 entity's supplier or the manufacturer for the purpose
3647 of repackaging from the definition of the term
3648 "wholesale distribution"; amending s. 499.01, F.S.;
3649 requiring a permit for prescription drug repackagers
3650 located in other states who repackage and distribute
3651 drugs for limited purposes into this state; amending
3652 s. 499.01212, F.S.; requiring pedigree papers for
3653 transfers pursuant to s. 499.003(54)(b)7., F.S., to
3654 include specified information; amending 499.041, F.S.;
3655 assessing an onsite inspection fee on a prescription
3656 drug repackager applicant or licensee located out of
3657 the state; amending ss. 627.645, 627.668, 627.669,
3658 627.736, 641.495, and 766.1015, F.S.; revising
3659 references to certain accrediting organizations to
3660 conform to changes made by the act; creating s.
3661 893.0552, F.S.; providing that regulation of the
3662 licensure, activity, and operation of pain-management
3663 clinics is preempted to the state under certain
3664 circumstances; authorizing a local government or
3665 political subdivision of the state to enact certain
3666 ordinances regarding local business taxes and land



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development; providing an effective date.