

By Senator Garcia

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1 A bill to be entitled

2 An act relating to transitional living
3 facilities; creating part XI of ch. 400, F.S.;
4 providing legislative intent; providing definitions;
5 requiring the licensure of transitional living
6 facilities; providing license fees and application
7 requirements; requiring accreditation of licensed
8 facilities; providing requirements for transitional
9 living facility policies and procedures governing
10 client admission, transfer, and discharge; requiring a
11 comprehensive treatment plan to be developed for each
12 client; providing plan and staffing requirements;
13 requiring certain consent for continued treatment in a
14 transitional living facility; providing licensee
15 responsibilities; providing notice requirements;
16 prohibiting a licensee or employee of a facility from
17 serving notice upon a client to leave the premises or
18 take other retaliatory action under certain
19 circumstances; requiring the client and client's
20 representative to be provided with certain
21 information; requiring the licensee to develop and
22 implement certain policies and procedures; providing
23 licensee requirements relating to administration of
24 medication; requiring maintenance of medication
25 administration records; providing requirements for
26 administration of medications by unlicensed staff;
27 specifying who may conduct training of staff;
28 requiring licensees to adopt policies and procedures
29 for administration of medications by trained staff;

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30 requiring the Agency for Health Care Administration to
31 adopt rules; providing requirements for the screening
32 of potential employees and training and monitoring of
33 employees for the protection of clients; requiring
34 licensees to implement certain policies and procedures
35 to protect clients; providing conditions for
36 investigating and reporting incidents of abuse,
37 neglect, mistreatment, or exploitation of clients;
38 providing requirements and limitations for the use of
39 physical restraints, seclusion, and chemical restraint
40 medication on clients; providing a limitation on the
41 duration of an emergency treatment order; requiring
42 notification of certain persons when restraint or
43 seclusion is imposed; authorizing the agency to adopt
44 rules; providing background screening requirements;
45 requiring the licensee to maintain certain personnel
46 records; providing administrative responsibilities for
47 licensees; providing recordkeeping requirements;
48 providing licensee responsibilities with respect to
49 the property and personal affairs of clients;
50 providing requirements for a licensee with respect to
51 obtaining surety bonds; providing recordkeeping
52 requirements relating to the safekeeping of personal
53 effects; providing requirements for trust funds or
54 other property received by a licensee and credited to
55 the client; providing a penalty for certain misuse of
56 a client's personal funds, property, or personal needs
57 allowance; providing criminal penalties for
58 violations; providing for the disposition of property

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59 in the event of the death of a client; authorizing the
60 agency to adopt rules; providing legislative intent;
61 authorizing the agency to adopt and enforce rules
62 establishing standards for transitional living
63 facilities and personnel thereof; classifying
64 violations and providing penalties therefor; providing
65 administrative fines for specified classes of
66 violations; authorizing the agency to apply certain
67 provisions with regard to receivership proceedings;
68 requiring the agency, the Department of Health, the
69 Agency for Persons with Disabilities, and the
70 Department of Children and Families to develop
71 electronic information systems for certain purposes;
72 repealing s. 400.805, F.S., relating to transitional
73 living facilities; revising the title of part V of ch.
74 400, F.S.; amending s. 381.745, F.S.; revising the
75 definition of the term "transitional living facility,"
76 to conform; amending s. 381.75, F.S.; revising the
77 duties of the Department of Health and the agency
78 relating to transitional living facilities; amending
79 ss. 381.78, 400.93, 408.802, and 408.820, F.S.;
80 conforming provisions to changes made by the act;
81 providing applicability with respect to transitional
82 living facilities licensed before a specified date;
83 providing effective dates.

84
85 Be It Enacted by the Legislature of the State of Florida:

86
87 Section 1. Part XI of chapter 400, Florida Statutes,

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88 consisting of sections 400.997 through 400.9985, is created to
89 read:

90 PART XI

91 TRANSITIONAL LIVING FACILITIES

92 400.997 Legislative intent.—It is the intent of the
93 Legislature to provide for the licensure of transitional living
94 facilities and require the development, establishment, and
95 enforcement of basic standards by the Agency for Health Care
96 Administration to ensure quality of care and services to clients
97 in transitional living facilities. It is the policy of the state
98 that the least restrictive appropriate available treatment be
99 used based on the individual needs and best interest of the
100 client, consistent with optimum improvement of the client's
101 condition. The goal of a transitional living program for persons
102 who have brain or spinal cord injuries is to assist each person
103 who has such an injury to achieve a higher level of independent
104 functioning and to enable the person to reenter the community.
105 It is also the policy of the state that the restraint or
106 seclusion of a client is justified only as an emergency safety
107 measure used in response to danger to the client or others. It
108 is therefore the intent of the Legislature to achieve an ongoing
109 reduction in the use of restraint or seclusion in programs and
110 facilities that serve persons who have brain or spinal cord
111 injuries.

112 400.9971 Definitions.—As used in this part, the term:

113 (1) "Agency" means the Agency for Health Care
114 Administration.

115 (2) "Chemical restraint" means a pharmacologic drug that
116 physically limits, restricts, or deprives a person of movement

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117 or mobility, is used for client protection or safety, and is not
118 required for the treatment of medical conditions or symptoms.

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

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

123 (5) "Physical restraint" means a manual method to restrict
124 freedom of movement of or normal access to a person's body, or a
125 physical or mechanical device, material, or equipment attached
126 or adjacent to the person's body that the person cannot easily
127 remove and that restricts freedom of movement of or normal
128 access to the person's body, including, but not limited to, a
129 half-bed rail, a full-bed rail, a geriatric chair, or a Posey
130 restraint. The term includes any device that is not specifically
131 manufactured as a restraint but is altered, arranged, or
132 otherwise used for this purpose. The term does not include
133 bandage material used for the purpose of binding a wound or
134 injury.

135 (6) "Seclusion" means the physical segregation of a person
136 in any fashion or the involuntary isolation of a person in a
137 room or area from which the person is prevented from leaving.
138 Such prevention may be accomplished by imposition of a physical
139 barrier or by action of a staff member to prevent the person
140 from leaving the room or area. For purposes of this part, the
141 term does not mean isolation due to a person's medical condition
142 or symptoms.

143 (7) "Transitional living facility" means a site where
144 specialized health care services are provided to persons who
145 have brain or spinal cord injuries, including, but not limited

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146 to, rehabilitative services, behavior modification, community
147 reentry training, aids for independent living, and counseling.

148 400.9972 License required; fee; application.-

149 (1) The requirements of part II of chapter 408 apply to the
150 provision of services that require licensure pursuant to this
151 part and part II of chapter 408 and to entities licensed by or
152 applying for licensure from the agency pursuant to this part. A
153 license issued by the agency is required for the operation of a
154 transitional living facility in this state. However, this part
155 does not require a provider licensed by the agency to obtain a
156 separate transitional living facility license to serve persons
157 who have brain or spinal cord injuries as long as the services
158 provided are within the scope of the provider's license.

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

164 (3) An applicant for licensure must provide:

165 (a) The location of the facility for which the license is
166 sought and documentation, signed by the appropriate local
167 government official, which states that the applicant has met
168 local zoning requirements.

169 (b) Proof of liability insurance as defined in s.
170 624.605(1)(b).

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

174 (d) Proof that the facility has received a satisfactory

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175 firesafety inspection.

176 (e) Documentation that the facility has received a
177 satisfactory sanitation inspection by the county health
178 department.

179 (4) The applicant's proposed facility must attain and
180 continuously maintain accreditation by an accrediting
181 organization that specializes in evaluating rehabilitation
182 facilities whose standards incorporate licensure regulations
183 comparable to those required by the state. An applicant for
184 licensure as a transitional living facility must acquire
185 accreditation within 12 months after issuance of an initial
186 license. The agency shall accept the accreditation survey report
187 of the accrediting organization in lieu of conducting a
188 licensure inspection if the standards included in the survey
189 report are determined by the agency to document that the
190 facility substantially complies with state licensure
191 requirements. Within 10 days after receiving the accreditation
192 survey report, the applicant shall submit to the agency a copy
193 of the report and evidence of the accreditation decision as a
194 result of the report. The agency may conduct an inspection of a
195 transitional living facility to ensure compliance with the
196 licensure requirements of this part, to validate the inspection
197 process of the accrediting organization, to respond to licensure
198 complaints, or to protect the public health and safety.

199 400.9973 Client admission, transfer, and discharge.-

200 (1) A transitional living facility shall have written
201 policies and procedures governing the admission, transfer, and
202 discharge of clients.

203 (2) The admission of a client to a transitional living

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204 facility must be in accordance with the licensee's policies and
205 procedures.

206 (3) A client admitted to a transitional living facility
207 must have a brain or spinal cord injury, such as a lesion to the
208 spinal cord or cauda equina syndrome, with evidence of
209 significant involvement of at least two of the following
210 deficits or dysfunctions:

211 (a) A motor deficit.

212 (b) A sensory deficit.

213 (c) Bowel and bladder dysfunction.

214 (d) An acquired internal or external injury to the skull,
215 the brain, or the brain's covering, whether caused by a
216 traumatic or nontraumatic event, which produces an altered state
217 of consciousness or an anatomic motor, sensory, cognitive, or
218 behavioral deficit.

219 (4) A client whose medical condition and diagnosis do not
220 positively identify a cause of the client's condition, whose
221 symptoms are inconsistent with the known cause of injury, or
222 whose recovery is inconsistent with the known medical condition
223 may be admitted to a transitional living facility for evaluation
224 for a period not to exceed 90 days.

225 (5) A client admitted to a transitional living facility
226 must be admitted upon prescription by a licensed physician,
227 physician assistant, or advanced registered nurse practitioner
228 and must remain under the care of a licensed physician,
229 physician assistant, or advanced registered nurse practitioner
230 for the duration of the client's stay in the facility.

231 (6) A transitional living facility may not admit a person
232 whose primary admitting diagnosis is mental illness or an

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233 intellectual or developmental disability.

234 (7) A person may not be admitted to a transitional living
235 facility if the person:

236 (a) Presents significant risk of infection to other clients
237 or personnel. A health care practitioner must provide
238 documentation that the person is free of apparent signs and
239 symptoms of communicable disease;

240 (b) Is a danger to himself or herself or others as
241 determined by a physician, physician assistant, or advanced
242 registered nurse practitioner or a mental health practitioner
243 licensed under chapter 490 or chapter 491, unless the facility
244 provides adequate staffing and support to ensure patient safety;

245 (c) Is bedridden; or

246 (d) Requires 24-hour nursing supervision.

247 (8) If the client meets the admission criteria, the medical
248 or nursing director of the facility must complete an initial
249 evaluation of the client's functional skills, behavioral status,
250 cognitive status, educational or vocational potential, medical
251 status, psychosocial status, sensorimotor capacity, and other
252 related skills and abilities within the first 72 hours after the
253 client's admission to the facility. An initial comprehensive
254 treatment plan that delineates services to be provided and
255 appropriate sources for such services must be implemented within
256 the first 4 days after admission.

257 (9) A transitional living facility shall develop a
258 discharge plan for each client before or upon admission to the
259 facility. The discharge plan must identify the intended
260 discharge site and possible alternative discharge sites. For
261 each discharge site identified, the discharge plan must identify

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262 the skills, behaviors, and other conditions that the client must
263 achieve to be eligible for discharge. A discharge plan must be
264 reviewed and updated as necessary but at least once monthly.

265 (10) A transitional living facility shall discharge a
266 client as soon as practicable when the client no longer requires
267 the specialized services described in s. 400.9971(7), when the
268 client is not making measurable progress in accordance with the
269 client's comprehensive treatment plan, or when the transitional
270 living facility is no longer the most appropriate and least
271 restrictive treatment option.

272 (11) A transitional living facility shall provide at least
273 30 days' notice to a client of transfer or discharge plans,
274 including the location of an acceptable transfer location if the
275 client is unable to live independently. This subsection does not
276 apply if a client voluntarily terminates residency.

277 400.9974 Client comprehensive treatment plans; client
278 services.-

279 (1) A transitional living facility shall develop a
280 comprehensive treatment plan for each client as soon as
281 practicable but no later than 30 days after the initial
282 comprehensive treatment plan is developed. The comprehensive
283 treatment plan must be developed by an interdisciplinary team
284 consisting of the case manager, the program director, the
285 advanced registered nurse practitioner, and appropriate
286 therapists. The client or, if appropriate, the client's
287 representative must be included in developing the comprehensive
288 treatment plan. The comprehensive treatment plan must be
289 reviewed and updated if the client fails to meet projected
290 improvements outlined in the plan or if a significant change in

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291 the client's condition occurs. The comprehensive treatment plan
292 must be reviewed and updated at least once monthly.

293 (2) The comprehensive treatment plan must include:

294 (a) Orders obtained from the physician, physician
295 assistant, or advanced registered nurse practitioner and the
296 client's diagnosis, medical history, physical examination, and
297 rehabilitative or restorative needs.

298 (b) A preliminary nursing evaluation, including orders for
299 immediate care provided by the physician, physician assistant,
300 or advanced registered nurse practitioner, which shall be
301 completed when the client is admitted.

302 (c) A comprehensive, accurate, reproducible, and
303 standardized assessment of the client's functional capability;
304 the treatments designed to achieve skills, behaviors, and other
305 conditions necessary for the client to return to the community;
306 and specific measurable goals.

307 (d) Steps necessary for the client to achieve transition
308 into the community and estimated length of time to achieve those
309 goals.

310 (3) The client or, if appropriate, the client's
311 representative must consent to the continued treatment at the
312 transitional living facility. Consent may be for a period of up
313 to 3 months. If such consent is not given, the transitional
314 living facility shall discharge the client as soon as
315 practicable.

316 (4) A client must receive the professional program services
317 needed to implement the client's comprehensive treatment plan.

318 (5) The licensee must employ qualified professional staff
319 to carry out and monitor the various professional interventions

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320 in accordance with the stated goals and objectives of the
321 client's comprehensive treatment plan.

322 (6) A client must receive a continuous treatment program
323 that includes appropriate, consistent implementation of
324 specialized and general training, treatment, health services,
325 and related services and that is directed toward:

326 (a) The acquisition of the behaviors and skills necessary
327 for the client to function with as much self-determination and
328 independence as possible.

329 (b) The prevention or deceleration of regression or loss of
330 current optimal functional status.

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

333 400.9975 Licensee responsibilities.-

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

335 (a) Lives in a safe environment free from abuse, neglect,
336 and exploitation.

337 (b) Is treated with consideration and respect and with due
338 recognition of personal dignity, individuality, and the need for
339 privacy.

340 (c) Retains and uses his or her own clothes and other
341 personal property in his or her immediate living quarters to
342 maintain individuality and personal dignity, except when the
343 licensee demonstrates that such retention and use would be
344 unsafe, impractical, or an infringement upon the rights of other
345 clients.

346 (d) Has unrestricted private communication, including
347 receiving and sending unopened correspondence, access to a
348 telephone, and visits with any person of his or her choice. Upon

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349 request, the licensee shall modify visiting hours for caregivers
350 and guests. The facility shall restrict communication in
351 accordance with any court order or written instruction of a
352 client's representative. Any restriction on a client's
353 communication for therapeutic reasons shall be documented and
354 reviewed at least weekly and shall be removed as soon as no
355 longer clinically indicated. The basis for the restriction shall
356 be explained to the client and, if applicable, the client's
357 representative. The client shall retain the right to call the
358 central abuse hotline, the agency, and Disability Rights Florida
359 at any time.

360 (e) Has the opportunity to participate in and benefit from
361 community services and activities to achieve the highest
362 possible level of independence, autonomy, and interaction within
363 the community.

364 (f) Has the opportunity to manage his or her financial
365 affairs unless the client or, if applicable, the client's
366 representative authorizes the administrator of the facility to
367 provide safekeeping for funds as provided under this part.

368 (g) Has reasonable opportunity for regular exercise more
369 than once per week and to be outdoors at regular and frequent
370 intervals except when prevented by inclement weather.

371 (h) Has the opportunity to exercise civil and religious
372 liberties, including the right to independent personal
373 decisions. However, a religious belief or practice, including
374 attendance at religious services, may not be imposed upon any
375 client.

376 (i) Has access to adequate and appropriate health care
377 consistent with established and recognized community standards.

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378 (j) Has the opportunity to present grievances and recommend
379 changes in policies, procedures, and services to the staff of
380 the licensee, governing officials, or any other person without
381 restraint, interference, coercion, discrimination, or reprisal.
382 A licensee shall establish a grievance procedure to facilitate a
383 client's ability to present grievances, including a system for
384 investigating, tracking, managing, and responding to complaints
385 by a client or, if applicable, the client's representative and
386 an appeals process. The appeals process must include access to
387 Disability Rights Florida and other advocates and the right to
388 be a member of, be active in, and associate with advocacy or
389 special interest groups.

390 (2) The licensee shall:

391 (a) Promote participation of the client's representative in
392 the process of providing treatment to the client unless the
393 representative's participation is unobtainable or inappropriate.

394 (b) Answer communications from the client's family,
395 guardians, and friends promptly and appropriately.

396 (c) Promote visits by persons with a relationship to the
397 client at any reasonable hour, without requiring prior notice,
398 in any area of the facility that provides direct care services
399 to the client, consistent with the client's and other clients'
400 privacy, unless the interdisciplinary team determines that such
401 a visit would not be appropriate.

402 (d) Promote opportunities for the client to leave the
403 facility for visits, trips, or vacations.

404 (e) Promptly notify the client's representative of a
405 significant incident or change in the client's condition,
406 including, but not limited to, serious illness, accident, abuse,

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407 unauthorized absence, or death.

408 (3) The administrator of a facility shall ensure that a
409 written notice of licensee responsibilities is posted in a
410 prominent place in each building where clients reside and is
411 read or explained to clients who cannot read. This notice shall
412 be provided to clients in a manner that is clearly legible,
413 shall include the statewide toll-free telephone number for
414 reporting complaints to the agency, and shall include the words:
415 "To report a complaint regarding the services you receive,
416 please call toll-free ...[telephone number]... or Disability
417 Rights Florida ...[telephone number]..." The statewide toll-
418 free telephone number for the central abuse hotline shall be
419 provided to clients in a manner that is clearly legible and
420 shall include the words: "To report abuse, neglect, or
421 exploitation, please call toll-free ...[telephone number]..."
422 The licensee shall ensure a client's access to a telephone where
423 telephone numbers are posted as required by this subsection.

424 (4) A licensee or employee of a facility may not serve
425 notice upon a client to leave the premises or take any other
426 retaliatory action against another person solely because of the
427 following:

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

430 (b) The client or other person appears as a witness in a
431 hearing inside or outside the facility.

432 (5) Before or at the time of admission, the client and, if
433 applicable, the client's representative shall receive a copy of
434 the licensee's responsibilities, including grievance procedures
435 and telephone numbers, as provided in this section.

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436 (6) The licensee must develop and implement policies and
437 procedures governing the release of client information,
438 including consent necessary from the client or, if applicable,
439 the client's representative.

440 400.9976 Administration of medication.-

441 (1) An individual medication administration record must be
442 maintained for each client. A dose of medication, including a
443 self-administered dose, shall be properly recorded in the
444 client's record. A client who self-administers medication shall
445 be given a pill organizer. Medication must be placed in the pill
446 organizer by a nurse. A nurse shall document the date and time
447 that medication is placed into each client's pill organizer. All
448 medications must be administered in compliance with orders of a
449 physician, physician assistant, or advanced registered nurse
450 practitioner.

451 (2) If an interdisciplinary team determines that self-
452 administration of medication is an appropriate objective, and if
453 the physician, physician assistant, or advanced registered nurse
454 practitioner does not specify otherwise, the client must be
455 instructed by the physician, physician assistant, or advanced
456 registered nurse practitioner to self-administer his or her
457 medication without the assistance of a staff person. All forms
458 of self-administration of medication, including administration
459 orally, by injection, and by suppository, shall be included in
460 the training. The client's physician, physician assistant, or
461 advanced registered nurse practitioner must be informed of the
462 interdisciplinary team's decision that self-administration of
463 medication is an objective for the client. A client may not
464 self-administer medication until he or she demonstrates the

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465 competency to take the correct medication in the correct dosage
466 at the correct time, to respond to missed doses, and to contact
467 the appropriate person with questions.

468 (3) Medication administration discrepancies and adverse
469 drug reactions must be recorded and reported immediately to a
470 physician, physician assistant, or advanced registered nurse
471 practitioner.

472 400.9977 Assistance with medication.-

473 (1) Notwithstanding any provision of part I of chapter 464,
474 the Nurse Practice Act, unlicensed direct care services staff
475 who provide services to clients in a facility licensed under
476 this chapter or chapter 429 may administer prescribed,
477 prepackaged, and premeasured medications under the general
478 supervision of a registered nurse as provided under this section
479 and applicable rules.

480 (2) Training required by this section and applicable rules
481 shall be conducted by a registered nurse licensed under chapter
482 464, a physician licensed under chapter 458 or chapter 459, or a
483 pharmacist licensed under chapter 465.

484 (3) A facility that allows unlicensed direct care service
485 staff to administer medications pursuant to this section shall:

486 (a) Develop and implement policies and procedures that
487 include a plan to ensure the safe handling, storage, and
488 administration of prescription medications.

489 (b) Maintain written evidence of the expressed and informed
490 consent for each client.

491 (c) Maintain a copy of the written prescription, including
492 the name of the medication, the dosage, and the administration
493 schedule and termination date.

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494 (d) Maintain documentation of compliance with required
495 training.

496 (4) The agency shall adopt rules to implement this section.
497 400.9978 Protection of clients from abuse, neglect,
498 mistreatment, and exploitation.—The licensee shall develop and
499 implement policies and procedures for the screening and training
500 of employees; the protection of clients; and the prevention,
501 identification, investigation, and reporting of abuse, neglect,
502 mistreatment, and exploitation. The licensee shall identify
503 clients whose personal histories render them at risk for abusing
504 other clients, develop intervention strategies to prevent
505 occurrences of abuse, monitor clients for changes that would
506 trigger abusive behavior, and reassess the interventions on a
507 regular basis. A licensee shall:

508 (1) Screen each potential employee for a history of abuse,
509 neglect, mistreatment, or exploitation of clients. The screening
510 shall include an attempt to obtain information from previous and
511 current employers and verification of screening information by
512 the appropriate licensing boards.

513 (2) Train employees through orientation and ongoing
514 sessions regarding issues related to abuse prohibition
515 practices, including identification of abuse, neglect,
516 mistreatment, and exploitation; appropriate interventions to
517 address aggressive or catastrophic reactions of clients; the
518 process for reporting allegations without fear of reprisal; and
519 recognition of signs of frustration and stress that may lead to
520 abuse.

521 (3) Provide clients, families, and staff with information
522 regarding how and to whom they may report concerns, incidents,

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523 and grievances without fear of retribution and provide feedback
524 regarding the concerns that are expressed. A licensee shall
525 identify, correct, and intervene in situations in which abuse,
526 neglect, mistreatment, or exploitation is likely to occur,
527 including:

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

531 (b) Providing sufficient staff on each shift to meet the
532 needs of the clients and ensuring that the assigned staff have
533 knowledge of each client's care needs.

534 (c) Identifying inappropriate staff behaviors, such as
535 using derogatory language, rough handling of clients, ignoring
536 clients while giving care, and directing clients who need
537 toileting assistance to urinate or defecate in their beds.

538 (d) Assessing, monitoring, and planning care for clients
539 with needs and behaviors that might lead to conflict or neglect,
540 such as a history of aggressive behaviors including entering
541 other clients' rooms without permission, exhibiting self-
542 injurious behaviors or communication disorders, requiring
543 intensive nursing care, or being totally dependent on staff.

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

547 (5) Investigate alleged violations and different types of
548 incidents, identify the staff member responsible for initial
549 reporting, and report results to the proper authorities. The
550 licensee shall analyze the incidents to determine whether
551 policies and procedures need to be changed to prevent further

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552 incidents and take necessary corrective actions.

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

554 (7) Report alleged violations and substantiated incidents,
555 as required under chapters 39 and 415, to the licensing
556 authorities and all other agencies, as required, and report any
557 knowledge of actions by a court of law that would indicate an
558 employee is unfit for service.

559 400.9979 Restraint and seclusion; client safety.-

560 (1) A facility shall provide a therapeutic milieu that
561 supports a culture of individual empowerment and responsibility.
562 The health and safety of the client shall be the facility's
563 primary concern at all times.

564 (2) The use of physical restraints must be ordered and
565 documented by a physician, physician assistant, or advanced
566 registered nurse practitioner and must be consistent with the
567 policies and procedures adopted by the facility. The client or,
568 if applicable, the client's representative shall be informed of
569 the facility's physical restraint policies and procedures when
570 the client is admitted.

571 (3) The use of chemical restraints shall be limited to
572 prescribed dosages of medications as ordered by a physician,
573 physician assistant, or advanced registered nurse practitioner
574 and must be consistent with the client's diagnosis and the
575 policies and procedures adopted by the facility. The client and,
576 if applicable, the client's representative shall be informed of
577 the facility's chemical restraint policies and procedures when
578 the client is admitted.

579 (4) Based on the assessment by a physician, physician
580 assistant, or advanced registered nurse practitioner, if a

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581 client exhibits symptoms that present an immediate risk of
582 injury or death to himself or herself or others, a physician,
583 physician assistant, or advanced registered nurse practitioner
584 may issue an emergency treatment order to immediately administer
585 rapid-response psychotropic medications or other chemical
586 restraints. Each emergency treatment order must be documented
587 and maintained in the client's record.

588 (a) An emergency treatment order is not effective for more
589 than 24 hours.

590 (b) Whenever a client is medicated under this subsection,
591 the client's representative or a responsible party and the
592 client's physician, physician assistant, or advanced registered
593 nurse practitioner shall be notified as soon as practicable.

594 (5) A client who is prescribed and receives a medication
595 that can serve as a chemical restraint for a purpose other than
596 an emergency treatment order must be evaluated by his or her
597 physician, physician assistant, or advanced registered nurse
598 practitioner at least monthly to assess:

599 (a) The continued need for the medication.

600 (b) The level of the medication in the client's blood.

601 (c) The need for adjustments to the prescription.

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

605 (7) The licensee may only employ physical restraints and
606 seclusion as authorized by the facility's written policies,
607 which shall comply with this section and applicable rules.

608 (8) Interventions to manage dangerous client behavior shall
609 be employed with sufficient safeguards and supervision to ensure

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610 that the safety, welfare, and civil and human rights of a client
611 are adequately protected.

612 (9) A facility shall notify the parent, guardian, or, if
613 applicable, the client's representative when restraint or
614 seclusion is employed. The facility must provide the
615 notification within 24 hours after the restraint or seclusion is
616 employed. Reasonable efforts must be taken to notify the parent,
617 guardian, or, if applicable, the client's representative by
618 telephone or e-mail, or both, and these efforts must be
619 documented.

620 (10) The agency may adopt rules that establish standards
621 and procedures for the use of restraints, restraint positioning,
622 seclusion, and emergency treatment orders for psychotropic
623 medications, restraint, and seclusion. These rules must include
624 duration of restraint, staff training, observation of the client
625 during restraint, and documentation and reporting standards.

626 400.998 Personnel background screening; administration and
627 management procedures.-

628 (1) The agency shall require level 2 background screening
629 for licensee personnel as required in s. 408.809(1)(e) and
630 pursuant to chapter 435 and s. 408.809.

631 (2) The licensee shall maintain personnel records for each
632 staff member that contain, at a minimum, documentation of
633 background screening, a job description, documentation of
634 compliance with the training requirements of this part and
635 applicable rules, the employment application, references, a copy
636 of each job performance evaluation, and, for each staff member
637 who performs services for which licensure or certification is
638 required, a copy of all licenses or certification held by that

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639 staff member.

640 (3) The licensee must:

641 (a) Develop and implement infection control policies and
642 procedures and include the policies and procedures in the
643 licensee's policy manual.

644 (b) Maintain liability insurance as defined in s.
645 624.605(1)(b).

646 (c) Designate one person as an administrator to be
647 responsible and accountable for the overall management of the
648 facility.

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

652 (e) Designate in writing a program director to be
653 responsible for supervising the therapeutic and behavioral
654 staff, determining the levels of supervision, and determining
655 room placement for each client.

656 (f) Designate in writing a person to be responsible when
657 the program director is absent from the facility for more than
658 24 hours.

659 (g) Obtain approval of the comprehensive emergency
660 management plan, pursuant to s. 400.9982(2)(e), from the local
661 emergency management agency. Pending the approval of the plan,
662 the local emergency management agency shall ensure that the
663 following agencies, at a minimum, are given the opportunity to
664 review the plan: the Department of Health, the Agency for Health
665 Care Administration, and the Division of Emergency Management.
666 Appropriate volunteer organizations shall also be given the
667 opportunity to review the plan. The local emergency management

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668 agency shall complete its review within 60 days after receipt of
669 the plan and either approve the plan or advise the licensee of
670 necessary revisions.

671 (h) Maintain written records in a form and system that
672 comply with medical and business practices and make the records
673 available by the facility for review or submission to the agency
674 upon request. The records shall include:

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

678 2. A record of each accident or unusual incident involving
679 a client or staff member that caused, or had the potential to
680 cause, injury or harm to any person or property within the
681 facility. The record shall contain a clear description of each
682 accident or incident; the names of the persons involved; a
683 description of medical or other services provided to these
684 persons, including the provider of the services; and the steps
685 taken to prevent recurrence of such accident or incident.

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

687 4. A copy of current agreements with each consultant
688 employed by the licensee and documentation of a consultant's
689 visits and required written and dated reports.

690 400.9981 Property and personal affairs of clients.—

691 (1) A client shall be given the option of using his or her
692 own belongings, as space permits; choosing a roommate if
693 practical and not clinically contraindicated; and, whenever
694 possible, unless the client is adjudicated incompetent or
695 incapacitated under state law, managing his or her own affairs.

696 (2) The admission of a client to a facility and his or her

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697 presence therein does not confer on a licensee or administrator,
698 or an employee or representative thereof, any authority to
699 manage, use, or dispose of the property of the client, and the
700 admission or presence of a client does not confer on such person
701 any authority or responsibility for the personal affairs of the
702 client except that which may be necessary for the safe
703 management of the facility or for the safety of the client.

704 (3) A licensee or administrator, or an employee or
705 representative thereof, may:

706 (a) Not act as the guardian, trustee, or conservator for a
707 client or a client's property.

708 (b) Act as a competent client's payee for social security,
709 veteran's, or railroad benefits if the client provides consent
710 and the licensee files a surety bond with the agency in an
711 amount equal to twice the average monthly aggregate income or
712 personal funds due to the client, or expendable for the client's
713 account, that are received by a licensee.

714 (c) Act as the attorney in fact for a client if the
715 licensee files a surety bond with the agency in an amount equal
716 to twice the average monthly income of the client, plus the
717 value of a client's property under the control of the attorney
718 in fact.

719
720 The surety bond required under paragraph (b) or paragraph (c)
721 shall be executed by the licensee as principal and a licensed
722 surety company. The bond shall be conditioned upon the faithful
723 compliance of the licensee with the requirements of licensure
724 and is payable to the agency for the benefit of a client who
725 suffers a financial loss as a result of the misuse or

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726 misappropriation of funds held pursuant to this subsection. A
727 surety company that cancels or does not renew the bond of a
728 licensee shall notify the agency in writing at least 30 days
729 before the action, giving the reason for cancellation or
730 nonrenewal. A licensee or administrator, or an employee or
731 representative thereof, who is granted power of attorney for a
732 client of the facility shall, on a monthly basis, notify the
733 client in writing of any transaction made on behalf of the
734 client pursuant to this subsection, and a copy of the
735 notification given to the client shall be retained in the
736 client's file and available for agency inspection.

737 (4) A licensee, with the consent of the client, shall
738 provide for safekeeping in the facility of the client's personal
739 effects of a value not in excess of \$1,000 and the client's
740 funds not in excess of \$500 cash and shall keep complete and
741 accurate records of the funds and personal effects received. If
742 a client is absent from a facility for 24 hours or more, the
743 licensee may provide for safekeeping of the client's personal
744 effects of a value in excess of \$1,000.

745 (5) Funds or other property belonging to or due to a client
746 or expendable for the client's account that are received by a
747 licensee shall be regarded as funds held in trust and shall be
748 kept separate from the funds and property of the licensee and
749 other clients or shall be specifically credited to the client.
750 The funds held in trust shall be used or otherwise expended only
751 for the account of the client. At least once every month, except
752 pursuant to an order of a court of competent jurisdiction, the
753 licensee shall furnish the client and, if applicable, the
754 client's representative with a complete and verified statement

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755 of all funds and other property to which this subsection
756 applies, detailing the amount and items received, together with
757 their sources and disposition. The licensee shall furnish the
758 statement annually and upon discharge or transfer of a client. A
759 governmental agency or private charitable agency contributing
760 funds or other property to the account of a client is also
761 entitled to receive a statement monthly and upon the discharge
762 or transfer of the client.

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

765 1. Intentionally withholds a client's personal funds,
766 personal property, or personal needs allowance;

767 2. Demands, beneficially receives, or contracts for payment
768 of all or any part of a client's personal property or personal
769 needs allowance in satisfaction of the facility rate for
770 supplies and services; or

771 3. Borrows from or pledges any personal funds of a client,
772 other than the amount agreed to by written contract under s.
773 429.24,

774
775 commits a misdemeanor of the first degree, punishable as
776 provided in s. 775.082 or s. 775.083.

777 (b) A licensee or administrator, or an employee, or
778 representative thereof, who is granted power of attorney for a
779 client and who misuses or misappropriates funds obtained through
780 this power commits a felony of the third degree, punishable as
781 provided in s. 775.082, s. 775.083, or s. 775.084.

782 (7) In the event of the death of a client, a licensee shall
783 return all refunds, funds, and property held in trust to the

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784 client's personal representative, if one has been appointed at
785 the time the licensee disburses such funds, or, if not, to the
786 client's spouse or adult next of kin named in a beneficiary
787 designation form provided by the licensee to the client. If the
788 client does not have a spouse or adult next of kin or such
789 person cannot be located, funds due to be returned to the client
790 shall be placed in an interest-bearing account, and all property
791 held in trust by the licensee shall be safeguarded until such
792 time as the funds and property are disbursed pursuant to the
793 Florida Probate Code. The funds shall be kept separate from the
794 funds and property of the licensee and other clients of the
795 facility. If the funds of the deceased client are not disbursed
796 pursuant to the Florida Probate Code within 2 years after the
797 client's death, the funds shall be deposited in the Health Care
798 Trust Fund administered by the agency.

799 (8) The agency, by rule, may clarify terms and specify
800 procedures and documentation necessary to administer the
801 provisions of this section relating to the proper management of
802 clients' funds and personal property and the execution of surety
803 bonds.

804 400.9982 Rules establishing standards.-

805 (1) It is the intent of the Legislature that rules adopted
806 and enforced pursuant to this part and part II of chapter 408
807 include criteria to ensure reasonable and consistent quality of
808 care and client safety. The rules should make reasonable efforts
809 to accommodate the needs and preferences of the client to
810 enhance the client's quality of life while residing in a
811 transitional living facility.

812 (2) The agency may adopt and enforce rules to implement

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813 this part and part II of chapter 408, which shall include
814 reasonable and fair criteria with respect to:

815 (a) The location of transitional living facilities.

816 (b) The qualifications of personnel, including management,
817 medical, nursing, and other professional personnel and nursing
818 assistants and support staff, who are responsible for client
819 care. The licensee must employ enough qualified professional
820 staff to carry out and monitor interventions in accordance with
821 the stated goals and objectives of each comprehensive treatment
822 plan.

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

825 (d) Services provided to clients of transitional living
826 facilities.

827 (e) The preparation and annual update of a comprehensive
828 emergency management plan in consultation with the Division of
829 Emergency Management. At a minimum, the rules must provide for
830 plan components that address emergency evacuation
831 transportation; adequate sheltering arrangements; postdisaster
832 activities, including provision of emergency power, food, and
833 water; postdisaster transportation; supplies; staffing;
834 emergency equipment; individual identification of clients and
835 transfer of records; communication with families; and responses
836 to family inquiries.

837 400.9983 Violations; penalties.—A violation of this part or
838 any rule adopted pursuant thereto shall be classified according
839 to the nature of the violation and the gravity of its probable
840 effect on facility clients. The agency shall indicate the
841 classification on the written notice of the violation as

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842 follows:

843 (1) Class "I" violations are defined in s. 408.813. The
844 agency shall issue a citation regardless of correction and
845 impose an administrative fine of \$5,000 for an isolated
846 violation, \$7,500 for a patterned violation, or \$10,000 for a
847 widespread violation. Violations may be identified, and a fine
848 must be levied, notwithstanding the correction of the deficiency
849 giving rise to the violation.

850 (2) Class "II" violations are defined in s. 408.813. The
851 agency shall impose an administrative fine of \$1,000 for an
852 isolated violation, \$2,500 for a patterned violation, or \$5,000
853 for a widespread violation. A fine must be levied
854 notwithstanding the correction of the deficiency giving rise to
855 the violation.

856 (3) Class "III" violations are defined in s. 408.813. The
857 agency shall impose an administrative fine of \$500 for an
858 isolated violation, \$750 for a patterned violation, or \$1,000
859 for a widespread violation. If a deficiency giving rise to a
860 class III violation is corrected within the time specified by
861 the agency, the fine may not be imposed.

862 (4) Class "IV" violations are defined in s. 408.813. The
863 agency shall impose for a cited class IV violation an
864 administrative fine of at least \$100 but not exceeding \$200 for
865 each violation. If a deficiency giving rise to a class IV
866 violation is corrected within the time specified by the agency,
867 the fine may not be imposed.

868 400.9984 Receivership proceedings.—The agency may apply s.
869 429.22 with regard to receivership proceedings for transitional
870 living facilities.

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871 400.9985 Interagency communication.—The agency, the
872 department, the Agency for Persons with Disabilities, and the
873 Department of Children and Families shall develop electronic
874 systems to ensure that relevant information pertaining to the
875 regulation of transitional living facilities and clients is
876 timely and effectively communicated among agencies in order to
877 facilitate the protection of clients. Electronic sharing of
878 information shall include, at a minimum, a brain and spinal cord
879 injury registry and a client abuse registry.

880 Section 2. Section 400.805, Florida Statutes, is repealed.

881 Section 3. The title of part V of chapter 400, Florida
882 Statutes, consisting of sections 400.701-400.801, is
883 redesignated as "INTERMEDIATE CARE FACILITIES."

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

886 381.745 Definitions; ss. 381.739-381.79.—As used in ss.
887 381.739-381.79, the term:

888 (9) "Transitional living facility" means a state-approved
889 facility~~7~~, as defined and licensed under chapter 400 ~~or chapter~~
890 ~~429, or a facility approved by the brain and spinal cord injury~~
891 ~~program in accordance with this chapter.~~

892 Section 5. Section 381.75, Florida Statutes, is amended to
893 read:

894 381.75 Duties and responsibilities of the department~~, of~~
895 ~~transitional living facilities, and of residents.—Consistent~~
896 with the mandate of s. 381.7395, the department shall develop
897 and administer a multilevel treatment program for individuals
898 who sustain brain or spinal cord injuries and who are referred
899 to the brain and spinal cord injury program.

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

905 (2) The department shall refer individuals who have brain
906 or spinal cord injuries to other state agencies to ensure ~~assure~~
907 that rehabilitative services, if desired, are obtained by that
908 individual.

909 (3) The department, in consultation with emergency medical
910 service, shall develop standards for an emergency medical
911 evacuation system that will ensure that all individuals who
912 sustain traumatic brain or spinal cord injuries are transported
913 to a department-approved trauma center that meets the standards
914 and criteria established by the emergency medical service and
915 the acute-care standards of the brain and spinal cord injury
916 program.

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

920 (5) The department shall determine the appropriate number
921 of designated acute-care facilities, inpatient rehabilitation
922 centers, and outpatient rehabilitation centers, needed based on
923 incidence, volume of admissions, and other appropriate criteria.

924 (6) The department shall develop standards for designation
925 of transitional living facilities to provide transitional living
926 services for individuals who participate in the brain and spinal
927 cord injury program ~~the opportunity to adjust to their~~
928 ~~disabilities and to develop physical and functional skills in a~~

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929 ~~supported living environment.~~

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

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

940 ~~(c) A transitional living facility for an individual who~~
941 ~~has a brain or spinal cord injury shall provide to such~~
942 ~~individual, in a residential setting, a goal-oriented treatment~~
943 ~~program designed to improve the individual's physical,~~
944 ~~cognitive, communicative, behavioral, psychological, and social~~
945 ~~functioning, as well as to provide necessary support and~~
946 ~~supervision. A transitional living facility shall offer at least~~
947 ~~the following therapies: physical, occupational, speech,~~
948 ~~neuropsychology, independent living skills training, behavior~~
949 ~~analysis for programs serving brain-injured individuals, health~~
950 ~~education, and recreation.~~

951 ~~(d) All residents shall use the transitional living~~
952 ~~facility as a temporary measure and not as a permanent home or~~
953 ~~domicile. The transitional living facility shall develop an~~
954 ~~initial treatment plan for each resident within 3 days after the~~
955 ~~resident's admission. The transitional living facility shall~~
956 ~~develop a comprehensive plan of treatment and a discharge plan~~
957 ~~for each resident as soon as practical, but no later than 30~~

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958 ~~days after the resident's admission. Each comprehensive~~
959 ~~treatment plan and discharge plan must be reviewed and updated~~
960 ~~as necessary, but no less often than quarterly. This subsection~~
961 ~~does not require the discharge of an individual who continues to~~
962 ~~require any of the specialized services described in paragraph~~
963 ~~(c) or who is making measurable progress in accordance with that~~
964 ~~individual's comprehensive treatment plan. The transitional~~
965 ~~living facility shall discharge any individual who has an~~
966 ~~appropriate discharge site and who has achieved the goals of his~~
967 ~~or her discharge plan or who is no longer making progress toward~~
968 ~~the goals established in the comprehensive treatment plan and~~
969 ~~the discharge plan. The discharge location must be the least~~
970 ~~restrictive environment in which an individual's health, well-~~
971 ~~being, and safety is preserved.~~

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

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

977 381.78 Advisory council on brain and spinal cord injuries.-

978 (4) The council shall:

979 ~~(a)~~ provide advice and expertise to the department in the
980 preparation, implementation, and periodic review of the brain
981 and spinal cord injury program.

982 ~~(b) Annually appoint a five-member committee composed of~~
983 ~~one individual who has a brain injury or has a family member~~
984 ~~with a brain injury, one individual who has a spinal cord injury~~
985 ~~or has a family member with a spinal cord injury, and three~~
986 ~~members who shall be chosen from among these representative~~

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987 ~~groups: physicians, other allied health professionals,~~
988 ~~administrators of brain and spinal cord injury programs, and~~
989 ~~representatives from support groups with expertise in areas~~
990 ~~related to the rehabilitation of individuals who have brain or~~
991 ~~spinal cord injuries, except that one and only one member of the~~
992 ~~committee shall be an administrator of a transitional living~~
993 ~~facility. Membership on the council is not a prerequisite for~~
994 ~~membership on this committee.~~

995 ~~1. The committee shall perform onsite visits to those~~
996 ~~transitional living facilities identified by the Agency for~~
997 ~~Health Care Administration as being in possible violation of the~~
998 ~~statutes and rules regulating such facilities. The committee~~
999 ~~members have the same rights of entry and inspection granted~~
1000 ~~under s. 400.805(4) to designated representatives of the agency.~~

1001 ~~2. Factual findings of the committee resulting from an~~
1002 ~~onsite investigation of a facility pursuant to subparagraph 1.~~
1003 ~~shall be adopted by the agency in developing its administrative~~
1004 ~~response regarding enforcement of statutes and rules regulating~~
1005 ~~the operation of the facility.~~

1006 ~~3. Onsite investigations by the committee shall be funded~~
1007 ~~by the Health Care Trust Fund.~~

1008 ~~4. Travel expenses for committee members shall be~~
1009 ~~reimbursed in accordance with s. 112.061.~~

1010 ~~5. Members of the committee shall recuse themselves from~~
1011 ~~participating in any investigation that would create a conflict~~
1012 ~~of interest under state law, and the council shall replace the~~
1013 ~~member, either temporarily or permanently.~~

1014 Section 7. Subsection (5) of section 400.93, Florida
1015 Statutes, is amended to read:

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1016 400.93 Licensure required; exemptions; unlawful acts;
1017 penalties.—

1018 (5) The following are exempt from home medical equipment
1019 provider licensure, unless they have a separate company,
1020 corporation, or division that is in the business of providing
1021 home medical equipment and services for sale or rent to
1022 consumers at their regular or temporary place of residence
1023 pursuant to the provisions of this part:

1024 (a) Providers operated by the Department of Health or
1025 Federal Government.

1026 (b) Nursing homes licensed under part II.

1027 (c) Assisted living facilities licensed under chapter 429,
1028 when serving their residents.

1029 (d) Home health agencies licensed under part III.

1030 (e) Hospices licensed under part IV.

1031 (f) Intermediate care facilities and homes for special
1032 services, ~~and transitional living facilities~~ licensed under part
1033 V.

1034 (g) Transitional living facilities licensed under part XI.

1035 (h) ~~(g)~~ Hospitals and ambulatory surgical centers licensed
1036 under chapter 395.

1037 (i) ~~(h)~~ Manufacturers and wholesale distributors when not
1038 selling directly to consumers.

1039 (j) ~~(i)~~ Licensed health care practitioners who use ~~utilize~~
1040 home medical equipment in the course of their practice, ~~but do~~
1041 not sell or rent home medical equipment to their patients.

1042 (k) ~~(j)~~ Pharmacies licensed under chapter 465.

1043 Section 8. Subsection (21) of section 408.802, Florida
1044 Statutes, is amended to read:

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1045 408.802 Applicability.—The provisions of this part apply to
1046 the provision of services that require licensure as defined in
1047 this part and to the following entities licensed, registered, or
1048 certified by the agency, as described in chapters 112, 383, 390,
1049 394, 395, 400, 429, 440, 483, and 765:

1050 (21) Transitional living facilities, as provided under part
1051 XI ~~∅~~ of chapter 400.

1052 Section 9. Subsection (20) of section 408.820, Florida
1053 Statutes, is amended to read:

1054 408.820 Exemptions.—Except as prescribed in authorizing
1055 statutes, the following exemptions shall apply to specified
1056 requirements of this part:

1057 (20) Transitional living facilities, as provided under part
1058 XI ~~∅~~ of chapter 400, are exempt from s. 408.810(10).

1059 Section 10. Effective July 1, 2015, a transitional living
1060 facility licensed before the effective date of this act pursuant
1061 to s. 400.805, Florida Statutes, must be licensed under part XI
1062 of chapter 400, Florida Statutes, as created by this act.

1063 Section 11. Except as otherwise expressly provided in this
1064 act, this act shall take effect July 1, 2014.