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LEGISLATIVE ACTION

Senate

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House

Floor: 10/AD/2R

05/01/2014 02:27 PM

Senator Sobel moved the following:

Senate Amendment (with title amendment)

Delete lines 296 - 1274

and insert:

Section 1. Section 394.4574, Florida Statutes, is amended to read:

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

(1) As used in this section, the term "mental health resident" ~~"mental health resident,"~~ for purposes of this



174738

12 ~~section,~~ means an individual who receives social security
13 disability income due to a mental disorder as determined by the
14 Social Security Administration or receives supplemental security
15 income due to a mental disorder as determined by the Social
16 Security Administration and receives optional state
17 supplementation.

18 (2) Medicaid managed care plans are responsible for
19 Medicaid-enrolled mental health residents, and managing entities
20 under contract with the department are responsible for mental
21 health residents who are not enrolled in a Medicaid health plan.

22 A Medicaid managed care plan or a managing entity, as
23 appropriate, shall ~~The department must~~ ensure that:

24 (a) A mental health resident has been assessed by a
25 psychiatrist, clinical psychologist, clinical social worker, or
26 psychiatric nurse, or an individual who is supervised by one of
27 these professionals, and determined to be appropriate to reside
28 in an assisted living facility. The documentation must be
29 provided to the administrator of the facility within 30 days
30 after the mental health resident has been admitted to the
31 facility. An evaluation completed upon discharge from a state
32 mental hospital meets the requirements of this subsection
33 related to appropriateness for placement as a mental health
34 resident if it was completed within 90 days before ~~prior to~~
35 admission to the facility.

36 (b) A cooperative agreement, as required in s. 429.075, is
37 developed by ~~between~~ the mental health care services provider
38 that serves a mental health resident and the administrator of
39 the assisted living facility with a limited mental health
40 license in which the mental health resident is living. ~~Any~~



41 ~~entity that provides Medicaid prepaid health plan services shall~~
42 ~~ensure the appropriate coordination of health care services with~~
43 ~~an assisted living facility in cases where a Medicaid recipient~~
44 ~~is both a member of the entity's prepaid health plan and a~~
45 ~~resident of the assisted living facility. If the entity is at~~
46 ~~risk for Medicaid targeted case management and behavioral health~~
47 ~~services, the entity shall inform the assisted living facility~~
48 ~~of the procedures to follow should an emergent condition arise.~~

49 (c) The community living support plan, as defined in s.
50 429.02, has been prepared by a mental health resident and his or
51 her a mental health case manager ~~of that resident~~ in
52 consultation with the administrator of the facility or the
53 administrator's designee. The plan must be completed and
54 provided to the administrator of the assisted living facility
55 with a limited mental health license in which the mental health
56 resident lives within 30 days after the resident's admission.
57 The support plan and the agreement may be in one document.

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

61 (e) The mental health services provider assigns a case
62 manager to each mental health resident for whom the entity is
63 responsible who lives in an assisted living facility with a
64 limited mental health license. The case manager shall coordinate
65 is responsible for coordinating the development ~~of~~ and
66 implementation of the community living support plan defined in
67 s. 429.02. The plan must be updated at least annually, or when
68 there is a significant change in the resident's behavioral
69 health status, such as an inpatient admission or a change in



174738

70 medication, level of service, or residence. Each case manager
71 shall keep a record of the date and time of any face-to-face
72 interaction with the resident and make the record available to
73 the responsible entity for inspection. The record must be
74 retained for at least 2 years after the date of the most recent
75 interaction.

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

79 (g) Concerns are reported to the appropriate regulatory
80 oversight organization if a regulated provider fails to deliver
81 appropriate services or otherwise acts in a manner that has the
82 potential to result in harm to the resident.

83 (3) The Secretary of Children and ~~Families~~ Family Services,
84 in consultation with the Agency for Health Care Administration,
85 shall ~~annually~~ require each district administrator to develop,
86 with community input, a detailed annual plan that demonstrates
87 ~~detailed plans that demonstrate~~ how the district will ensure the
88 provision of state-funded mental health and substance abuse
89 treatment services to residents of assisted living facilities
90 that hold a limited mental health license. This plan ~~These plans~~
91 must be consistent with the substance abuse and mental health
92 district plan developed pursuant to s. 394.75 and must address
93 case management services; access to consumer-operated drop-in
94 centers; access to services during evenings, weekends, and
95 holidays; supervision of the clinical needs of the residents;
96 and access to emergency psychiatric care.

97 Section 2. Subsection (1) of section 400.0074, Florida
98 Statutes, is amended, and paragraph (h) is added to subsection



174738

99 (2) of that section, to read:

100 400.0074 Local ombudsman council onsite administrative
101 assessments.-

102 (1) In addition to any specific investigation conducted
103 pursuant to a complaint, the local council shall conduct, at
104 least annually, an onsite administrative assessment of each
105 nursing home, assisted living facility, and adult family-care
106 home within its jurisdiction. This administrative assessment
107 must be comprehensive in nature and must ~~shall~~ focus on factors
108 affecting residents' the rights, health, safety, and welfare ~~of~~
109 ~~the residents~~. Each local council is encouraged to conduct a
110 similar onsite administrative assessment of each additional
111 long-term care facility within its jurisdiction.

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

114 (h) The local council shall conduct an exit consultation
115 with the facility administrator or administrator designee to
116 discuss issues and concerns in areas affecting residents'
117 rights, health, safety, and welfare and, if needed, make
118 recommendations for improvement.

119 Section 3. Subsection (2) of section 400.0078, Florida
120 Statutes, is amended to read:

121 400.0078 Citizen access to State Long-Term Care Ombudsman
122 Program services.-

123 (2) ~~Every resident or representative of a resident shall~~
124 ~~receive,~~ Upon admission to a long-term care facility, each
125 resident or representative of a resident must receive
126 information regarding the purpose of the State Long-Term Care
127 Ombudsman Program, the statewide toll-free telephone number for



174738

128 receiving complaints, information that retaliatory action cannot
129 be taken against a resident for presenting grievances or for
130 exercising any other resident right, and other relevant
131 information regarding how to contact the program. Each resident
132 or his or her representative ~~Residents or their representatives~~
133 must be furnished additional copies of this information upon
134 request.

135 Section 5. Subsection (13) of section 429.02, Florida
136 Statutes, is amended to read:

137 429.02 Definitions.—When used in this part, the term:

138 (13) "Limited nursing services" means acts that may be
139 performed by a person licensed under ~~pursuant to part I of~~
140 ~~chapter 464 by persons licensed thereunder while carrying out~~
141 ~~their professional duties but limited to those acts which the~~
142 ~~department specifies by rule. Acts which may be specified by~~
143 ~~rule as allowable~~ Limited nursing services shall be for persons
144 who meet the admission criteria established by the department
145 for assisted living facilities and shall not be complex enough
146 to require 24-hour nursing supervision and may include such
147 services as the application and care of routine dressings, and
148 care of casts, braces, and splints.

149 Section 4. Paragraphs (b) and (c) of subsection (3) of
150 section 429.07, Florida Statutes, are amended to read:

151 429.07 License required; fee.—

152 (3) In addition to the requirements of s. 408.806, each
153 license granted by the agency must state the type of care for
154 which the license is granted. Licenses shall be issued for one
155 or more of the following categories of care: standard, extended
156 congregate care, limited nursing services, or limited mental



174738

157 health.

158 (b) An extended congregate care license shall be issued to
159 each facility that has been licensed as an assisted living
160 facility for 2 or more years and that provides services
161 ~~facilities providing~~, directly or through contract, ~~services~~
162 beyond those authorized in paragraph (a), including services
163 performed by persons licensed under part I of chapter 464 and
164 supportive services, as defined by rule, to persons who would
165 otherwise be disqualified from continued residence in a facility
166 licensed under this part. An extended congregate care license
167 may be issued to a facility that has a provisional extended
168 congregate care license and meets the requirements for licensure
169 under subparagraph 2. The primary purpose of extended congregate
170 care services is to allow residents the option of remaining in a
171 familiar setting from which they would otherwise be disqualified
172 for continued residency as they become more impaired. A facility
173 licensed to provide extended congregate care services may also
174 admit an individual who exceeds the admission criteria for a
175 facility with a standard license, if he or she is determined
176 appropriate for admission to the extended congregate care
177 facility.

178 1. In order for extended congregate care services to be
179 provided, the agency must first determine that all requirements
180 established in law and rule are met and must specifically
181 designate, on the facility's license, that such services may be
182 provided and whether the designation applies to all or part of
183 the facility. This ~~Such~~ designation may be made at the time of
184 initial licensure or licensure renewal ~~relicensure~~, or upon
185 request in writing by a licensee under this part and part II of



174738

186 chapter 408. The notification of approval or the denial of the
187 request shall be made in accordance with part II of chapter 408.
188 Each existing facility that qualifies ~~facilities qualifying~~ to
189 provide extended congregate care services must have maintained a
190 standard license and may not have been subject to administrative
191 sanctions during the previous 2 years, or since initial
192 licensure if the facility has been licensed for less than 2
193 years, for any of the following reasons:

- 194 a. A class I or class II violation;
- 195 b. Three or more repeat or recurring class III violations
196 of identical or similar resident care standards from which a
197 pattern of noncompliance is found by the agency;
- 198 c. Three or more class III violations that were not
199 corrected in accordance with the corrective action plan approved
200 by the agency;
- 201 d. Violation of resident care standards which results in
202 requiring the facility to employ the services of a consultant
203 pharmacist or consultant dietitian;
- 204 e. Denial, suspension, or revocation of a license for
205 another facility licensed under this part in which the applicant
206 for an extended congregate care license has at least 25 percent
207 ownership interest; or
- 208 f. Imposition of a moratorium pursuant to this part or part
209 II of chapter 408 or initiation of injunctive proceedings.

210
211 The agency may deny or revoke a facility's extended congregate
212 care license for not meeting the criteria for an extended
213 congregate care license as provided in this subparagraph.

214 2. If an assisted living facility has been licensed for



174738

215 less than 2 years, the initial extended congregate care license
216 must be provisional and may not exceed 6 months. Within the
217 first 3 months after the provisional license is issued, the
218 licensee shall notify the agency, in writing, when it has
219 admitted at least one extended congregate care resident, after
220 which an unannounced inspection shall be made to determine
221 compliance with requirements of an extended congregate care
222 license. Failure to admit an extended congregate care resident
223 within the first 3 months shall render the extended congregate
224 care license void. A licensee that has a provisional extended
225 congregate care license which demonstrates compliance with all
226 of the requirements of an extended congregate care license
227 during the inspection shall be issued an extended congregate
228 care license. In addition to sanctions authorized under this
229 part, if violations are found during the inspection and the
230 licensee fails to demonstrate compliance with all assisted
231 living requirements during a followup inspection, the licensee
232 shall immediately suspend extended congregate care services, and
233 the provisional extended congregate care license expires. The
234 agency may extend the provisional license for not more than 1
235 month in order to complete a followup visit.

236 3.2. A facility that is licensed to provide extended
237 congregate care services shall maintain a written progress
238 report on each person who receives services which describes the
239 type, amount, duration, scope, and outcome of services that are
240 rendered and the general status of the resident's health. A
241 registered nurse, or appropriate designee, representing the
242 agency shall visit the facility at least twice a year ~~quarterly~~
243 to monitor residents who are receiving extended congregate care



244 services and to determine if the facility is in compliance with
245 this part, part II of chapter 408, and relevant rules. One of
246 the visits may be in conjunction with the regular survey. The
247 monitoring visits may be provided through contractual
248 arrangements with appropriate community agencies. A registered
249 nurse shall serve as part of the team that inspects the
250 facility. The agency may waive one of the required yearly
251 monitoring visits for a facility that has:

252 a. Held an extended congregate care license for at least 24
253 months; ~~been licensed for at least 24 months to provide extended~~
254 ~~congregate care services, if, during the inspection, the~~
255 ~~registered nurse determines that extended congregate care~~
256 ~~services are being provided appropriately, and if the facility~~
257 ~~has~~

258 b. No class I or class II violations and no uncorrected
259 class III violations; and-

260 c. No ombudsman council complaints that resulted in a
261 citation for licensure ~~The agency must first consult with the~~
262 ~~long term care ombudsman council for the area in which the~~
263 ~~facility is located to determine if any complaints have been~~
264 ~~made and substantiated about the quality of services or care.~~
265 ~~The agency may not waive one of the required yearly monitoring~~
266 ~~visits if complaints have been made and substantiated.~~

267 4.3- A facility that is licensed to provide extended
268 congregate care services must:

269 a. Demonstrate the capability to meet unanticipated
270 resident service needs.

271 b. Offer a physical environment that promotes a homelike
272 setting, provides for resident privacy, promotes resident



174738

273 independence, and allows sufficient congregate space as defined
274 by rule.

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

278 d. Adopt and follow policies and procedures that maximize
279 resident independence, dignity, choice, and decisionmaking to
280 permit residents to age in place, so that moves due to changes
281 in functional status are minimized or avoided.

282 e. Allow residents or, if applicable, a resident's
283 representative, designee, surrogate, guardian, or attorney in
284 fact to make a variety of personal choices, participate in
285 developing service plans, and share responsibility in
286 decisionmaking.

287 f. Implement the concept of managed risk.

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

290 h. In addition to the training mandated in s. 429.52,
291 provide specialized training as defined by rule for facility
292 staff.

293 ~~5.4~~ A facility that is licensed to provide extended
294 congregate care services is exempt from the criteria for
295 continued residency set forth in rules adopted under s. 429.41.
296 A licensed facility must adopt its own requirements within
297 guidelines for continued residency set forth by rule. However,
298 the facility may not serve residents who require 24-hour nursing
299 supervision. A licensed facility that provides extended
300 congregate care services must also provide each resident with a
301 written copy of facility policies governing admission and



174738

302 retention.

303 ~~5. The primary purpose of extended congregate care services~~
304 ~~is to allow residents, as they become more impaired, the option~~
305 ~~of remaining in a familiar setting from which they would~~
306 ~~otherwise be disqualified for continued residency. A facility~~
307 ~~licensed to provide extended congregate care services may also~~
308 ~~admit an individual who exceeds the admission criteria for a~~
309 ~~facility with a standard license, if the individual is~~
310 ~~determined appropriate for admission to the extended congregate~~
311 ~~care facility.~~

312 6. Before the admission of an individual to a facility
313 licensed to provide extended congregate care services, the
314 individual must undergo a medical examination as provided in s.
315 429.26(4) and the facility must develop a preliminary service
316 plan for the individual.

317 7. If ~~When~~ a facility can no longer provide or arrange for
318 services in accordance with the resident's service plan and
319 needs and the facility's policy, the facility must ~~shall~~ make
320 arrangements for relocating the person in accordance with s.
321 429.28(1)(k).

322 ~~8. Failure to provide extended congregate care services may~~
323 ~~result in denial of extended congregate care license renewal.~~

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

327 1. In order for limited nursing services to be provided in
328 a facility licensed under this part, the agency must first
329 determine that all requirements established in law and rule are
330 met and must specifically designate, on the facility's license,



174738

331 that such services may be provided. ~~This~~ ~~Such~~ designation may be
332 made at the time of initial licensure or licensure renewal
333 ~~relicensure~~, or upon request in writing by a licensee under this
334 part and part II of chapter 408. Notification of approval or
335 denial of such request shall be made in accordance with part II
336 of chapter 408. An existing facility that qualifies ~~facilities~~
337 ~~qualifying~~ to provide limited nursing services must ~~shall~~ have
338 maintained a standard license and may not have been subject to
339 administrative sanctions that affect the health, safety, and
340 welfare of residents for the previous 2 years or since initial
341 licensure if the facility has been licensed for less than 2
342 years.

343 2. A facility ~~Facilities~~ that is ~~are~~ licensed to provide
344 limited nursing services shall maintain a written progress
345 report on each person who receives such nursing services. The
346 ~~which~~ report must describe ~~describes~~ the type, amount, duration,
347 scope, and outcome of services that are rendered and the general
348 status of the resident's health. A registered nurse representing
349 the agency shall visit the facility ~~such facilities~~ at least
350 annually ~~twice a year~~ to monitor residents who are receiving
351 limited nursing services and to determine if the facility is in
352 compliance with applicable provisions of this part, part II of
353 chapter 408, and related rules. The monitoring visits may be
354 provided through contractual arrangements with appropriate
355 community agencies. A registered nurse shall also serve as part
356 of the team that inspects such facility. Visits may be in
357 conjunction with other agency inspections. The agency may waive
358 the required yearly monitoring visit for a facility that has:

359 a. Had a limited nursing services license for at least 24



174738

360 months;

361 b. No class I or class II violations and no uncorrected
362 class III violations; and

363 c. No ombudsman council complaints that resulted in a
364 citation for licensure.

365 3. A person who receives limited nursing services under
366 this part must meet the admission criteria established by the
367 agency for assisted living facilities. When a resident no longer
368 meets the admission criteria for a facility licensed under this
369 part, arrangements for relocating the person shall be made in
370 accordance with s. 429.28(1)(k), unless the facility is licensed
371 to provide extended congregate care services.

372 Section 5. Section 429.075, Florida Statutes, is amended to
373 read:

374 429.075 Limited mental health license.—An assisted living
375 facility that serves one ~~three~~ or more mental health residents
376 must obtain a limited mental health license.

377 (1) To obtain a limited mental health license, a facility
378 must hold a standard license as an assisted living facility,
379 must not have any current uncorrected ~~deficiencies or~~
380 violations, and must ensure that, within 6 months after
381 receiving a limited mental health license, the facility
382 administrator and the staff of the facility who are in direct
383 contact with mental health residents must complete training of
384 no less than 6 hours related to their duties. This ~~Such~~
385 designation may be made at the time of initial licensure or
386 relicensure or upon request in writing by a licensee under this
387 part and part II of chapter 408. Notification of approval or
388 denial of such request shall be made in accordance with this



389 part, part II of chapter 408, and applicable rules. This
390 training must ~~will~~ be provided by or approved by the Department
391 of Children and Families ~~Family Services~~.

392 (2) A facility that is ~~Facilities~~ licensed to provide
393 services to mental health residents must ~~shall~~ provide
394 appropriate supervision and staffing to provide for the health,
395 safety, and welfare of such residents.

396 (3) A facility that has a limited mental health license
397 must:

398 (a) Have a copy of each mental health resident's community
399 living support plan and the cooperative agreement with the
400 mental health care services provider or provide written evidence
401 that a request for the community living support plan and the
402 cooperative agreement was sent to the Medicaid managed care plan
403 or managing entity under contract with the Department of
404 Children and Families within 72 hours after admission. The
405 support plan and the agreement may be combined.

406 (b) Have documentation ~~that is~~ provided by the Department
407 of Children and Families ~~Family Services~~ that each mental health
408 resident has been assessed and determined to be able to live in
409 the community in an assisted living facility that has ~~with~~ a
410 limited mental health license or provide written evidence that a
411 request for documentation was sent to the Department of Children
412 and Families within 72 hours after admission.

413 (c) Make the community living support plan available for
414 inspection by the resident, the resident's legal guardian or
415 ~~the resident's~~ health care surrogate, and other individuals who
416 have a lawful basis for reviewing this document.

417 (d) Assist the mental health resident in carrying out the



174738

418 activities identified in the individual's community living
419 support plan.

420 (4) A facility that has ~~with~~ a limited mental health
421 license may enter into a cooperative agreement with a private
422 mental health provider. For purposes of the limited mental
423 health license, the private mental health provider may act as
424 the case manager.

425 Section 6. Section 429.14, Florida Statutes, is amended to
426 read:

427 429.14 Administrative penalties.-

428 (1) In addition to the requirements of part II of chapter
429 408, the agency may deny, revoke, and suspend any license issued
430 under this part and impose an administrative fine in the manner
431 provided in chapter 120 against a licensee for a violation of
432 any provision of this part, part II of chapter 408, or
433 applicable rules, or for any of the following actions by a
434 licensee, ~~for the actions of~~ any person subject to level 2
435 background screening under s. 408.809, or ~~for the actions of~~ any
436 facility staff ~~employee~~:

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

439 (b) A ~~The~~ determination by the agency that the owner lacks
440 the financial ability to provide continuing adequate care to
441 residents.

442 (c) Misappropriation or conversion of the property of a
443 resident of the facility.

444 (d) Failure to follow the criteria and procedures provided
445 under part I of chapter 394 relating to the transportation,
446 voluntary admission, and involuntary examination of a facility



174738

447 resident.

448 (e) A citation ~~for~~ of any of the following violations
449 ~~deficiencies~~ as specified in s. 429.19:

- 450 1. One or more cited class I violations ~~deficiencies~~.
451 2. Three or more cited class II violations ~~deficiencies~~.
452 3. Five or more cited class III violations ~~deficiencies~~
453 that have been cited on a single survey and have not been
454 corrected within the times specified.

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

457 (g) Violation of a moratorium.

458 (h) Failure of the license applicant, the licensee during
459 licensure renewal ~~relicensure~~, or a licensee that holds a
460 provisional license to meet the minimum license requirements of
461 this part, or related rules, at the time of license application
462 or renewal.

463 (i) An intentional or negligent life-threatening act in
464 violation of the uniform firesafety standards for assisted
465 living facilities or other firesafety standards which ~~that~~
466 threatens the health, safety, or welfare of a resident of a
467 facility, as communicated to the agency by the local authority
468 having jurisdiction or the State Fire Marshal.

469 (j) Knowingly operating any unlicensed facility or
470 providing without a license any service that must be licensed
471 under this chapter or chapter 400.

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

474 (2) Upon notification by the local authority having
475 jurisdiction or by the State Fire Marshal, the agency may deny



476 or revoke the license of an assisted living facility that fails
477 to correct cited fire code violations that affect or threaten
478 the health, safety, or welfare of a resident of a facility.

479 (3) The agency may deny or revoke a license of an ~~to any~~
480 applicant or controlling interest as defined in part II of
481 chapter 408 which has or had a 25 percent ~~25-percent~~ or greater
482 financial or ownership interest in any other facility that is
483 licensed under this part, or in any entity licensed by this
484 state or another state to provide health or residential care, if
485 that ~~which~~ facility or entity during the 5 years before ~~prior to~~
486 the application for a license closed due to financial inability
487 to operate; had a receiver appointed or a license denied,
488 suspended, or revoked; was subject to a moratorium; or had an
489 injunctive proceeding initiated against it.

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

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

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

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

504 (5) An action taken by the agency to suspend, deny, or



505 revoke a facility's license under this part or part II of
506 chapter 408, in which the agency claims that the facility owner
507 or an employee of the facility has threatened the health,
508 safety, or welfare of a resident of the facility, must be heard
509 by the Division of Administrative Hearings of the Department of
510 Management Services within 120 days after receipt of the
511 facility's request for a hearing, unless that time limitation is
512 waived by both parties. The administrative law judge shall ~~must~~
513 render a decision within 30 days after receipt of a proposed
514 recommended order.

515 (6) As provided under s. 408.814, the agency shall impose
516 an immediate moratorium on an assisted living facility that
517 fails to provide the agency access to the facility or prohibits
518 the agency from conducting a regulatory inspection. The licensee
519 may not restrict agency staff in accessing and copying records
520 or in conducting confidential interviews with facility staff or
521 any individual who receives services from the facility provide
522 ~~to the Division of Hotels and Restaurants of the Department of~~
523 ~~Business and Professional Regulation, on a monthly basis, a list~~
524 ~~of those assisted living facilities that have had their licenses~~
525 ~~denied, suspended, or revoked or that are involved in an~~
526 ~~appellate proceeding pursuant to s. 120.60 related to the~~
527 ~~denial, suspension, or revocation of a license.~~

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

531 (8) If a facility is required to relocate some or all of
532 its residents due to agency action, that facility is exempt from
533 the 45 days' notice requirement imposed under s. 429.28(1)(k).



174738

534 This subsection does not exempt the facility from any deadlines
535 for corrective action set by the agency.

536 Section 7. Paragraphs (a) and (b) of subsection (2) of
537 section 429.178, Florida Statutes, are amended to read:

538 429.178 Special care for persons with Alzheimer's disease
539 or other related disorders.—

540 (2) (a) An individual who is employed by a facility that
541 provides special care for residents who have ~~with~~ Alzheimer's
542 disease or other related disorders, and who has regular contact
543 with such residents, must complete up to 4 hours of initial
544 dementia-specific training developed or approved by the
545 department. The training must ~~shall~~ be completed within 3 months
546 after beginning employment and satisfy ~~shall satisfy~~ the core
547 training requirements of s. 429.52(3)(g) ~~s. 429.52(2)(g)~~.

548 (b) A direct caregiver who is employed by a facility that
549 provides special care for residents who have ~~with~~ Alzheimer's
550 disease or other related disorders, ~~and who~~ provides direct care
551 to such residents, ~~must~~ complete the required initial training
552 and 4 additional hours of training developed or approved by the
553 department. The training must ~~shall~~ be completed within 9 months
554 after beginning employment and satisfy ~~shall satisfy~~ the core
555 training requirements of s. 429.52(3)(g) ~~s. 429.52(2)(g)~~.

556 Section 8. Section 429.19, Florida Statutes, is amended to
557 read:

558 429.19 Violations; imposition of administrative fines;
559 grounds.—

560 (1) In addition to the requirements of part II of chapter
561 408, the agency shall impose an administrative fine in the
562 manner provided in chapter 120 for the violation of any



174738

563 provision of this part, part II of chapter 408, and applicable
564 rules by an assisted living facility, for the actions of any
565 person subject to level 2 background screening under s. 408.809,
566 for the actions of any facility employee, or for an intentional
567 or negligent act seriously affecting the health, safety, or
568 welfare of a resident of the facility.

569 (2) Each violation of this part and adopted rules must
570 ~~shall~~ be classified according to the nature of the violation and
571 the gravity of its probable effect on facility residents. The
572 scope of a violation may be cited as an isolated, patterned, or
573 widespread deficiency. An isolated deficiency is a deficiency
574 affecting one or a very limited number of residents, or
575 involving one or a very limited number of staff, or a situation
576 that occurred only occasionally or in a very limited number of
577 locations. A patterned deficiency is a deficiency in which more
578 than a very limited number of residents are affected, or more
579 than a very limited number of staff are affected, or the
580 situation has occurred in several locations, or the same
581 resident or residents have been affected by repeated occurrences
582 of the same deficient practice but the effect of the deficient
583 practice is not found to be pervasive throughout the facility. A
584 widespread deficiency is a deficiency in which the problems
585 causing the deficiency are pervasive in the facility or
586 represent systemic failure that has affected or has the
587 potential to affect a large portion of the facility's residents.

588 (a) The agency shall indicate the classification on the
589 written notice of the violation as follows:

590 1. ~~(a)~~ Class "I" violations are defined in s. 408.813. The
591 agency shall impose an administrative fine for a cited class I



174738

592 violation of \$5,000 for an isolated deficiency; \$7,500 for a
593 patterned deficiency; and \$10,000 for a widespread deficiency.
594 If the agency has knowledge of a class I violation that occurred
595 within 12 months before an inspection, a fine must be levied for
596 that violation, regardless of whether the noncompliance is
597 corrected before the inspection ~~in an amount not less than~~
598 ~~\$5,000 and not exceeding \$10,000 for each violation.~~

599 2. (b) Class "II" violations are defined in s. 408.813. The
600 agency shall impose an administrative fine for a cited class II
601 violation of \$1,000 for an isolated deficiency; \$3,000 for a
602 patterned deficiency; and \$5,000 for a widespread deficiency ~~in~~
603 ~~an amount not less than \$1,000 and not exceeding \$5,000 for each~~
604 ~~violation.~~

605 3. (e) Class "III" violations are defined in s. 408.813. The
606 agency shall impose an administrative fine for a cited class III
607 violation of \$500 for an isolated deficiency; \$750 for a
608 patterned deficiency; and \$1,000 for a widespread deficiency ~~in~~
609 ~~an amount not less than \$500 and not exceeding \$1,000 for each~~
610 ~~violation.~~

611 4. (d) Class "IV" violations are defined in s. 408.813. The
612 agency shall impose an administrative fine for a cited class IV
613 violation of \$100 for an isolated deficiency; \$150 for a
614 patterned deficiency; and \$200 for a widespread deficiency ~~in an~~
615 ~~amount not less than \$100 and not exceeding \$200 for each~~
616 ~~violation.~~

617 (b) Any fine imposed for a class I violation or a class II
618 violation must be doubled if a facility was previously cited for
619 one or more class I or class II violations during the agency's
620 last licensure inspection or any inspection or complaint



174738

621 investigation since the last licensure inspection.

622 (c) Notwithstanding ss. 408.813(2)(c) and 408.832, if a
623 facility is cited for 10 or more class III violations during an
624 inspection or survey, the agency shall impose a fine for each
625 violation.

626 (d) Notwithstanding the fine amounts specified in
627 subparagraphs (a)1.-4., and regardless of the class of violation
628 cited, the agency shall impose an administrative fine of \$500 on
629 a facility that is found not to be in compliance with the
630 background screening requirements as provided in s. 408.809.

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

634 ~~(a) The gravity of the violation, including the probability~~
635 ~~that death or serious physical or emotional harm to a resident~~
636 ~~will result or has resulted, the severity of the action or~~
637 ~~potential harm, and the extent to which the provisions of the~~
638 ~~applicable laws or rules were violated.~~

639 ~~(b) Actions taken by the owner or administrator to correct~~
640 ~~violations.~~

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

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

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

645 ~~(3)-(4) Each day of continuing violation after the date~~
646 ~~established by the agency fixed for correction termination of~~
647 ~~the violation, as ordered by the agency, constitutes an~~
648 ~~additional, separate, and distinct violation.~~

649 ~~(4)-(5) An Any~~ action taken to correct a violation shall be



174738

650 documented in writing by the owner or administrator of the
651 facility and verified through followup visits by agency
652 personnel. The agency may impose a fine and, in the case of an
653 owner-operated facility, revoke or deny a facility's license
654 when a facility administrator fraudulently misrepresents action
655 taken to correct a violation.

656 (5)~~(6)~~ A ~~Any~~ facility whose owner fails to apply for a
657 change-of-ownership license in accordance with part II of
658 chapter 408 and operates the facility under the new ownership is
659 subject to a fine of \$5,000.

660 (6)~~(7)~~ In addition to any administrative fines imposed, the
661 agency may assess a survey fee, equal to the lesser of one half
662 of the facility's biennial license and bed fee or \$500, to cover
663 the cost of conducting initial complaint investigations that
664 result in the finding of a violation that was the subject of the
665 complaint or monitoring visits conducted under s. 429.28(3)(c)
666 to verify the correction of the violations.

667 (7)~~(8)~~ During an inspection, the agency shall make a
668 reasonable attempt to discuss each violation with the owner or
669 administrator of the facility, before ~~prior to~~ written
670 notification.

671 (8)~~(9)~~ The agency shall develop and disseminate an annual
672 list of all facilities sanctioned or fined for violations of
673 state standards, the number and class of violations involved,
674 the penalties imposed, and the current status of cases. The list
675 shall be disseminated, at no charge, to the Department of
676 Elderly Affairs, the Department of Health, the Department of
677 Children and Families ~~Family Services~~, the Agency for Persons
678 with Disabilities, the area agencies on aging, the Florida



174738

679 Statewide Advocacy Council, and the state and local ombudsman
680 councils. The Department of Children and ~~Families~~ Family
681 ~~Services~~ shall disseminate the list to service providers under
682 contract to the department who are responsible for referring
683 persons to a facility for residency. The agency may charge a fee
684 commensurate with the cost of printing and postage to other
685 interested parties requesting a copy of this list. This
686 information may be provided electronically or through the
687 agency's website ~~Internet site~~.

688 Section 9. Subsection (3) and paragraph (c) of subsection
689 (4) of section 429.256, Florida Statutes, are amended to read:

690 429.256 Assistance with self-administration of medication.—

691 (3) Assistance with self-administration of medication
692 includes:

693 (a) Taking the medication, in its previously dispensed,
694 properly labeled container, including an insulin syringe that is
695 prefilled with the proper dosage by a pharmacist and an insulin
696 pen that is prefilled by the manufacturer, from where it is
697 stored, and bringing it to the resident.

698 (b) In the presence of the resident, reading the label,
699 opening the container, removing a prescribed amount of
700 medication from the container, and closing the container.

701 (c) Placing an oral dosage in the resident's hand or
702 placing the dosage in another container and helping the resident
703 by lifting the container to his or her mouth.

704 (d) Applying topical medications.

705 (e) Returning the medication container to proper storage.

706 (f) Keeping a record of when a resident receives assistance
707 with self-administration under this section.



708 (g) Assisting with the use of a nebulizer, including
709 removing the cap of a nebulizer, opening the unit dose of
710 nebulizer solution, and pouring the prescribed premeasured dose
711 of medication into the dispensing cup of the nebulizer.

712 (h) Using a glucometer to perform blood-glucose level
713 checks.

714 (i) Assisting with putting on and taking off antiembolism
715 stockings.

716 (j) Assisting with applying and removing an oxygen cannula,
717 but not with titrating the prescribed oxygen settings.

718 (k) Assisting with the use of a continuous positive airway
719 pressure (CPAP) device, but not with titrating the prescribed
720 setting of the device.

721 (l) Assisting with measuring vital signs.

722 (m) Assisting with colostomy bags.

723 (4) Assistance with self-administration does not include:

724 ~~(c) Administration of medications through intermittent~~
725 ~~positive pressure breathing machines or a nebulizer.~~

726 Section 10. Subsections (2), (5), and (6) of section
727 429.28, Florida Statutes, are amended to read:

728 429.28 Resident bill of rights.—

729 (2) The administrator of a facility shall ensure that a
730 written notice of the rights, obligations, and prohibitions set
731 forth in this part is posted in a prominent place in each
732 facility and read or explained to residents who cannot read. The
733 ~~This~~ notice must ~~shall~~ include the name, address, and telephone
734 numbers of the local ombudsman council, the ~~and~~ central abuse
735 hotline, and, if ~~when~~ applicable, Disability Rights Florida ~~the~~
736 ~~Advocacy Center for Persons with Disabilities, Inc., and the~~



737 ~~Florida local advocacy council~~, where complaints may be lodged.
738 The notice must state that a complaint made to the Office of
739 State Long-Term Care Ombudsman or a local long-term care
740 ombudsman council, the names and identities of the residents
741 involved in the complaint, and the identity of complainants are
742 kept confidential pursuant to s. 400.0077 and that retaliatory
743 action cannot be taken against a resident for presenting
744 grievances or for exercising any other resident right. The
745 facility must ensure a resident's access to a telephone to call
746 the local ombudsman council, central abuse hotline, and
747 Disability Rights Florida Advocacy Center for Persons with
748 Disabilities, Inc., and the Florida local advocacy council.

749 (5) A ~~No~~ facility or employee of a facility may not serve
750 notice upon a resident to leave the premises or take any other
751 retaliatory action against any person who:

752 (a) Exercises any right set forth in this section.

753 (b) Appears as a witness in any hearing, inside or outside
754 the facility.

755 (c) Files a civil action alleging a violation of the
756 provisions of this part or notifies a state attorney or the
757 Attorney General of a possible violation of such provisions.

758 (6) A ~~Any~~ facility that ~~which~~ terminates the residency of
759 an individual who participated in activities specified in
760 subsection (5) must ~~shall~~ show good cause in a court of
761 competent jurisdiction. If good cause is not shown, the agency
762 shall impose a fine of \$2,500 in addition to any other penalty
763 assessed against the facility.

764 Section 11. Section 429.34, Florida Statutes, is amended to
765 read:



174738

766 429.34 Right of entry and inspection.-

767 (1) In addition to the requirements of s. 408.811, any duly
768 designated officer or employee of the department, the Department
769 of Children and Families ~~Family Services~~, the Medicaid Fraud
770 Control Unit of the Office of the Attorney General, the state or
771 local fire marshal, or a member of the state or local long-term
772 care ombudsman council has ~~shall have~~ the right to enter
773 unannounced upon and into the premises of any facility licensed
774 pursuant to this part in order to determine the state of
775 compliance with ~~the provisions of~~ this part, part II of chapter
776 408, and applicable rules. Data collected by the state or local
777 long-term care ombudsman councils or the state or local advocacy
778 councils may be used by the agency in investigations involving
779 violations of regulatory standards. A person specified in this
780 section who knows or has reasonable cause to suspect that a
781 vulnerable adult has been or is being abused, neglected, or
782 exploited shall immediately report such knowledge or suspicion
783 to the central abuse hotline pursuant to chapter 415.

784 (2) The agency shall inspect each licensed assisted living
785 facility at least once every 24 months to determine compliance
786 with this chapter and related rules. If an assisted living
787 facility is cited for one or more class I violations or two or
788 more class II violations arising from separate surveys within a
789 60-day period or due to unrelated circumstances during the same
790 survey, the agency must conduct an additional licensure
791 inspection within 6 months. In addition to any fines imposed on
792 the facility under s. 429.19, the licensee shall pay a fee for
793 the cost of the additional inspection equivalent to the standard
794 assisted living facility license and per-bed fees, without



795 exception for beds designated for recipients of optional state
796 supplementation. The agency shall adjust the fee in accordance
797 with s. 408.805.

798 Section 12. Subsection (2) of section 429.41, Florida
799 Statutes, is amended to read:

800 429.41 Rules establishing standards.-

801 (2) In adopting any rules pursuant to this part, the
802 department, in conjunction with the agency, shall make distinct
803 standards for facilities based upon facility size; the types of
804 care provided; the physical and mental capabilities and needs of
805 residents; the type, frequency, and amount of services and care
806 offered; and the staffing characteristics of the facility. Rules
807 developed pursuant to this section may ~~shall~~ not restrict the
808 use of shared staffing and shared programming in facilities that
809 are part of retirement communities that provide multiple levels
810 of care and otherwise meet the requirements of law and rule. If
811 a continuing care facility licensed under chapter 651 or a
812 retirement community offering multiple levels of care obtains a
813 license pursuant to this chapter for a building or part of a
814 building designated for independent living, staffing
815 requirements established in rule apply only to residents who
816 receive personal services, limited nursing services, or extended
817 congregate care services under this part. Such facilities shall
818 retain a log listing the names and unit number for residents
819 receiving these services. The log must be available to surveyors
820 upon request. Except for uniform firesafety standards, the
821 department shall adopt by rule separate and distinct standards
822 for facilities with 16 or fewer beds and for facilities with 17
823 or more beds. The standards for facilities with 16 or fewer beds



824 ~~must shall~~ be appropriate for a noninstitutional residential
825 environment;~~7~~ ~~however, provided that~~ the structure may not be is
826 ~~no~~ more than two stories in height and all persons who cannot
827 exit the facility unassisted in an emergency must reside on the
828 first floor. The department, in conjunction with the agency, may
829 make other distinctions among types of facilities as necessary
830 to enforce the provisions of this part. Where appropriate, the
831 agency shall offer alternate solutions for complying with
832 established standards, based on distinctions made by the
833 department and the agency relative to the physical
834 characteristics of facilities and the types of care offered
835 ~~therein.~~

836 Section 13. Present subsections (1) through (11) of section
837 429.52, Florida Statutes, are redesignated as subsections (2)
838 through (12), respectively, a new subsection (1) is added to
839 that section, and present subsections (5) and (9) of that
840 section are amended, to read:

841 429.52 Staff training and educational programs; core
842 educational requirement.—

843 (1) Effective October 1, 2014, each new assisted living
844 facility employee who has not previously completed core training
845 must attend a preservice orientation provided by the facility
846 before interacting with residents. The preservice orientation
847 must be at least 2 hours in duration and cover topics that help
848 the employee provide responsible care and respond to the needs
849 of facility residents. Upon completion, the employee and the
850 administrator of the facility must sign a statement that the
851 employee completed the required preservice orientation. The
852 facility must keep the signed statement in the employee's



174738

853 personnel record.

854 (6)~~(5)~~ Staff involved with the management of medications
855 and assisting with the self-administration of medications under
856 s. 429.256 must complete a minimum of 6 ~~4~~ additional hours of
857 training provided by a registered nurse, licensed pharmacist, or
858 department staff. The department shall establish by rule the
859 minimum requirements of this additional training.

860 (10)~~(9)~~ The training required by this section other than
861 the preservice orientation must ~~shall~~ be conducted by persons
862 registered with the department as having the requisite
863 experience and credentials to conduct the training. A person
864 seeking to register as a trainer must provide the department
865 with proof of completion of the minimum core training education
866 requirements, successful passage of the competency test
867 established under this section, and proof of compliance with the
868 continuing education requirement in subsection (5) ~~(4)~~.

869 Section 14. The Legislature finds that consistent
870 regulation of assisted living facilities benefits residents and
871 operators of such facilities. To determine whether surveys are
872 consistent between surveys and surveyors, the Office of Program
873 Policy Analysis and Government Accountability (OPPAGA) shall
874 conduct a study of intersurveyor reliability for assisted living
875 facilities. By November 1, 2014, OPPAGA shall report its
876 findings to the Governor, the President of the Senate, and the
877 Speaker of the House of Representatives and make any
878 recommendations for improving intersurveyor reliability.

879 Section 15. Section 429.55, Florida Statutes, is created to
880 read:

881 429.55 Public access to data; rating system and comment



174738

882 page.-

883 (1) The Legislature finds that consumers need additional
884 information on the quality of care and service in assisted
885 living facilities in order to select the best facility for
886 themselves or their loved ones.

887 (2) By March 1, 2015, the agency shall implement a rating
888 system for assisted living facilities based on facility
889 inspections, violations, complaints, and agency visits to assist
890 consumers and residents. The agency may adopt rules to
891 administer this subsection.

892 (3) By November 1, 2014, the agency shall provide,
893 maintain, and update at least quarterly, electronically
894 accessible data on assisted living facilities. Such data must be
895 searchable, downloadable, and available in generally accepted
896 formats. The agency shall include all content in its possession
897 on November 1, 2014, on the website and add additional content
898 from facilities as their licenses are renewed. At a minimum,
899 such data must include:

900 (a) Information on each assisted living facility licensed
901 under this part, including:

- 902 1. The name and address of the facility.
- 903 2. The number and type of licensed beds in the facility.
- 904 3. The types of licenses held by the facility.
- 905 4. The facility's license expiration date and status.
- 906 5. Proprietary or nonproprietary status of the licensee.
- 907 6. Any affiliation with a company or other organization
908 owning or managing more than one assisted living facility in
909 this state.
- 910 7. The total number of clients that the facility is



911 licensed to serve and the most recently available occupancy
912 levels.

913 8. The number of private and semiprivate rooms offered.
914 9. The bed-hold policy.
915 10. The religious affiliation, if any, of the assisted
916 living facility.
917 11. The languages spoken by the staff.
918 12. Availability of nurses.
919 13. Forms of payment accepted, including, but not limited
920 to, Medicaid, Medicaid long-term managed care, private
921 insurance, health maintenance organization, United States
922 Department of Veterans Affairs, CHAMPUS program, or workers'
923 compensation coverage.
924 14. Indication if the licensee is operating under
925 bankruptcy protection.
926 15. Recreational and other programs available.
927 16. Special care units or programs offered.
928 17. Whether the facility is a part of a retirement
929 community that offers other services pursuant to this part or
930 part III of this chapter, part II or part III of chapter 400, or
931 chapter 651.
932 18. Links to the State Long-Term Care Ombudsman Program
933 website and the program's statewide toll-free telephone number.
934 19. Links to the websites of the providers or their
935 affiliates.
936 20. Other relevant information that the agency currently
937 collects.
938 (b) A list of the facility's violations, including, for
939 each violation:



174738

940 1. A summary of the violation presented in a manner
941 understandable by the general public;
942 2. Any sanctions imposed by final order; and
943 3. The date the corrective action was confirmed by the
944 agency.
945 (c) Links to inspection reports on file with the agency.
946 (4) The agency shall provide a monitored comment webpage
947 that allows members of the public to comment on specific
948 assisted living facilities licensed to operate in this state. At
949 a minimum, the comment webpage must allow members of the public
950 to identify themselves, provide comments on their experiences
951 with, or observations of, an assisted living facility, and view
952 others' comments.
953 (a) The agency shall review comments for profanities and
954 redact any profanities before posting the comments to the
955 webpage. After redacting any profanities, the agency shall post
956 all comments, and shall retain all comments as they were
957 originally submitted, which are subject to the requirements of
958 chapter 119 and which shall be retained by the agency for
959 inspection by the public without further redaction pursuant to
960 retention schedules and disposal processes for such records.
961 (b) A controlling interest, as defined in s. 408.803 in an
962 assisted living facility, or an employee or owner of an assisted
963 living facility, is prohibited from posting comments on the
964 page. A controlling interest, employee, or owner may respond to
965 comments on the page, and the agency shall ensure that such
966 responses are identified as being from a representative of the
967 facility.
968 (5) The agency may provide links to third-party websites



969 that use the data published pursuant to this section to assist
970 consumers in evaluating the quality of care and service in
971 assisted living facilities.

972 Section 16. For the 2014-2015 fiscal year, the sums of
973 \$156,943 in recurring funds and \$7,546 in nonrecurring funds
974 from the Health Care Trust Fund and two full-time equivalent
975 senior attorney positions with associated salary rate of 103,652
976 are appropriated to the Agency for Health Care Administration
977 for the purpose of implementing the regulatory provisions of
978 this act.

979 Section 17. For the 2014-2015 fiscal year, for the purpose
980 of implementing and maintaining the public information website
981 enhancements provided under this act:

982 (1) The sums of \$72,435 in recurring funds and \$3,773 in
983 nonrecurring funds from the Health Care Trust Fund and one full-
984 time equivalent health services and facilities consultant
985 position with associated salary rate of 46,560 are appropriated
986 to the Agency for Health Care Administration;

987 (2) The sums of \$30,000 in recurring funds and \$15,000 in
988 nonrecurring funds from the Health Care Trust Fund are
989 appropriated to the Agency for Health Care Administration for
990 software purchase, installation, and maintenance services; and

991 (3) The sums of \$2,474 in recurring funds and \$82,806 in
992 nonrecurring funds from the Health Care Trust Fund are
993 appropriated to the Agency for Health Care Administration for
994 contracted services.

995
996 ===== T I T L E A M E N D M E N T =====

997 And the title is amended as follows:



998 Delete lines 3 - 163
999 and insert:
1000 394.4574, F.S.; providing that Medicaid managed care
1001 plans are responsible for enrolled mental health
1002 residents; providing that managing entities under
1003 contract with the Department of Children and Families
1004 are responsible for mental health residents who are
1005 not enrolled with a Medicaid managed care plan;
1006 deleting a provision to conform to changes made by the
1007 act; requiring that the community living support plan
1008 be completed and provided to the administrator of a
1009 facility after the mental health resident's admission;
1010 requiring the community living support plan to be
1011 updated when there is a significant change to the
1012 mental health resident's behavioral health; requiring
1013 the case manager assigned to a mental health resident
1014 of an assisted living facility that holds a limited
1015 mental health license to keep a record of the date and
1016 time of face-to-face interactions with the resident
1017 and to make the record available to the responsible
1018 entity for inspection; requiring that the record be
1019 maintained for a specified time; requiring the
1020 responsible entity to ensure that there is adequate
1021 and consistent monitoring and enforcement of community
1022 living support plans and cooperative agreements and
1023 that concerns are reported to the appropriate
1024 regulatory oversight organization under certain
1025 circumstances; amending s. 400.0074, F.S.; requiring
1026 that an administrative assessment conducted by a local



174738

1027 council be comprehensive in nature and focus on
1028 factors affecting the rights, health, safety, and
1029 welfare of residents in the facilities; requiring a
1030 local council to conduct an exit consultation with the
1031 facility administrator or administrator designee to
1032 discuss issues and concerns in areas affecting the
1033 rights, health, safety, and welfare of residents and
1034 make recommendations for improvement; amending s.
1035 400.0078, F.S.; requiring that a resident or a
1036 representative of a resident of a long-term care
1037 facility be informed that retaliatory action cannot be
1038 taken against a resident for presenting grievances or
1039 for exercising any other resident right; amending s.
1040 429.02, F.S.; revising the definition of the term
1041 "limited nursing services"; amending s. 429.07, F.S.;
1042 revising the requirement that an extended congregate
1043 care license be issued to certain facilities that have
1044 been licensed as assisted living facilities under
1045 certain circumstances and authorizing the issuance of
1046 such license if a specified condition is met;
1047 providing the purpose of an extended congregate care
1048 license; providing that the initial extended
1049 congregate care license of an assisted living facility
1050 is provisional under certain circumstances; requiring
1051 a licensee to notify the Agency for Health Care
1052 Administration if it accepts a resident who qualifies
1053 for extended congregate care services; requiring the
1054 agency to inspect the facility for compliance with the
1055 requirements of an extended congregate care license;



1056 requiring the issuance of an extended congregate care
1057 license under certain circumstances; requiring the
1058 licensee to immediately suspend extended congregate
1059 care services under certain circumstances; requiring a
1060 registered nurse representing the agency to visit the
1061 facility at least twice a year, rather than quarterly,
1062 to monitor residents who are receiving extended
1063 congregate care services; authorizing the agency to
1064 waive one of the required yearly monitoring visits
1065 under certain circumstances; authorizing the agency to
1066 deny or revoke a facility's extended congregate care
1067 license; requiring a registered nurse representing the
1068 agency to visit the facility at least annually, rather
1069 than twice a year, to monitor residents who are
1070 receiving limited nursing services; providing that
1071 such monitoring visits may be conducted in conjunction
1072 with other inspections by the agency; authorizing the
1073 agency to waive the required yearly monitoring visit
1074 for a facility that is licensed to provide limited
1075 nursing services under certain circumstances; amending
1076 s. 429.075, F.S.; requiring an assisted living
1077 facility that serves one or more mental health
1078 residents to obtain a limited mental health license;
1079 revising the methods employed by a limited mental
1080 health facility relating to placement requirements to
1081 include providing written evidence that a request for
1082 a community living support plan, a cooperative
1083 agreement, and assessment documentation was sent to
1084 the Department of Children and Families within 72



1085 hours after admission; amending s. 429.14, F.S.;

1086 revising the circumstances under which the agency may

1087 deny, revoke, or suspend the license of an assisted

1088 living facility and impose an administrative fine;

1089 requiring the agency to deny or revoke the license of

1090 an assisted living facility under certain

1091 circumstances; requiring the agency to impose an

1092 immediate moratorium on the license of an assisted

1093 living facility under certain circumstances; deleting

1094 a provision requiring the agency to provide a list of

1095 facilities with denied, suspended, or revoked licenses

1096 to the Department of Business and Professional

1097 Regulation; exempting a facility from the 45-day

1098 notice requirement if it is required to relocate some

1099 or all of its residents; amending s. 429.178, F.S.;

1100 conforming cross-references; amending s. 429.19, F.S.;

1101 revising the amounts and uses of administrative fines;

1102 requiring the agency to levy a fine for violations

1103 that are corrected before an inspection if

1104 noncompliance occurred within a specified period of

1105 time; deleting factors that the agency is required to

1106 consider in determining penalties and fines; amending

1107 s. 429.256, F.S.; revising the term "assistance with

1108 self-administration of medication" as it relates to

1109 the Assisted Living Facilities Act; amending s.

1110 429.28, F.S.; providing notice requirements to inform

1111 facility residents that the identity of the resident

1112 and complainant in any complaint made to the State

1113 Long-Term Care Ombudsman Program or a local long-term



1114 care ombudsman council is confidential and that
1115 retaliatory action may not be taken against a resident
1116 for presenting grievances or for exercising any other
1117 resident right; requiring that a facility that
1118 terminates an individual's residency after the filing
1119 of a complaint be fined if good cause is not shown for
1120 the termination; amending s. 429.34, F.S.; requiring
1121 certain persons to report elder abuse in assisted
1122 living facilities; requiring the agency to regularly
1123 inspect every licensed assisted living facility;
1124 requiring the agency to conduct more frequent
1125 inspections under certain circumstances; requiring the
1126 licensee to pay a fee for the cost of additional
1127 inspections; requiring the agency to annually adjust
1128 the fee; amending s. 429.41, F.S.; providing that
1129 certain staffing requirements apply only to residents
1130 in continuing care facilities who are receiving
1131 relevant services; amending s. 429.52, F.S.; requiring
1132 each newly hired employee of an assisted living
1133 facility to attend a preservice orientation provided
1134 by the assisted living facility; requiring the
1135 employee and administrator to sign a statement that
1136 the employee completed the required preservice
1137 orientation and keep the signed statement in the
1138 employee's personnel record; requiring 2 additional
1139 hours of training for assistance with medication;
1140 conforming a cross-reference; requiring the Office of
1141 Program Policy Analysis and Government Accountability
1142 to study the reliability of facility surveys and



1143 submit to the Governor and the Legislature its
1144 findings and recommendations; creating s. 429.55,
1145 F.S.; requiring the Agency for Health Care
1146 Administration to implement a rating system of
1147 assisted living facilities by a specified date;
1148 authorizing the agency to adopt rules; requiring the
1149 Agency for Health Care Administration to provide
1150 specified data on assisted living facilities by a
1151 certain date; providing minimum requirements for such
1152 data; authorizing the agency to create a comment
1153 webpage regarding assisted living facilities;
1154 providing minimum requirements; authorizing the agency
1155 to provide links to certain third-party websites;
1156 providing appropriations and