



1 A bill to be entitled
2 An act relating to health of residents; amending s.
3 394.4574, F.S.; providing that Medicaid managed care
4 plans are responsible for enrolled mental health
5 residents; providing that managing entities under
6 contract with the Department of Children and Families
7 are responsible for mental health residents who are
8 not enrolled with a Medicaid managed care plan;
9 deleting a provision to conform to changes made by the
10 act; requiring that the community living support plan
11 be completed and provided to the administrator of a
12 facility within a specified period after the
13 resident's admission; requiring the community living
14 support plan to be updated when there is a significant
15 change to the mental health resident's behavioral
16 health; requiring the case manager assigned to a
17 mental health resident of an assisted living facility
18 that holds a limited mental health license to keep a
19 record of the date and time of face-to-face
20 interactions with the resident and to make the record
21 available to the responsible entity for inspection;
22 requiring that the record be maintained for a
23 specified period; requiring the responsible entity to
24 ensure that there is adequate and consistent
25 monitoring and implementation of community living
26 support plans and cooperative agreements and that



27 | concerns are reported to the appropriate regulatory
28 | oversight organization under certain circumstances;
29 | amending s. 400.0074, F.S.; requiring that an
30 | administrative assessment conducted by a local council
31 | be comprehensive in nature and focus on factors
32 | affecting the rights, health, safety, and welfare of
33 | nursing home residents; requiring a local council to
34 | conduct an exit consultation with the facility
35 | administrator or administrator designee to discuss
36 | issues and concerns in areas affecting the rights,
37 | health, safety, and welfare of residents and make
38 | recommendations for improvement; amending s. 400.0078,
39 | F.S.; requiring that a resident or a representative of
40 | a resident of a long-term care facility be informed
41 | that retaliatory action cannot be taken against a
42 | resident for presenting grievances or for exercising
43 | any other resident right; amending s. 409.212, F.S.;
44 | increasing the cap on additional supplementation a
45 | person may receive under certain conditions; amending
46 | s. 429.02, F.S.; revising the definition of the term
47 | "limited nursing services"; amending s. 429.07, F.S.;
48 | requiring that an extended congregate care license be
49 | issued to certain facilities that have been licensed
50 | as assisted living facilities under certain
51 | circumstances and authorizing the issuance of such
52 | license if a specified condition is met; providing the



53 | purpose of an extended congregate care license;
54 | providing that the initial extended congregate care
55 | license of an assisted living facility is provisional
56 | under certain circumstances; requiring a licensee to
57 | notify the Agency for Health Care Administration if it
58 | accepts a resident who qualifies for extended
59 | congregate care services; requiring the agency to
60 | inspect the facility for compliance with the
61 | requirements of an extended congregate care license;
62 | requiring the issuance of an extended congregate care
63 | license under certain circumstances; requiring the
64 | licensee to immediately suspend extended congregate
65 | care services under certain circumstances; requiring a
66 | registered nurse representing the agency to visit the
67 | facility at least twice a year, rather than quarterly,
68 | to monitor residents who are receiving extended
69 | congregate care services; authorizing the agency to
70 | waive one of the required yearly monitoring visits
71 | under certain circumstances; authorizing the agency to
72 | deny or revoke a facility's extended congregate care
73 | license; requiring a registered nurse representing the
74 | agency to visit the facility at least annually, rather
75 | than twice a year, to monitor residents who are
76 | receiving limited nursing services; providing that
77 | such monitoring visits may be conducted in conjunction
78 | with other agency inspections; authorizing the agency



79 to waive the required yearly monitoring visit for a
80 facility that is licensed to provide limited nursing
81 services under certain circumstances; amending s.
82 429.075, F.S.; requiring an assisted living facility
83 that serves one or more mental health residents to
84 obtain a limited mental health license; revising the
85 methods employed by a limited mental health facility
86 relating to placement requirements to include
87 providing written evidence that a request for a
88 community living support plan, a cooperative
89 agreement, and assessment documentation was sent to
90 the Department of Children and Families within 72
91 hours after admission; amending s. 429.14, F.S.;
92 revising the circumstances under which the agency may
93 deny, revoke, or suspend the license of an assisted
94 living facility and impose an administrative fine;
95 requiring the agency to deny or revoke the license of
96 an assisted living facility under certain
97 circumstances; requiring the agency to impose an
98 immediate moratorium on the license of an assisted
99 living facility under certain circumstances; deleting
100 a provision requiring the agency to provide a list of
101 facilities with denied, suspended, or revoked licenses
102 to the Department of Business and Professional
103 Regulation; exempting a facility from the 45-day
104 notice requirement if it is required to relocate some



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

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

107 providing for classification of the scope of a

108 violation based upon number of residents affected and

109 number of staff involved; revising the amounts and

110 uses of administrative fines; requiring the agency to

111 levy a fine for violations that are corrected before

112 an inspection if noncompliance occurred within a

113 specified period of time; deleting factors that the

114 agency is required to consider in determining

115 penalties and fines; amending s. 429.256, F.S.;

116 revising the term "assistance with self-administration

117 of medication" as it relates to the Assisted Living

118 Facilities Act; amending s. 429.27, F.S.; revising the

119 amount of cash for which a facility may provide

120 safekeeping for a resident; amending s. 429.28, F.S.;

121 providing notice requirements to inform facility

122 residents that the identity of the resident and

123 complainant in any complaint made to the State Long-

124 Term Care Ombudsman Program or a local long-term care

125 ombudsman council is confidential and that retaliatory

126 action cannot be taken against a resident for

127 presenting grievances or for exercising any other

128 resident right; requiring that a facility that

129 terminates an individual's residency after the filing

130 of a complaint be fined if good cause is not shown for



131 the termination; requiring the agency to adopt rules
132 to determine compliance with facility standards and
133 resident's rights; amending s. 429.34, F.S.; requiring
134 certain persons to report elder abuse in assisted
135 living facilities; requiring the agency to regularly
136 inspect every licensed assisted living facility;
137 requiring the agency to conduct more frequent
138 inspections under certain circumstances; requiring the
139 licensee to pay a fee for the cost of additional
140 inspections; requiring the agency to annually adjust
141 the fee; amending s. 429.41, F.S.; providing that
142 certain staffing requirements apply only to residents
143 in continuing care facilities who are receiving the
144 relevant service; amending s. 429.52, F.S.; requiring
145 each newly hired employee of an assisted living
146 facility to attend a preservice orientation provided
147 by the assisted living facility; requiring the
148 employee and administrator to sign a statement that
149 the employee completed the orientation and keep the
150 signed statement in the employee's personnel record;
151 requiring additional hours of training for assistance
152 with medication; conforming a cross-reference;
153 creating s. 429.55, F.S.; directing the agency to
154 create a consumer information website that publishes
155 specified information regarding assisted living
156 facilities; providing criteria for webpage content;



157 providing for inclusion of all content in the agency's
158 possession by a specified date; authorizing the agency
159 to adopt rules; requiring the Office of Program Policy
160 Analysis and Government Accountability to study the
161 reliability of facility surveys and submit to the
162 Governor and the Legislature its findings and
163 recommendations; providing appropriations and
164 authorizing positions; amending s. 395.001, F.S.;
165 providing legislative intent regarding recovery care
166 centers; amending s. 395.002, F.S.; revising and
167 providing definitions; amending s. 395.003, F.S.;
168 including recovery care centers as facilities licensed
169 under chapter 395, F.S.; creating s. 395.0171, F.S.;
170 providing admission criteria for a recovery care
171 center; requiring emergency care, transfer, and
172 discharge protocols; authorizing the agency to adopt
173 rules; amending s. 395.1055, F.S.; authorizing the
174 agency to establish separate standards for the care
175 and treatment of patients in recovery care centers;
176 amending s. 395.10973, F.S.; directing the agency to
177 enforce special-occupancy provisions of the Florida
178 Building Code applicable to recovery care centers;
179 amending s. 395.301, F.S.; providing for format and
180 content of a patient bill from a recovery care center;
181 amending s. 408.802, F.S.; providing applicability of
182 the Health Care Licensing Procedures Act to recovery



183 care centers; amending s. 408.820, F.S.; exempting
184 recovery care centers from specified minimum licensure
185 requirements; amending ss. 394.4787, 409.97, and
186 409.975, F.S.; conforming cross-references; creating
187 part XI of chapter 400, F.S.; providing legislative
188 intent; providing definitions; requiring the licensure
189 of transitional living facilities; providing license
190 fees and application requirements; requiring
191 accreditation of licensed facilities; providing
192 requirements for transitional living facility policies
193 and procedures governing client admission, transfer,
194 and discharge; requiring a comprehensive treatment
195 plan to be developed for each client; providing plan
196 and staffing requirements; requiring certain consent
197 for continued treatment in a transitional living
198 facility; providing licensee responsibilities;
199 providing notice requirements; prohibiting a licensee
200 or employee of a facility from serving notice upon a
201 client to leave the premises or take other retaliatory
202 action under certain circumstances; requiring the
203 client and client's representative to be provided with
204 certain information; requiring the licensee to develop
205 and implement certain policies and procedures;
206 providing licensee requirements relating to
207 administration of medication; requiring maintenance of
208 medication administration records; providing



209 requirements for administration of medications by
210 unlicensed staff; specifying who may conduct training
211 of staff; requiring licensees to adopt policies and
212 procedures for administration of medications by
213 trained staff; requiring the Agency for Health Care
214 Administration to adopt rules; providing requirements
215 for the screening of potential employees and training
216 and monitoring of employees for the protection of
217 clients; requiring licensees to implement certain
218 policies and procedures to protect clients; providing
219 conditions for investigating and reporting incidents
220 of abuse, neglect, mistreatment, or exploitation of
221 clients; providing requirements and limitations for
222 the use of physical restraints, seclusion, and
223 chemical restraint medication on clients; providing a
224 limitation on the duration of an emergency treatment
225 order; requiring notification of certain persons when
226 restraint or seclusion is imposed; authorizing the
227 agency to adopt rules; providing background screening
228 requirements; requiring the licensee to maintain
229 certain personnel records; providing administrative
230 responsibilities for licensees; providing
231 recordkeeping requirements; providing licensee
232 responsibilities with respect to the property and
233 personal affairs of clients; providing requirements
234 for a licensee with respect to obtaining surety bonds;



235 providing recordkeeping requirements relating to the
236 safekeeping of personal effects; providing
237 requirements for trust funds or other property
238 received by a licensee and credited to the client;
239 providing a penalty for certain misuse of a client's
240 personal funds, property, or personal needs allowance;
241 providing criminal penalties for violations; providing
242 for the disposition of property in the event of the
243 death of a client; authorizing the agency to adopt
244 rules; providing legislative intent; authorizing the
245 agency to adopt and enforce rules establishing
246 standards for transitional living facilities and
247 personnel thereof; classifying violations and
248 providing penalties therefor; providing administrative
249 fines for specified classes of violations; authorizing
250 the agency to apply certain provisions with regard to
251 receivership proceedings; requiring the agency, the
252 Department of Health, the Agency for Persons with
253 Disabilities, and the Department of Children and
254 Families to develop electronic information systems for
255 certain purposes; repealing s. 400.805, F.S., relating
256 to transitional living facilities; revising the title
257 of part V of chapter 400, F.S.; amending s. 381.745,
258 F.S.; revising the definition of the term
259 "transitional living facility," to conform; amending
260 s. 381.75, F.S.; revising the duties of the Department



261 of Health and the agency relating to transitional
262 living facilities; amending ss. 381.78, 400.93,
263 408.802, and 408.820, F.S.; conforming provisions to
264 changes made by the act; providing applicability with
265 respect to transitional living facilities licensed
266 before a specified date; creating s. 752.011, F.S.;
267 authorizing the grandparent of a minor child to
268 petition a court for visitation under certain
269 circumstances; requiring a preliminary hearing;
270 providing for the payment of attorney fees and costs
271 by a petitioner who fails to make a prima facie
272 showing of harm; authorizing grandparent visitation
273 upon specific court findings; providing factors for
274 court consideration; providing for application of the
275 Uniform Child Custody Jurisdiction and Enforcement
276 Act; encouraging the consolidation of certain
277 concurrent actions; providing for modification of an
278 order awarding grandparent visitation; limiting the
279 frequency of actions seeking visitation; limiting
280 application to a minor child placed for adoption;
281 providing for venue; creating s. 752.071, F.S.;
282 providing conditions under which a court may terminate
283 a grandparent visitation order upon adoption of a
284 minor child by a stepparent or close relative;
285 amending s. 752.015, F.S.; conforming provisions and
286 cross-references to changes made by the act; repealing



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287 s. 752.01, F.S., relating to actions by a grandparent
288 for visitation rights; repealing s. 752.07, F.S.,
289 relating to the effect of adoption of a child by a
290 stepparent on grandparent visitation rights; amending
291 s. 400.474, F.S.; revising the report requirements for
292 home health agencies; providing effective dates.
293

294 Be It Enacted by the Legislature of the State of Florida:
295

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

298 394.4574 ~~Department~~ Responsibilities for coordination of
299 services for a mental health resident who resides in an assisted
300 living facility that holds a limited mental health license.—

301 (1) As used in this section, the term "mental health
302 resident," ~~for purposes of this section,~~ means an individual who
303 receives social security disability income due to a mental
304 disorder as determined by the Social Security Administration or
305 receives supplemental security income due to a mental disorder
306 as determined by the Social Security Administration and receives
307 optional state supplementation.

308 (2) Medicaid managed care plans are responsible for
309 Medicaid enrolled mental health residents, and managing entities
310 under contract with the department are responsible for mental
311 health residents who are not enrolled in a Medicaid health plan.
312 A Medicaid managed care plan or a managing entity shall ~~The~~



313 ~~department must ensure that:~~

314 (a) A mental health resident has been assessed by a
315 psychiatrist, clinical psychologist, clinical social worker, or
316 psychiatric nurse, or an individual who is supervised by one of
317 these professionals, and determined to be appropriate to reside
318 in an assisted living facility. The documentation must be
319 provided to the administrator of the facility within 30 days
320 after the mental health resident has been admitted to the
321 facility. An evaluation completed upon discharge from a state
322 mental hospital meets the requirements of this subsection
323 related to appropriateness for placement as a mental health
324 resident if it was completed within 90 days before ~~prior to~~
325 admission to the facility.

326 (b) A cooperative agreement, as required in s. 429.075, is
327 developed by ~~between~~ the mental health care services provider
328 that serves a mental health resident and the administrator of
329 the assisted living facility with a limited mental health
330 license in which the mental health resident is living. ~~Any~~
331 ~~entity that provides Medicaid prepaid health plan services shall~~
332 ~~ensure the appropriate coordination of health care services with~~
333 ~~an assisted living facility in cases where a Medicaid recipient~~
334 ~~is both a member of the entity's prepaid health plan and a~~
335 ~~resident of the assisted living facility. If the entity is at~~
336 ~~risk for Medicaid targeted case management and behavioral health~~
337 ~~services, the entity shall inform the assisted living facility~~
338 ~~of the procedures to follow should an emergent condition arise.~~



339 (c) The community living support plan, as defined in s.
340 429.02, has been prepared by a mental health resident and his or
341 her a mental health case manager ~~of that resident~~ in
342 consultation with the administrator of the facility or the
343 administrator's designee. The plan must be completed and
344 provided to the administrator of the assisted living facility
345 with a limited mental health license in which the mental health
346 resident lives within 30 days after the resident's admission.
347 The support plan and the agreement may be in one document.

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

351 (e) The mental health services provider assigns a case
352 manager to each mental health resident for whom the entity is
353 responsible ~~who lives in an assisted living facility with a~~
354 ~~limited mental health license~~. The case manager shall coordinate
355 ~~is responsible for coordinating~~ the development ~~of~~ and
356 implementation of the community living support plan defined in
357 s. 429.02. The plan must be updated at least annually, or when
358 there is a significant change in the resident's behavioral
359 health status, such as an inpatient admission or a change in
360 medication, level of service, or residence. Each case manager
361 shall keep a record of the date and time of any face-to-face
362 interaction with the resident and make the record available to
363 the responsible entity for inspection. The record must be
364 retained for at least 2 years after the date of the most recent



365 interaction.

366 (f) Adequate and consistent monitoring and implementation
367 of community living support plans and cooperative agreements are
368 conducted by the resident's case manager.

369 (g) Concerns are reported to the appropriate regulatory
370 oversight organization if a regulated provider fails to deliver
371 appropriate services or otherwise acts in a manner that has the
372 potential to result in harm to the resident.

373 (3) The Secretary of Children and Families ~~Family~~
374 ~~Services~~, in consultation with the Agency for Health Care
375 Administration, shall ~~annually~~ require each district
376 administrator to develop, with community input, a detailed
377 annual plan that demonstrates ~~detailed plans that demonstrate~~
378 how the district will ensure the provision of state-funded
379 mental health and substance abuse treatment services to
380 residents of assisted living facilities that hold a limited
381 mental health license. This plan ~~These plans~~ must be consistent
382 with the substance abuse and mental health district plan
383 developed pursuant to s. 394.75 and must address case management
384 services; access to consumer-operated drop-in centers; access to
385 services during evenings, weekends, and holidays; supervision of
386 the clinical needs of the residents; and access to emergency
387 psychiatric care.

388 Section 2. Subsection (1) of section 400.0074, Florida
389 Statutes, is amended, and paragraph (h) is added to subsection
390 (2) of that section, to read:



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391 400.0074 Local ombudsman council onsite administrative
392 assessments.—

393 (1) In addition to any specific investigation conducted
394 pursuant to a complaint, the local council shall conduct, at
395 least annually, an onsite administrative assessment of each
396 nursing home, assisted living facility, and adult family-care
397 home within its jurisdiction. This administrative assessment
398 must be comprehensive in nature and must ~~shall~~ focus on factors
399 affecting residents' ~~the~~ rights, health, safety, and welfare ~~of~~
400 ~~the residents~~. Each local council is encouraged to conduct a
401 similar onsite administrative assessment of each additional
402 long-term care facility within its jurisdiction.

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

405 (h) The local council shall conduct an exit consultation
406 with the facility administrator or administrator designee to
407 discuss issues and concerns in areas affecting residents'
408 rights, health, safety, and welfare and, if needed, make
409 recommendations for improvement.

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

412 400.0078 Citizen access to State Long-Term Care Ombudsman
413 Program services.—

414 ~~(2) Every resident or representative of a resident shall~~
415 ~~receive,~~ Upon admission to a long-term care facility, each
416 resident or representative of a resident must receive



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417 information regarding the purpose of the State Long-Term Care
418 Ombudsman Program, the statewide toll-free telephone number for
419 receiving complaints, information that retaliatory action cannot
420 be taken against a resident for presenting grievances or for
421 exercising any other resident right, and other relevant
422 information regarding how to contact the program. Each resident
423 or his or her representative ~~Residents or their representatives~~
424 must be furnished additional copies of this information upon
425 request.

426 Section 4. Paragraph (c) of subsection (4) of section
427 409.212, Florida Statutes, is amended to read:

428 409.212 Optional supplementation.—

429 (4) In addition to the amount of optional supplementation
430 provided by the state, a person may receive additional
431 supplementation from third parties to contribute to his or her
432 cost of care. Additional supplementation may be provided under
433 the following conditions:

434 (c) The additional supplementation shall not exceed four
435 ~~two~~ times the provider rate recognized under the optional state
436 supplementation program.

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

439 429.02 Definitions.—When used in this part, the term:

440 (13) "Limited nursing services" means acts that may be
441 performed by a person licensed under ~~pursuant to~~ part I of
442 chapter 464 ~~by persons licensed thereunder while carrying out~~



443 ~~their professional duties but limited to those acts which the~~
444 ~~department specifies by rule. Acts which may be specified by~~
445 ~~rule as allowable~~ Limited nursing services shall be for persons
446 who meet the admission criteria established by the department
447 for assisted living facilities and shall not be complex enough
448 to require 24-hour nursing supervision and may include such
449 services as the application and care of routine dressings, and
450 care of casts, braces, and splints.

451 Section 6. Paragraphs (b) and (c) of subsection (3) of
452 section 429.07, Florida Statutes, are amended to read:

453 429.07 License required; fee.—

454 (3) In addition to the requirements of s. 408.806, each
455 license granted by the agency must state the type of care for
456 which the license is granted. Licenses shall be issued for one
457 or more of the following categories of care: standard, extended
458 congregate care, limited nursing services, or limited mental
459 health.

460 (b) An extended congregate care license shall be issued to
461 each facility that has been licensed as an assisted living
462 facility for 2 or more years and that provides services
463 ~~facilities providing, directly or through contract, services~~
464 beyond those authorized in paragraph (a), including services
465 performed by persons licensed under part I of chapter 464 and
466 supportive services, as defined by rule, to persons who would
467 otherwise be disqualified from continued residence in a facility
468 licensed under this part. An extended congregate care license



469 may be issued to a facility that has a provisional extended
470 congregate care license and meets the requirements for licensure
471 under subparagraph 2. The primary purpose of extended congregate
472 care services is to allow residents the option of remaining in a
473 familiar setting from which they would otherwise be disqualified
474 for continued residency as they become more impaired. A facility
475 licensed to provide extended congregate care services may also
476 admit an individual who exceeds the admission criteria for a
477 facility with a standard license, if he or she is determined
478 appropriate for admission to the extended congregate care
479 facility.

480 1. In order for extended congregate care services to be
481 provided, the agency must first determine that all requirements
482 established in law and rule are met and must specifically
483 designate, on the facility's license, that such services may be
484 provided and whether the designation applies to all or part of
485 the facility. This ~~Such~~ designation may be made at the time of
486 initial licensure or relicensure, or upon request in writing by
487 a licensee under this part and part II of chapter 408. The
488 notification of approval or the denial of the request shall be
489 made in accordance with part II of chapter 408. Each existing
490 facility that qualifies ~~facilities qualifying~~ to provide
491 extended congregate care services must have maintained a
492 standard license and may not have been subject to administrative
493 sanctions during the previous 2 years, or since initial
494 licensure if the facility has been licensed for less than 2



495 | years, for any of the following reasons:

496 | a. A class I or class II violation;

497 | b. Three or more repeat or recurring class III violations
498 | of identical or similar resident care standards from which a
499 | pattern of noncompliance is found by the agency;

500 | c. Three or more class III violations that were not
501 | corrected in accordance with the corrective action plan approved
502 | by the agency;

503 | d. Violation of resident care standards which results in
504 | requiring the facility to employ the services of a consultant
505 | pharmacist or consultant dietitian;

506 | e. Denial, suspension, or revocation of a license for
507 | another facility licensed under this part in which the applicant
508 | for an extended congregate care license has at least 25 percent
509 | ownership interest; or

510 | f. Imposition of a moratorium pursuant to this part or
511 | part II of chapter 408 or initiation of injunctive proceedings.

512 |

513 | The agency may deny or revoke a facility's extended congregate
514 | care license for not meeting the criteria for an extended
515 | congregate care license as provided in this subparagraph.

516 | 2. If an assisted living facility has been licensed for
517 | less than 2 years, the initial extended congregate care license
518 | must be provisional and may not exceed 6 months. Within the
519 | first 3 months after the provisional license is issued, the
520 | licensee shall notify the agency, in writing, when it has



521 admitted at least one extended congregate care resident, after
522 which an unannounced inspection shall be made to determine
523 compliance with the requirements of an extended congregate care
524 license. Failure to admit an extended congregate care resident
525 within the first 3 months shall render the extended congregate
526 care license void. A licensee with a provisional extended
527 congregate care license that demonstrates compliance with all
528 the requirements of an extended congregate care license during
529 the inspection shall be issued an extended congregate care
530 license. In addition to sanctions authorized under this part, if
531 violations are found during the inspection and the licensee
532 fails to demonstrate compliance with all assisted living
533 facility requirements during a followup inspection, the licensee
534 shall immediately suspend extended congregate care services, and
535 the provisional extended congregate care license expires. The
536 agency may extend the provisional license for not more than 1
537 month in order to complete a followup visit.

538 3.2. A facility that is licensed to provide extended
539 congregate care services shall maintain a written progress
540 report on each person who receives services which describes the
541 type, amount, duration, scope, and outcome of services that are
542 rendered and the general status of the resident's health. A
543 registered nurse, or appropriate designee, representing the
544 agency shall visit the facility at least twice a year ~~quarterly~~
545 to monitor residents who are receiving extended congregate care
546 services and to determine if the facility is in compliance with



547 | this part, part II of chapter 408, and relevant rules. One of
548 | the visits may be in conjunction with the regular survey. The
549 | monitoring visits may be provided through contractual
550 | arrangements with appropriate community agencies. A registered
551 | nurse shall serve as part of the team that inspects the
552 | facility. The agency may waive one of the required yearly
553 | monitoring visits for a facility that has:

554 | a. Held an extended congregate care license for at least
555 | 24 months; ~~been licensed for at least 24 months to provide~~
556 | ~~extended congregate care services, if, during the inspection,~~
557 | ~~the registered nurse determines that extended congregate care~~
558 | ~~services are being provided appropriately, and if the facility~~
559 | ~~has~~

560 | b. No class I or class II violations and no uncorrected
561 | class III violations; ~~and-~~

562 | c. No ombudsman council complaints that resulted in a
563 | citation for licensure. ~~The agency must first consult with the~~
564 | ~~long term care ombudsman council for the area in which the~~
565 | ~~facility is located to determine if any complaints have been~~
566 | ~~made and substantiated about the quality of services or care.~~
567 | ~~The agency may not waive one of the required yearly monitoring~~
568 | ~~visits if complaints have been made and substantiated.~~

569 | ~~4.3.~~ A facility that is licensed to provide extended
570 | congregate care services must:

571 | a. Demonstrate the capability to meet unanticipated
572 | resident service needs.



573 b. Offer a physical environment that promotes a homelike
574 setting, provides for resident privacy, promotes resident
575 independence, and allows sufficient congregate space as defined
576 by rule.

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

580 d. Adopt and follow policies and procedures that maximize
581 resident independence, dignity, choice, and decisionmaking to
582 permit residents to age in place, so that moves due to changes
583 in functional status are minimized or avoided.

584 e. Allow residents or, if applicable, a resident's
585 representative, designee, surrogate, guardian, or attorney in
586 fact to make a variety of personal choices, participate in
587 developing service plans, and share responsibility in
588 decisionmaking.

589 f. Implement the concept of managed risk.

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

592 h. In addition to the training mandated in s. 429.52,
593 provide specialized training as defined by rule for facility
594 staff.

595 5.4. A facility that is licensed to provide extended
596 congregate care services is exempt from the criteria for
597 continued residency set forth in rules adopted under s. 429.41.
598 A licensed facility must adopt its own requirements within



599 guidelines for continued residency set forth by rule. However,
600 the facility may not serve residents who require 24-hour nursing
601 supervision. A licensed facility that provides extended
602 congregate care services must also provide each resident with a
603 written copy of facility policies governing admission and
604 retention.

605 ~~5. The primary purpose of extended congregate care~~
606 ~~services is to allow residents, as they become more impaired,~~
607 ~~the option of remaining in a familiar setting from which they~~
608 ~~would otherwise be disqualified for continued residency. A~~
609 ~~facility licensed to provide extended congregate care services~~
610 ~~may also admit an individual who exceeds the admission criteria~~
611 ~~for a facility with a standard license, if the individual is~~
612 ~~determined appropriate for admission to the extended congregate~~
613 ~~care facility.~~

614 6. Before the admission of an individual to a facility
615 licensed to provide extended congregate care services, the
616 individual must undergo a medical examination as provided in s.
617 429.26(4) and the facility must develop a preliminary service
618 plan for the individual.

619 7. If ~~When~~ a facility can no longer provide or arrange for
620 services in accordance with the resident's service plan and
621 needs and the facility's policy, the facility must ~~shall~~ make
622 arrangements for relocating the person in accordance with s.
623 429.28(1)(k).

624 ~~8. Failure to provide extended congregate care services~~



625 ~~may result in denial of extended congregate care license~~
626 ~~renewal.~~

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

630 1. In order for limited nursing services to be provided in
631 a facility licensed under this part, the agency must first
632 determine that all requirements established in law and rule are
633 met and must specifically designate, on the facility's license,
634 that such services may be provided. This ~~Such~~ designation may be
635 made at the time of initial licensure or licensure renewal
636 ~~relicensure~~, or upon request in writing by a licensee under this
637 part and part II of chapter 408. Notification of approval or
638 denial of such request shall be made in accordance with part II
639 of chapter 408. An existing facility that qualifies ~~facilities~~
640 ~~qualifying~~ to provide limited nursing services must ~~shall~~ have
641 maintained a standard license and may not have been subject to
642 administrative sanctions that affect the health, safety, and
643 welfare of residents for the previous 2 years or since initial
644 licensure if the facility has been licensed for less than 2
645 years.

646 2. A facility ~~Facilities~~ that is ~~are~~ licensed to provide
647 limited nursing services shall maintain a written progress
648 report on each person who receives such nursing services. The
649 ~~which~~ report must describe ~~describes~~ the type, amount, duration,
650 scope, and outcome of services that are rendered and the general



651 status of the resident's health. A registered nurse representing
652 the agency shall visit the facility ~~such facilities~~ at least
653 annually ~~twice a year~~ to monitor residents who are receiving
654 limited nursing services and to determine if the facility is in
655 compliance with applicable provisions of this part, part II of
656 chapter 408, and related rules. The monitoring visits may be
657 provided through contractual arrangements with appropriate
658 community agencies. A registered nurse shall also serve as part
659 of the team that inspects such facility. Visits may be in
660 conjunction with other agency inspections. The agency may waive
661 the required yearly monitoring visit for a facility that has:

662 a. Had a limited nursing services license for at least 24
663 months;

664 b. No class I or class II violations and no uncorrected
665 class III violations; and

666 c. No ombudsman council complaints that resulted in a
667 citation for licensure.

668 3. A person who receives limited nursing services under
669 this part must meet the admission criteria established by the
670 agency for assisted living facilities. When a resident no longer
671 meets the admission criteria for a facility licensed under this
672 part, arrangements for relocating the person shall be made in
673 accordance with s. 429.28(1)(k), unless the facility is licensed
674 to provide extended congregate care services.

675 Section 7. Section 429.075, Florida Statutes, is amended
676 to read:



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677 429.075 Limited mental health license.—An assisted living
678 facility that serves one ~~three~~ or more mental health residents
679 must obtain a limited mental health license.

680 (1) To obtain a limited mental health license, a facility
681 must hold a standard license as an assisted living facility,
682 must not have any current uncorrected ~~deficiencies or~~
683 violations, and must ensure that, within 6 months after
684 receiving a limited mental health license, the facility
685 administrator and the staff of the facility who are in direct
686 contact with mental health residents must complete training of
687 no less than 6 hours related to their duties. This ~~Such~~
688 designation may be made at the time of initial licensure or
689 relicensure or upon request in writing by a licensee under this
690 part and part II of chapter 408. Notification of approval or
691 denial of such request shall be made in accordance with this
692 part, part II of chapter 408, and applicable rules. This
693 training must ~~will~~ be provided by or approved by the Department
694 of Children and Families ~~Family Services~~.

695 (2) A facility that is ~~Facilities~~ licensed to provide
696 services to mental health residents must ~~shall~~ provide
697 appropriate supervision and staffing to provide for the health,
698 safety, and welfare of such residents.

699 (3) A facility that has a limited mental health license
700 must:

701 (a) Have a copy of each mental health resident's community
702 living support plan and the cooperative agreement with the



703 mental health care services provider or provide written evidence
704 that a request for the community living support plan and the
705 cooperative agreement was sent to the Medicaid managed care plan
706 or managing entity under contract with the Department of
707 Children and Families within 72 hours after admission. The
708 support plan and the agreement may be combined.

709 (b) Have documentation ~~that is~~ provided by the Department
710 of Children and Families ~~Family Services~~ that each mental health
711 resident has been assessed and determined to be able to live in
712 the community in an assisted living facility that has ~~with~~ a
713 limited mental health license or provide written evidence that a
714 request for documentation was sent to the Department of Children
715 and Families within 72 hours after admission.

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

720 (d) Assist the mental health resident in carrying out the
721 activities identified in the individual's community living
722 support plan.

723 (4) A facility that has ~~with~~ a limited mental health
724 license may enter into a cooperative agreement with a private
725 mental health provider. For purposes of the limited mental
726 health license, the private mental health provider may act as
727 the case manager.

728 Section 8. Section 429.14, Florida Statutes, is amended to



729 read:

730 429.14 Administrative penalties.—

731 (1) In addition to the requirements of part II of chapter
732 408, the agency may deny, revoke, and suspend any license issued
733 under this part and impose an administrative fine in the manner
734 provided in chapter 120 against a licensee for a violation of
735 any provision of this part, part II of chapter 408, or
736 applicable rules, or for any of the following actions by a
737 licensee, ~~for the actions of~~ any person subject to level 2
738 background screening under s. 408.809, or ~~for the actions of~~ any
739 facility staff ~~employee~~:

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

742 (b) A ~~The~~ determination by the agency that the owner lacks
743 the financial ability to provide continuing adequate care to
744 residents.

745 (c) Misappropriation or conversion of the property of a
746 resident of the facility.

747 (d) Failure to follow the criteria and procedures provided
748 under part I of chapter 394 relating to the transportation,
749 voluntary admission, and involuntary examination of a facility
750 resident.

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

753 1. One or more cited class I violations ~~deficiencies~~.

754 2. Three or more cited class II violations ~~deficiencies~~.



755 3. Five or more cited class III violations ~~deficiencies~~
756 that have been cited on a single survey and have not been
757 corrected within the times specified.

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

760 (g) Violation of a moratorium.

761 (h) Failure of the license applicant, the licensee during
762 relicensure, or a licensee that holds a provisional license to
763 meet the minimum license requirements of this part, or related
764 rules, at the time of license application or renewal.

765 (i) An intentional or negligent life-threatening act in
766 violation of the uniform firesafety standards for assisted
767 living facilities or other firesafety standards which ~~that~~
768 threatens the health, safety, or welfare of a resident of a
769 facility, as communicated to the agency by the local authority
770 having jurisdiction or the State Fire Marshal.

771 (j) Knowingly operating any unlicensed facility or
772 providing without a license any service that must be licensed
773 under this chapter or chapter 400.

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

776 (2) Upon notification by the local authority having
777 jurisdiction or by the State Fire Marshal, the agency may deny
778 or revoke the license of an assisted living facility that fails
779 to correct cited fire code violations that affect or threaten
780 the health, safety, or welfare of a resident of a facility.



781 (3) The agency may deny or revoke a license of an ~~to any~~
782 applicant or a controlling interest as defined in part II of
783 chapter 408 which has or had a 25 percent ~~25-percent~~ or greater
784 financial or ownership interest in any other facility that is
785 licensed under this part, or in any entity licensed by this
786 state or another state to provide health or residential care, if
787 that ~~which~~ facility or entity during the 5 years prior to the
788 application for a license closed due to financial inability to
789 operate; had a receiver appointed or a license denied,
790 suspended, or revoked; was subject to a moratorium; or had an
791 injunctive proceeding initiated against it.

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

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

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

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

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



807 | revoke a facility's license under this part or part II of
808 | chapter 408, in which the agency claims that the facility owner
809 | or an employee of the facility has threatened the health,
810 | safety, or welfare of a resident of the facility, must be heard
811 | by the Division of Administrative Hearings of the Department of
812 | Management Services within 120 days after receipt of the
813 | facility's request for a hearing, unless that time limitation is
814 | waived by both parties. The administrative law judge shall ~~must~~
815 | render a decision within 30 days after receipt of a proposed
816 | recommended order.

817 | (6) As provided under s. 408.814, the agency shall impose
818 | an immediate moratorium on an assisted living facility that
819 | fails to provide the agency with access to the facility or
820 | prohibits the agency from conducting a regulatory inspection.
821 | The licensee may not restrict agency staff from accessing and
822 | copying records or from conducting confidential interviews with
823 | facility staff or any individual who receives services from the
824 | facility ~~provide to the Division of Hotels and Restaurants of~~
825 | ~~the Department of Business and Professional Regulation, on a~~
826 | ~~monthly basis, a list of those assisted living facilities that~~
827 | ~~have had their licenses denied, suspended, or revoked or that~~
828 | ~~are involved in an appellate proceeding pursuant to s. 120.60~~
829 | ~~related to the denial, suspension, or revocation of a license.~~

830 | (7) Agency notification of a license suspension or
831 | revocation, or denial of a license renewal, shall be posted and
832 | visible to the public at the facility.



833 (8) If a facility is required to relocate some or all of
834 its residents due to agency action, that facility is exempt from
835 the 45-days' notice requirement imposed under s. 429.28(1)(k).
836 This subsection does not exempt the facility from any deadlines
837 for corrective action set by the agency.

838 Section 9. Paragraphs (a) and (b) of subsection (2) of
839 section 429.178, Florida Statutes, are amended to read:

840 429.178 Special care for persons with Alzheimer's disease
841 or other related disorders.—

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

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

858 Section 10. Section 429.19, Florida Statutes, is amended



859 to read:

860 429.19 Violations; imposition of administrative fines;
861 grounds.—

862 (1) In addition to the requirements of part II of chapter
863 408, the agency shall impose an administrative fine in the
864 manner provided in chapter 120 for the violation of any
865 provision of this part, part II of chapter 408, and applicable
866 rules by an assisted living facility, for the actions of any
867 person subject to level 2 background screening under s. 408.809,
868 for the actions of any facility employee, or for an intentional
869 or negligent act seriously affecting the health, safety, or
870 welfare of a resident of the facility.

871 (2) Each violation of this part and adopted rules must
872 ~~shall~~ be classified according to the nature of the violation and
873 the gravity of its probable effect on facility residents. The
874 scope of a violation may be cited as an isolated, patterned, or
875 widespread deficiency. An isolated deficiency is a deficiency
876 affecting one or a very limited number of residents, or
877 involving one or a very limited number of staff, or a situation
878 that occurred only occasionally or in a very limited number of
879 locations. A patterned deficiency is a deficiency in which more
880 than a very limited number of residents are affected, or more
881 than a very limited number of staff are involved, or the
882 situation has occurred in several locations, or the same
883 resident or residents have been affected by repeated occurrences
884 of the same deficient practice but the effect of the deficient



885 practice is not found to be pervasive throughout the facility. A
886 widespread deficiency is a deficiency in which the problems
887 causing the deficiency are pervasive in the facility or
888 represent systemic failure that has affected or has the
889 potential to affect a large portion of the facility's residents.

890 The agency shall indicate the classification on the written
891 notice of the violation as follows:

892 (a) Class "I" violations are defined in s. 408.813. The
893 agency shall impose an administrative fine for a cited class I
894 violation of \$5,000 for an isolated deficiency; \$7,500 for a
895 patterned deficiency; and \$10,000 for a widespread deficiency.
896 If the agency has knowledge of a class I violation which
897 occurred within 12 months before an inspection, a fine must be
898 levied for that violation, regardless of whether the
899 noncompliance is corrected before the inspection ~~in an amount~~
900 ~~not less than \$5,000 and not exceeding \$10,000 for each~~
901 ~~violation.~~

902 (b) Class "II" violations are defined in s. 408.813. The
903 agency shall impose an administrative fine for a cited class II
904 violation of \$1,000 for an isolated deficiency; \$3,000 for a
905 patterned deficiency; and \$5,000 for a widespread deficiency ~~in~~
906 ~~an amount not less than \$1,000 and not exceeding \$5,000 for each~~
907 ~~violation.~~

908 (c) Class "III" violations are defined in s. 408.813. The
909 agency shall impose an administrative fine for a cited class III
910 violation of \$500 for an isolated deficiency; \$750 for a



911 patterned deficiency; and \$1,000 for a widespread deficiency in
912 ~~an amount not less than \$500 and not exceeding \$1,000 for each~~
913 ~~violation.~~

914 (d) Class "IV" violations are defined in s. 408.813. The
915 agency shall impose an administrative fine for a cited class IV
916 violation of \$100 for an isolated deficiency; \$150 for a
917 patterned deficiency; and \$200 for a widespread deficiency in an
918 ~~amount not less than \$100 and not exceeding \$200 for each~~
919 ~~violation.~~

920 (e) Any fine imposed for a class I violation or a class II
921 violation must be doubled if a facility was previously cited for
922 one or more class I or class II violations during the agency's
923 last licensure inspection or any inspection or complaint
924 investigation since the last licensure inspection.

925 (f) Notwithstanding ss. 408.813(2)(c) and 408.832, if a
926 facility is cited for 10 or more class III violations during an
927 inspection or survey, the agency shall impose a fine for each
928 violation.

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

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



937 ~~(a) The gravity of the violation, including the~~
938 ~~probability that death or serious physical or emotional harm to~~
939 ~~a resident will result or has resulted, the severity of the~~
940 ~~action or potential harm, and the extent to which the provisions~~
941 ~~of the applicable laws or rules were violated.~~

942 ~~(b) Actions taken by the owner or administrator to correct~~
943 ~~violations.~~

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

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

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

948 (3)~~(4)~~ Each day of continuing violation after the date
949 established by the agency ~~fixed for~~ correction ~~termination~~ of
950 the violation, ~~as ordered by the agency,~~ constitutes an
951 additional, separate, and distinct violation.

952 (4)~~(5)~~ An ~~Any~~ action taken to correct a violation shall be
953 documented in writing by the owner or administrator of the
954 facility and verified through followup visits by agency
955 personnel. The agency may impose a fine and, in the case of an
956 owner-operated facility, revoke or deny a facility's license
957 when a facility administrator fraudulently misrepresents action
958 taken to correct a violation.

959 (5)~~(6)~~ A ~~Any~~ facility whose owner fails to apply for a
960 change-of-ownership license in accordance with part II of
961 chapter 408 and operates the facility under the new ownership is
962 subject to a fine of \$5,000.



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963 (6)~~(7)~~ In addition to any administrative fines imposed,
964 the agency may assess a survey fee, equal to the lesser of one
965 half of the facility's biennial license and bed fee or \$500, to
966 cover the cost of conducting initial complaint investigations
967 that result in the finding of a violation that was the subject
968 of the complaint or monitoring visits conducted under s.
969 429.28(3)(c) to verify the correction of the violations.

970 (7)~~(8)~~ During an inspection, the agency shall make a
971 reasonable attempt to discuss each violation with the owner or
972 administrator of the facility, prior to written notification.

973 (8)~~(9)~~ The agency shall develop and disseminate an annual
974 list of all facilities sanctioned or fined for violations of
975 state standards, the number and class of violations involved,
976 the penalties imposed, and the current status of cases. The list
977 shall be disseminated, at no charge, to the Department of
978 Elderly Affairs, the Department of Health, the Department of
979 Children and Families ~~Family Services~~, the Agency for Persons
980 with Disabilities, the area agencies on aging, the Florida
981 Statewide Advocacy Council, and the state and local ombudsman
982 councils. The Department of Children and Families ~~Family~~
983 ~~Services~~ shall disseminate the list to service providers under
984 contract to the department who are responsible for referring
985 persons to a facility for residency. The agency may charge a fee
986 commensurate with the cost of printing and postage to other
987 interested parties requesting a copy of this list. This
988 information may be provided electronically or through the



989 agency's website ~~Internet site~~.

990 Section 11. Subsection (3) and paragraph (c) of subsection
991 (4) of section 429.256, Florida Statutes, are amended to read:

992 429.256 Assistance with self-administration of
993 medication.—

994 (3) Assistance with self-administration of medication
995 includes:

996 (a) Taking the medication, in its previously dispensed,
997 properly labeled container, including an insulin syringe that is
998 prefilled with the proper dosage by a pharmacist and an insulin
999 pen that is prefilled by the manufacturer, from where it is
1000 stored, and bringing it to the resident.

1001 (b) In the presence of the resident, reading the label,
1002 opening the container, removing a prescribed amount of
1003 medication from the container, and closing the container.

1004 (c) Placing an oral dosage in the resident's hand or
1005 placing the dosage in another container and helping the resident
1006 by lifting the container to his or her mouth.

1007 (d) Applying topical medications.

1008 (e) Returning the medication container to proper storage.

1009 (f) Keeping a record of when a resident receives
1010 assistance with self-administration under this section.

1011 (g) Assisting with the use of a nebulizer, including
1012 removing the cap of a nebulizer, opening the unit dose of
1013 nebulizer solution, and pouring the prescribed premeasured dose
1014 of medication into the dispensing cup of the nebulizer.



1015 (h) Using a glucometer to perform blood-glucose level
1016 checks.

1017 (i) Assisting with putting on and taking off antiembolism
1018 stockings.

1019 (j) Assisting with applying and removing an oxygen cannula
1020 but not with titrating the prescribed oxygen settings.

1021 (k) Assisting with the use of a continuous positive airway
1022 pressure device but not with titrating the prescribed setting of
1023 the device.

1024 (l) Assisting with measuring vital signs.

1025 (m) Assisting with colostomy bags.

1026 (4) Assistance with self-administration does not include:

1027 ~~(c) Administration of medications through intermittent~~
1028 ~~positive pressure breathing machines or a nebulizer.~~

1029 Section 12. Subsection (3) of section 429.27, Florida
1030 Statutes, is amended to read:

1031 429.27 Property and personal affairs of residents.—

1032 (3) A facility, upon mutual consent with the resident,
1033 shall provide for the safekeeping in the facility of personal
1034 effects not in excess of \$500 and funds of the resident not in
1035 excess of \$500 ~~\$200~~ cash, and shall keep complete and accurate
1036 records of all such funds and personal effects received. If a
1037 resident is absent from a facility for 24 hours or more, the
1038 facility may provide for the safekeeping of the resident's
1039 personal effects in excess of \$500.

1040 Section 13. Paragraph (a) of subsection (3) and



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1041 subsections (2), (5), and (6) of section 429.28, Florida
1042 Statutes, are amended to read:
1043 429.28 Resident bill of rights.—
1044 (2) The administrator of a facility shall ensure that a
1045 written notice of the rights, obligations, and prohibitions set
1046 forth in this part is posted in a prominent place in each
1047 facility and read or explained to residents who cannot read. The
1048 ~~This~~ notice must ~~shall~~ include the name, address, and telephone
1049 numbers of the local ombudsman council, the ~~and~~ central abuse
1050 hotline, and, if ~~when~~ applicable, Disability Rights Florida ~~the~~
1051 ~~Advocacy Center for Persons with Disabilities, Inc., and the~~
1052 ~~Florida local advocacy council~~, where complaints may be lodged.
1053 The notice must state that a complaint made to the Office of
1054 State Long-Term Care Ombudsman or a local long-term care
1055 ombudsman council, the names and identities of the residents
1056 involved in the complaint, and the identity of complainants are
1057 kept confidential pursuant to s. 400.0077 and that retaliatory
1058 action cannot be taken against a resident for presenting
1059 grievances or for exercising any other resident right. The
1060 facility must ensure a resident's access to a telephone to call
1061 the local ombudsman council, central abuse hotline, and
1062 Disability Rights Florida ~~Advocacy Center for Persons with~~
1063 ~~Disabilities, Inc., and the Florida local advocacy council.~~
1064 (3) (a) The agency shall conduct a survey to determine
1065 general compliance with facility standards and compliance with
1066 residents' rights as a prerequisite to initial licensure or

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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1067 licensure renewal. The agency shall adopt rules for uniform
1068 standards and criteria that will be used to determine compliance
1069 with facility standards and compliance with residents' rights.

1070 (5) A ~~No~~ facility or employee of a facility may not serve
1071 notice upon a resident to leave the premises or take any other
1072 retaliatory action against any person who:

1073 (a) Exercises any right set forth in this section.

1074 (b) Appears as a witness in any hearing, inside or outside
1075 the facility.

1076 (c) Files a civil action alleging a violation of the
1077 provisions of this part or notifies a state attorney or the
1078 Attorney General of a possible violation of such provisions.

1079 (6) A ~~Any~~ facility that ~~which~~ terminates the residency of
1080 an individual who participated in activities specified in
1081 subsection (5) must ~~shall~~ show good cause in a court of
1082 competent jurisdiction. If good cause is not shown, the agency
1083 shall impose a fine of \$2,500 in addition to any other penalty
1084 assessed against the facility.

1085 Section 14. Section 429.34, Florida Statutes, is amended
1086 to read:

1087 429.34 Right of entry and inspection.—

1088 (1) In addition to the requirements of s. 408.811, any
1089 duly designated officer or employee of the department, the
1090 Department of Children and Families ~~Family Services~~, the
1091 Medicaid Fraud Control Unit of the Office of the Attorney
1092 General, the state or local fire marshal, or a member of the



1093 state or local long-term care ombudsman council has ~~shall have~~
1094 the right to enter unannounced upon and into the premises of any
1095 facility licensed pursuant to this part in order to determine
1096 the state of compliance with ~~the provisions of~~ this part, part
1097 II of chapter 408, and applicable rules. Data collected by the
1098 state or local long-term care ombudsman councils or the state or
1099 local advocacy councils may be used by the agency in
1100 investigations involving violations of regulatory standards. A
1101 person specified in this section who knows or has reasonable
1102 cause to suspect that a vulnerable adult has been or is being
1103 abused, neglected, or exploited shall immediately report such
1104 knowledge or suspicion to the central abuse hotline pursuant to
1105 chapter 415.

1106 (2) The agency shall inspect each licensed assisted living
1107 facility at least once every 24 months to determine compliance
1108 with this chapter and related rules. If an assisted living
1109 facility is cited for one or more class I violations or two or
1110 more class II violations arising from separate surveys within a
1111 60-day period or due to unrelated circumstances during the same
1112 survey, the agency must conduct an additional licensure
1113 inspection within 6 months. In addition to any fines imposed on
1114 the facility under s. 429.19, the licensee shall pay a fee for
1115 the cost of the additional inspection equivalent to the standard
1116 assisted living facility license and per-bed fees, without
1117 exception for beds designated for recipients of optional state
1118 supplementation. The agency shall adjust the fee in accordance



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1119 with s. 408.805.

1120 Section 15. Subsection (2) of section 429.41, Florida
1121 Statutes, is amended to read:

1122 429.41 Rules establishing standards.—

1123 (2) In adopting any rules pursuant to this part, the
1124 department, in conjunction with the agency, shall make distinct
1125 standards for facilities based upon facility size; the types of
1126 care provided; the physical and mental capabilities and needs of
1127 residents; the type, frequency, and amount of services and care
1128 offered; and the staffing characteristics of the facility. Rules
1129 developed pursuant to this section may ~~shall~~ not restrict the
1130 use of shared staffing and shared programming in facilities that
1131 are part of retirement communities that provide multiple levels
1132 of care and otherwise meet the requirements of law and rule. If
1133 a continuing care facility licensed under chapter 651 or a
1134 retirement community offering multiple levels of care licenses a
1135 building or part of a building designated for independent living
1136 for assisted living, staffing requirements established in rule
1137 apply only to residents who receive personal, limited nursing,
1138 or extended congregate care services under this part. Such
1139 facilities shall retain a log listing the names and unit number
1140 for residents receiving these services. The log must be
1141 available to surveyors upon request. Except for uniform
1142 firesafety standards, the department shall adopt by rule
1143 separate and distinct standards for facilities with 16 or fewer
1144 beds and for facilities with 17 or more beds. The standards for

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1145 facilities with 16 or fewer beds must ~~shall~~ be appropriate for a
1146 noninstitutional residential environment; however, ~~provided that~~
1147 the structure may not be ~~is no~~ more than two stories in height
1148 and all persons who cannot exit the facility unassisted in an
1149 emergency must reside on the first floor. The department, in
1150 conjunction with the agency, may make other distinctions among
1151 types of facilities as necessary to enforce the provisions of
1152 this part. Where appropriate, the agency shall offer alternate
1153 solutions for complying with established standards, based on
1154 distinctions made by the department and the agency relative to
1155 the physical characteristics of facilities and the types of care
1156 offered ~~therein~~.

1157 Section 16. Subsections (1) through (11) of section
1158 429.52, Florida Statutes, are renumbered as subsections (2)
1159 through (12), respectively, present subsections (5) and (9) are
1160 amended, and a new subsection (1) is added to that section, to
1161 read:

1162 429.52 Staff training and educational programs; core
1163 educational requirement.—

1164 (1) Effective October 1, 2014, each new assisted living
1165 facility employee who has not previously completed core training
1166 must attend a preservice orientation provided by the facility
1167 before interacting with residents. The preservice orientation
1168 must be at least 2 hours in duration and cover topics that help
1169 the employee provide responsible care and respond to the needs
1170 of facility residents. Upon completion, the employee and the



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1171 administrator of the facility must sign a statement that the
1172 employee completed the required preservice orientation. The
1173 facility must keep the signed statement in the employee's
1174 personnel record.

1175 (6)~~(5)~~ Staff involved with the management of medications
1176 and assisting with the self-administration of medications under
1177 s. 429.256 must complete a minimum of 6 ~~4~~ additional hours of
1178 training provided by a registered nurse, licensed pharmacist, or
1179 department staff. The department shall establish by rule the
1180 minimum requirements of this additional training.

1181 (10)~~(9)~~ The training required by this section other than
1182 the preservice orientation must ~~shall~~ be conducted by persons
1183 registered with the department as having the requisite
1184 experience and credentials to conduct the training. A person
1185 seeking to register as a trainer must provide the department
1186 with proof of completion of the minimum core training education
1187 requirements, successful passage of the competency test
1188 established under this section, and proof of compliance with the
1189 continuing education requirement in subsection (5) ~~(4)~~.

1190 Section 17. Section 429.55, Florida Statutes, is created
1191 to read:

1192 429.55 Consumer information website.—The Legislature finds
1193 that consumers need additional information on the quality of
1194 care and service in assisted living facilities in order to
1195 select the best facility for themselves or their loved ones.
1196 Therefore, the Agency for Health Care Administration shall



1197 create content that is easily accessible through the home page
1198 of the agency's website either directly or indirectly through
1199 links to one or more other established websites of the agency's
1200 choosing. The website must be searchable by facility name,
1201 license type, city, or zip code. By November 1, 2014, the agency
1202 shall include all content in its possession on the website and
1203 add content when received from facilities. At a minimum, the
1204 content must include:

1205 (1) Information on each licensed assisted living facility,
1206 including, but not limited to:

1207 (a) The name and address of the facility.

1208 (b) The number and type of licensed beds in the facility.

1209 (c) The types of licenses held by the facility.

1210 (d) The facility's license expiration date and status.

1211 (e) Proprietary or nonproprietary status of the licensee.

1212 (f) Any affiliation with a company or other organization
1213 owning or managing more than one assisted living facility in
1214 this state.

1215 (g) The total number of clients that the facility is
1216 licensed to serve and the most recently available occupancy
1217 levels.

1218 (h) The number of private and semiprivate rooms offered.

1219 (i) The bed-hold policy.

1220 (j) The religious affiliation, if any, of the assisted
1221 living facility.

1222 (k) The languages spoken by the staff.



- 1223 (l) Availability of nurses.
- 1224 (m) Forms of payment accepted, including, but not limited
1225 to, Medicaid, Medicaid long-term managed care, private
1226 insurance, health maintenance organization, United States
1227 Department of Veterans Affairs, CHAMPUS program, or workers'
1228 compensation coverage.
- 1229 (n) Indication if the licensee is operating under
1230 bankruptcy protection.
- 1231 (o) Recreational and other programs available.
- 1232 (p) Special care units or programs offered.
- 1233 (q) Whether the facility is a part of a retirement
1234 community that offers other services pursuant to this part or
1235 part III of this chapter, part II or part III of chapter 400, or
1236 chapter 651.
- 1237 (r) Links to the State Long-Term Care Ombudsman Program
1238 website and the program's statewide toll-free telephone number.
- 1239 (s) Links to the websites of the providers or their
1240 affiliates.
- 1241 (t) Other relevant information that the agency currently
1242 collects.
- 1243 (2) Survey and violation information for the facility,
1244 including a list of the facility's violations committed during
1245 the previous 60 months, which on July 1, 2014, may include
1246 violations committed on or after July 1, 2009. The list shall be
1247 updated monthly and include for each violation:
- 1248 (a) A summary of the violation, including all licensure,



1249 revisit, and complaint survey information, presented in a manner
1250 understandable by the general public.

1251 (b) Any sanctions imposed by final order.

1252 (c) The date the corrective action was confirmed by the
1253 agency.

1254 (3) Links to inspection reports that the agency has on
1255 file.

1256 (4) The agency may adopt rules to administer this section.

1257 Section 18. The Legislature finds that consistent
1258 regulation of assisted living facilities benefits residents and
1259 operators of such facilities. To determine whether surveys are
1260 consistent between surveys and surveyors, the Office of Program
1261 Policy Analysis and Government Accountability shall conduct a
1262 study of intersurveyor reliability for assisted living
1263 facilities. By November 1, 2014, the Office of Program Policy
1264 Analysis and Government Accountability shall submit a report of
1265 its findings to the Governor, the President of the Senate, and
1266 the Speaker of the House of Representatives and make any
1267 recommendations for improving intersurveyor reliability.

1268 Section 19. For fiscal year 2014-2015, the sums of
1269 \$151,322 in recurring funds and \$7,986 in nonrecurring funds
1270 from the Health Care Trust Fund are appropriated to the Agency
1271 for Health Care Administration, and two full-time equivalent
1272 positions with associated salary rate are authorized, for the
1273 purpose of carrying out the regulatory activities provided in
1274 this act.



1275 Section 20. Section 395.001, Florida Statutes, is amended
 1276 to read:

1277 395.001 Legislative intent.—It is the intent of the
 1278 Legislature to provide for the protection of public health and
 1279 safety in the establishment, construction, maintenance, and
 1280 operation of hospitals, ambulatory surgical centers, recovery
 1281 care centers, and mobile surgical facilities by providing for
 1282 licensure of same and for the development, establishment, and
 1283 enforcement of minimum standards with respect thereto.

1284 Section 21. Subsections (25) through (33) of section
 1285 395.002, Florida Statutes, are renumbered as subsections (27)
 1286 through (35), respectively, subsections (3), (16), and (23) are
 1287 amended, and new subsections (25) and (26) are added to that
 1288 section, to read:

1289 395.002 Definitions.—As used in this chapter:

1290 (3) "Ambulatory surgical center" or "mobile surgical
 1291 facility" means a facility the primary purpose of which is to
 1292 provide elective surgical care, to ~~in~~ which the patient is
 1293 admitted ~~to~~ and discharged ~~from such facility~~ within 24 hours
 1294 ~~the same working day and is not permitted to stay overnight~~, and
 1295 which is not part of a hospital. However, a facility existing
 1296 for the primary purpose of performing terminations of pregnancy,
 1297 an office maintained by a physician for the practice of
 1298 medicine, or an office maintained for the practice of dentistry
 1299 shall not be construed to be an ambulatory surgical center,
 1300 provided that any facility or office which is certified or seeks



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1301 certification as a Medicare ambulatory surgical center shall be
1302 licensed as an ambulatory surgical center pursuant to s.
1303 395.003. Any structure or vehicle in which a physician maintains
1304 an office and practices surgery, and which can appear to the
1305 public to be a mobile office because the structure or vehicle
1306 operates at more than one address, shall be construed to be a
1307 mobile surgical facility.

1308 (16) "Licensed facility" means a hospital, ambulatory
1309 surgical center, recovery care center, or mobile surgical
1310 facility licensed in accordance with this chapter.

1311 (23) "Premises" means those buildings, beds, and equipment
1312 located at the address of the licensed facility and all other
1313 buildings, beds, and equipment for the provision of hospital,
1314 ambulatory surgical, recovery, or mobile surgical care located
1315 in such reasonable proximity to the address of the licensed
1316 facility as to appear to the public to be under the dominion and
1317 control of the licensee. For any licensee that is a teaching
1318 hospital as defined in s. 408.07(45), reasonable proximity
1319 includes any buildings, beds, services, programs, and equipment
1320 under the dominion and control of the licensee that are located
1321 at a site with a main address that is within 1 mile of the main
1322 address of the licensed facility; and all such buildings, beds,
1323 and equipment may, at the request of a licensee or applicant, be
1324 included on the facility license as a single premises.

1325 (25) "Recovery care center" means a facility the primary
1326 purpose of which is to provide recovery care services, to which



1327 a patient is admitted and discharged within 72 hours, and which
1328 is not part of a hospital.

1329 (26) "Recovery care services" means postsurgical and
1330 postdiagnostic medical and general nursing care provided to
1331 patients for whom acute care hospitalization is not required and
1332 an uncomplicated recovery is reasonably expected. The term
1333 includes postsurgical rehabilitation services. The term does not
1334 include intensive care services, coronary care services, or
1335 critical care services.

1336 Section 22. Subsection (1) of section 395.003, Florida
1337 Statutes, is amended to read:

1338 395.003 Licensure; denial, suspension, and revocation.—

1339 (1) (a) The requirements of part II of chapter 408 apply to
1340 the provision of services that require licensure pursuant to ss.
1341 395.001-395.1065 and part II of chapter 408 and to entities
1342 licensed by or applying for such licensure from the Agency for
1343 Health Care Administration pursuant to ss. 395.001-395.1065. A
1344 license issued by the agency is required in order to operate a
1345 hospital, ambulatory surgical center, recovery care center, or
1346 mobile surgical facility in this state.

1347 (b)1. It is unlawful for a person to use or advertise to
1348 the public, in any way or by any medium whatsoever, any facility
1349 as a "hospital," "ambulatory surgical center," "recovery care
1350 center," or "mobile surgical facility" unless such facility has
1351 first secured a license under the provisions of this part.

1352 2. This part does not apply to veterinary hospitals or to



1353 commercial business establishments using the word "hospital,"
1354 "ambulatory surgical center," "recovery care center," or "mobile
1355 surgical facility" as a part of a trade name if no treatment of
1356 human beings is performed on the premises of such
1357 establishments.

1358 (c) Until July 1, 2006, additional emergency departments
1359 located off the premises of licensed hospitals may not be
1360 authorized by the agency.

1361 Section 23. Section 395.0171, Florida Statutes, is created
1362 to read:

1363 395.0171 Recovery care center admissions; emergency and
1364 transfer protocols; discharge planning and protocols.-

1365 (1) Admissions to a recovery care center shall be
1366 restricted to patients who need recovery care services.

1367 (2) All patients must be certified by their attending or
1368 referring physician or by a physician on staff at the facility
1369 as medically stable and not in need of acute care
1370 hospitalization before admission.

1371 (3) A patient may be admitted for recovery care services
1372 upon discharge from a hospital or an ambulatory surgery center.
1373 A patient may also be admitted postdiagnosis and posttreatment
1374 for recovery care services.

1375 (4) A recovery care center must have emergency care and
1376 transfer protocols, including transportation arrangements, and
1377 referral or admission agreements with at least one hospital.

1378 (5) A recovery care center must have procedures for



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1379 discharge planning and discharge protocols.

1380 (6) The agency may adopt rules to implement this
1381 subsection.

1382 Section 24. Subsections (2) and (8) of section 395.1055,
1383 Florida Statutes, are amended, and subsection (10) is added to
1384 that section, to read:

1385 395.1055 Rules and enforcement.—

1386 (2) Separate standards may be provided for general and
1387 specialty hospitals, ambulatory surgical centers, recovery care
1388 centers, mobile surgical facilities, and statutory rural
1389 hospitals as defined in s. 395.602.

1390 (8) The agency may not adopt any rule governing the
1391 design, construction, erection, alteration, modification,
1392 repair, or demolition of any public or private hospital,
1393 intermediate residential treatment facility, recovery care
1394 center, or ambulatory surgical center. It is the intent of the
1395 Legislature to preempt that function to the Florida Building
1396 Commission and the State Fire Marshal through adoption and
1397 maintenance of the Florida Building Code and the Florida Fire
1398 Prevention Code. However, the agency shall provide technical
1399 assistance to the commission and the State Fire Marshal in
1400 updating the construction standards of the Florida Building Code
1401 and the Florida Fire Prevention Code which govern hospitals,
1402 intermediate residential treatment facilities, recovery care
1403 centers, and ambulatory surgical centers.

1404 (10) The agency shall adopt rules for recovery care

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1405 centers which include fair and reasonable minimum standards for
1406 ensuring that recovery care centers have:

1407 (a) A dietetic department, service, or other similarly
1408 titled unit, either on the premises or under contract, which
1409 shall be organized, directed, and staffed to ensure the
1410 provision of appropriate nutritional care and quality food
1411 service.

1412 (b) Procedures to ensure the proper administration of
1413 medications. Such procedures shall address the prescribing,
1414 ordering, preparing, and dispensing of medications and
1415 appropriate monitoring of the effects of such medications on the
1416 patient.

1417 (c) A pharmacy, pharmaceutical department, or
1418 pharmaceutical service, or similarly titled unit, on the
1419 premises or under contract.

1420 Section 25. Subsection (8) of section 395.10973, Florida
1421 Statutes, is amended to read:

1422 395.10973 Powers and duties of the agency.—It is the
1423 function of the agency to:

1424 (8) Enforce the special-occupancy provisions of the
1425 Florida Building Code which apply to hospitals, intermediate
1426 residential treatment facilities, recovery care centers, and
1427 ambulatory surgical centers in conducting any inspection
1428 authorized by this chapter and part II of chapter 408.

1429 Section 26. Subsection (3) of section 395.301, Florida
1430 Statutes, is amended to read:



1431 395.301 Itemized patient bill; form and content prescribed
1432 by the agency.—

1433 (3) On each itemized statement submitted pursuant to
1434 subsection (1) there shall appear the words "A FOR-PROFIT (or
1435 NOT-FOR-PROFIT or PUBLIC) HOSPITAL (or AMBULATORY SURGICAL
1436 CENTER or RECOVERY CARE CENTER) LICENSED BY THE STATE OF
1437 FLORIDA" or substantially similar words sufficient to identify
1438 clearly and plainly the ownership status of the licensed
1439 facility. Each itemized statement must prominently display the
1440 phone number of the medical facility's patient liaison who is
1441 responsible for expediting the resolution of any billing dispute
1442 between the patient, or his or her representative, and the
1443 billing department.

1444 Section 27. Subsection (30) is added to section 408.802,
1445 Florida Statutes, to read:

1446 408.802 Applicability.—The provisions of this part apply
1447 to the provision of services that require licensure as defined
1448 in this part and to the following entities licensed, registered,
1449 or certified by the agency, as described in chapters 112, 383,
1450 390, 394, 395, 400, 429, 440, 483, and 765:

1451 (30) Recovery care centers, as provided under part I of
1452 chapter 395.

1453 Section 28. Subsection (29) is added to section 408.820,
1454 Florida Statutes, to read:

1455 408.820 Exemptions.—Except as prescribed in authorizing
1456 statutes, the following exemptions shall apply to specified



1457 requirements of this part:

1458 (29) Recovery care centers, as provided under part I of
1459 chapter 395, are exempt from s. 408.810(7)-(10).

1460 Section 29. Subsection (7) of section 394.4787, Florida
1461 Statutes, is amended to read:

1462 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,
1463 and 394.4789.—As used in this section and ss. 394.4786,
1464 394.4788, and 394.4789:

1465 (7) "Specialty psychiatric hospital" means a hospital
1466 licensed by the agency pursuant to s. 395.002(30) ~~395.002(28)~~
1467 and part II of chapter 408 as a specialty psychiatric hospital.

1468 Section 30. Paragraph (a) of subsection (4) of section
1469 409.97, Florida Statutes, is amended to read:

1470 409.97 State and local Medicaid partnerships.—

1471 (4) HOSPITAL RATE DISTRIBUTION.—

1472 (a) The agency is authorized to implement a tiered
1473 hospital rate system to enhance Medicaid payments to all
1474 hospitals when resources for the tiered rates are available from
1475 general revenue and such contributions pursuant to subsection
1476 (1) as are authorized under the General Appropriations Act.

1477 1. Tier 1 hospitals are statutory rural hospitals as
1478 defined in s. 395.602, statutory teaching hospitals as defined
1479 in s. 408.07(45), and specialty children's hospitals as defined
1480 in s. 395.002(30) ~~395.002(28)~~.

1481 2. Tier 2 hospitals are community hospitals not included
1482 in Tier 1 that provided more than 9 percent of the hospital's



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1483 total inpatient days to Medicaid patients and charity patients,
1484 as defined in s. 409.911, and are located in the jurisdiction of
1485 a local funding source pursuant to subsection (1).

1486 3. Tier 3 hospitals include all community hospitals.

1487 Section 31. Paragraph (b) of subsection (1) of section
1488 409.975, Florida Statutes, is amended to read:

1489 409.975 Managed care plan accountability.—In addition to
1490 the requirements of s. 409.967, plans and providers
1491 participating in the managed medical assistance program shall
1492 comply with the requirements of this section.

1493 (1) PROVIDER NETWORKS.—Managed care plans must develop and
1494 maintain provider networks that meet the medical needs of their
1495 enrollees in accordance with standards established pursuant to
1496 s. 409.967(2)(c). Except as provided in this section, managed
1497 care plans may limit the providers in their networks based on
1498 credentials, quality indicators, and price.

1499 (b) Certain providers are statewide resources and
1500 essential providers for all managed care plans in all regions.
1501 All managed care plans must include these essential providers in
1502 their networks. Statewide essential providers include:

1503 1. Faculty plans of Florida medical schools.

1504 2. Regional perinatal intensive care centers as defined in
1505 s. 383.16(2).

1506 3. Hospitals licensed as specialty children's hospitals as
1507 defined in s. 395.002(30) ~~395.002(28)~~.

1508 4. Accredited and integrated systems serving medically



1509 complex children that are comprised of separately licensed, but
1510 commonly owned, health care providers delivering at least the
1511 following services: medical group home, in-home and outpatient
1512 nursing care and therapies, pharmacy services, durable medical
1513 equipment, and Prescribed Pediatric Extended Care.

1514
1515 Managed care plans that have not contracted with all statewide
1516 essential providers in all regions as of the first date of
1517 recipient enrollment must continue to negotiate in good faith.
1518 Payments to physicians on the faculty of nonparticipating
1519 Florida medical schools shall be made at the applicable Medicaid
1520 rate. Payments for services rendered by regional perinatal
1521 intensive care centers shall be made at the applicable Medicaid
1522 rate as of the first day of the contract between the agency and
1523 the plan. Payments to nonparticipating specialty children's
1524 hospitals shall equal the highest rate established by contract
1525 between that provider and any other Medicaid managed care plan.

1526 Section 32. Part XI of chapter 400, Florida Statutes,
1527 consisting of sections 400.997 through 400.9985, is created to
1528 read:

1529 PART XI

1530 TRANSITIONAL LIVING FACILITIES

1531 400.997 Legislative intent.—It is the intent of the
1532 Legislature to provide for the licensure of transitional living
1533 facilities and require the development, establishment, and
1534 enforcement of basic standards by the Agency for Health Care



1535 Administration to ensure quality of care and services to clients
1536 in transitional living facilities. It is the policy of the state
1537 that the least restrictive appropriate available treatment be
1538 used based on the individual needs and best interest of the
1539 client, consistent with optimum improvement of the client's
1540 condition. The goal of a transitional living program for persons
1541 who have brain or spinal cord injuries is to assist each person
1542 who has such an injury to achieve a higher level of independent
1543 functioning and to enable the person to reenter the community.
1544 It is also the policy of the state that the restraint or
1545 seclusion of a client is justified only as an emergency safety
1546 measure used in response to danger to the client or others. It
1547 is therefore the intent of the Legislature to achieve an ongoing
1548 reduction in the use of restraint or seclusion in programs and
1549 facilities that serve persons who have brain or spinal cord
1550 injuries.

1551 400.9971 Definitions.—As used in this part, the term:

1552 (1) "Agency" means the Agency for Health Care
1553 Administration.

1554 (2) "Chemical restraint" means a pharmacologic drug that
1555 physically limits, restricts, or deprives a person of movement
1556 or mobility, is used for client protection or safety, and is not
1557 required for the treatment of medical conditions or symptoms.

1558 (3) "Client's representative" means the parent of a child
1559 client or the client's guardian, designated representative,
1560 designee, surrogate, or attorney in fact.



1561 (4) "Department" means the Department of Health.

1562 (5) "Physical restraint" means a manual method to restrict
1563 freedom of movement of or normal access to a person's body, or a
1564 physical or mechanical device, material, or equipment attached
1565 or adjacent to the person's body that the person cannot easily
1566 remove and that restricts freedom of movement of or normal
1567 access to the person's body, including, but not limited to, a
1568 half-bed rail, a full-bed rail, a geriatric chair, or a Posey
1569 restraint. The term includes any device that is not specifically
1570 manufactured as a restraint but is altered, arranged, or
1571 otherwise used for this purpose. The term does not include
1572 bandage material used for the purpose of binding a wound or
1573 injury.

1574 (6) "Seclusion" means the physical segregation of a person
1575 in any fashion or the involuntary isolation of a person in a
1576 room or area from which the person is prevented from leaving.
1577 Such prevention may be accomplished by imposition of a physical
1578 barrier or by action of a staff member to prevent the person
1579 from leaving the room or area. For purposes of this part, the
1580 term does not mean isolation due to a person's medical condition
1581 or symptoms.

1582 (7) "Transitional living facility" means a site where
1583 specialized health care services are provided to persons who
1584 have brain or spinal cord injuries, including, but not limited
1585 to, rehabilitative services, behavior modification, community
1586 reentry training, aids for independent living, and counseling.



1587 400.9972 License required; fee; application.—

1588 (1) The requirements of part II of chapter 408 apply to
1589 the provision of services that require licensure pursuant to
1590 this part and part II of chapter 408 and to entities licensed by
1591 or applying for licensure from the agency pursuant to this part.
1592 A license issued by the agency is required for the operation of
1593 a transitional living facility in this state. However, this part
1594 does not require a provider licensed by the agency to obtain a
1595 separate transitional living facility license to serve persons
1596 who have brain or spinal cord injuries as long as the services
1597 provided are within the scope of the provider's license.

1598 (2) In accordance with this part, an applicant or a
1599 licensee shall pay a fee for each license application submitted
1600 under this part. The license fee shall consist of a \$4,588
1601 license fee and a \$90 per-bed fee per biennium and shall conform
1602 to the annual adjustment authorized in s. 408.805.

1603 (3) An applicant for licensure must provide:

1604 (a) The location of the facility for which the license is
1605 sought and documentation, signed by the appropriate local
1606 government official, which states that the applicant has met
1607 local zoning requirements.

1608 (b) Proof of liability insurance as provided in s.
1609 624.605(1)(b).

1610 (c) Proof of compliance with local zoning requirements,
1611 including compliance with the requirements of chapter 419 if the
1612 proposed facility is a community residential home.



1613 (d) Proof that the facility has received a satisfactory
1614 firesafety inspection.

1615 (e) Documentation that the facility has received a
1616 satisfactory sanitation inspection by the county health
1617 department.

1618 (4) The applicant's proposed facility must attain and
1619 continuously maintain accreditation by an accrediting
1620 organization that specializes in evaluating rehabilitation
1621 facilities whose standards incorporate licensure regulations
1622 comparable to those required by the state. An applicant for
1623 licensure as a transitional living facility must acquire
1624 accreditation within 12 months after issuance of an initial
1625 license. The agency shall accept the accreditation survey report
1626 of the accrediting organization in lieu of conducting a
1627 licensure inspection if the standards included in the survey
1628 report are determined by the agency to document that the
1629 facility substantially complies with state licensure
1630 requirements. Within 10 days after receiving the accreditation
1631 survey report, the applicant shall submit to the agency a copy
1632 of the report and evidence of the accreditation decision as a
1633 result of the report. The agency may conduct an inspection of a
1634 transitional living facility to ensure compliance with the
1635 licensure requirements of this part, to validate the inspection
1636 process of the accrediting organization, to respond to licensure
1637 complaints, or to protect the public health and safety.

1638 400.9973 Client admission, transfer, and discharge.-



1639 (1) A transitional living facility shall have written
1640 policies and procedures governing the admission, transfer, and
1641 discharge of clients.

1642 (2) The admission of a client to a transitional living
1643 facility must be in accordance with the licensee's policies and
1644 procedures.

1645 (3) A client admitted to a transitional living facility
1646 must have a brain or spinal cord injury, such as a lesion to the
1647 spinal cord or cauda equina syndrome, with evidence of
1648 significant involvement of at least two of the following
1649 deficits or dysfunctions:

1650 (a) A motor deficit.

1651 (b) A sensory deficit.

1652 (c) Bowel and bladder dysfunction.

1653 (d) An acquired internal or external injury to the skull,
1654 the brain, or the brain's covering, whether caused by a
1655 traumatic or nontraumatic event, which produces an altered state
1656 of consciousness or an anatomic motor, sensory, cognitive, or
1657 behavioral deficit.

1658 (4) A client whose medical condition and diagnosis do not
1659 positively identify a cause of the client's condition, whose
1660 symptoms are inconsistent with the known cause of injury, or
1661 whose recovery is inconsistent with the known medical condition
1662 may be admitted to a transitional living facility for evaluation
1663 for a period not to exceed 90 days.

1664 (5) A client admitted to a transitional living facility



1665 must be admitted upon prescription by a licensed physician,
1666 physician assistant, or advanced registered nurse practitioner
1667 and must remain under the care of a licensed physician,
1668 physician assistant, or advanced registered nurse practitioner
1669 for the duration of the client's stay in the facility.

1670 (6) A transitional living facility may not admit a person
1671 whose primary admitting diagnosis is mental illness or an
1672 intellectual or developmental disability.

1673 (7) A person may not be admitted to a transitional living
1674 facility if the person:

1675 (a) Presents significant risk of infection to other
1676 clients or personnel. A health care practitioner must provide
1677 documentation that the person is free of apparent signs and
1678 symptoms of communicable disease;

1679 (b) Is a danger to himself or herself or others as
1680 determined by a physician, physician assistant, or advanced
1681 registered nurse practitioner or a mental health practitioner
1682 licensed under chapter 490 or chapter 491, unless the facility
1683 provides adequate staffing and support to ensure patient safety;

1684 (c) Is bedridden; or

1685 (d) Requires 24-hour nursing supervision.

1686 (8) If the client meets the admission criteria, the
1687 medical or nursing director of the facility must complete an
1688 initial evaluation of the client's functional skills, behavioral
1689 status, cognitive status, educational or vocational potential,
1690 medical status, psychosocial status, sensorimotor capacity, and



1691 other related skills and abilities within the first 72 hours
1692 after the client's admission to the facility. An initial
1693 comprehensive treatment plan that delineates services to be
1694 provided and appropriate sources for such services must be
1695 implemented within the first 4 days after admission.

1696 (9) A transitional living facility shall develop a
1697 discharge plan for each client before or upon admission to the
1698 facility. The discharge plan must identify the intended
1699 discharge site and possible alternative discharge sites. For
1700 each discharge site identified, the discharge plan must identify
1701 the skills, behaviors, and other conditions that the client must
1702 achieve to be eligible for discharge. A discharge plan must be
1703 reviewed and updated as necessary but at least once monthly.

1704 (10) A transitional living facility shall discharge a
1705 client as soon as practicable when the client no longer requires
1706 the specialized services described in s. 400.9971(7), when the
1707 client is not making measurable progress in accordance with the
1708 client's comprehensive treatment plan, or when the transitional
1709 living facility is no longer the most appropriate and least
1710 restrictive treatment option.

1711 (11) A transitional living facility shall provide at least
1712 30 days' notice to a client of transfer or discharge plans,
1713 including the location of an acceptable transfer location if the
1714 client is unable to live independently. This subsection does not
1715 apply if a client voluntarily terminates residency.

1716 400.9974 Client comprehensive treatment plans; client



1717 services.-

1718 (1) A transitional living facility shall develop a
1719 comprehensive treatment plan for each client as soon as
1720 practicable but no later than 30 days after the initial
1721 comprehensive treatment plan is developed. The comprehensive
1722 treatment plan must be developed by an interdisciplinary team
1723 consisting of the case manager, the program director, the
1724 advanced registered nurse practitioner, and appropriate
1725 therapists. The client or, if appropriate, the client's
1726 representative must be included in developing the comprehensive
1727 treatment plan. The comprehensive treatment plan must be
1728 reviewed and updated if the client fails to meet projected
1729 improvements outlined in the plan or if a significant change in
1730 the client's condition occurs. The comprehensive treatment plan
1731 must be reviewed and updated at least once monthly.

1732 (2) The comprehensive treatment plan must include:

1733 (a) Orders obtained from the physician, physician
1734 assistant, or advanced registered nurse practitioner and the
1735 client's diagnosis, medical history, physical examination, and
1736 rehabilitative or restorative needs.

1737 (b) A preliminary nursing evaluation, including orders for
1738 immediate care provided by the physician, physician assistant,
1739 or advanced registered nurse practitioner, which shall be
1740 completed when the client is admitted.

1741 (c) A comprehensive, accurate, reproducible, and
1742 standardized assessment of the client's functional capability;



1743 the treatments designed to achieve skills, behaviors, and other
1744 conditions necessary for the client to return to the community;
1745 and specific measurable goals.

1746 (d) Steps necessary for the client to achieve transition
1747 into the community and estimated length of time to achieve those
1748 goals.

1749 (3) The client or, if appropriate, the client's
1750 representative must consent to the continued treatment at the
1751 transitional living facility. Consent may be for a period of up
1752 to 3 months. If such consent is not given, the transitional
1753 living facility shall discharge the client as soon as
1754 practicable.

1755 (4) A client must receive the professional program
1756 services needed to implement the client's comprehensive
1757 treatment plan.

1758 (5) The licensee must employ qualified professional staff
1759 to carry out and monitor the various professional interventions
1760 in accordance with the stated goals and objectives of the
1761 client's comprehensive treatment plan.

1762 (6) A client must receive a continuous treatment program
1763 that includes appropriate, consistent implementation of
1764 specialized and general training, treatment, health services,
1765 and related services and that is directed toward:

1766 (a) The acquisition of the behaviors and skills necessary
1767 for the client to function with as much self-determination and
1768 independence as possible.



1769 (b) The prevention or deceleration of regression or loss
1770 of current optimal functional status.

1771 (c) The management of behavioral issues that preclude
1772 independent functioning in the community.

1773 400.9975 Licensee responsibilities.-

1774 (1) The licensee shall ensure that each client:

1775 (a) Lives in a safe environment free from abuse, neglect,
1776 and exploitation.

1777 (b) Is treated with consideration and respect and with due
1778 recognition of personal dignity, individuality, and the need for
1779 privacy.

1780 (c) Retains and uses his or her own clothes and other
1781 personal property in his or her immediate living quarters to
1782 maintain individuality and personal dignity, except when the
1783 licensee demonstrates that such retention and use would be
1784 unsafe, impractical, or an infringement upon the rights of other
1785 clients.

1786 (d) Has unrestricted private communication, including
1787 receiving and sending unopened correspondence, access to a
1788 telephone, and visits with any person of his or her choice. Upon
1789 request, the licensee shall modify visiting hours for caregivers
1790 and guests. The facility shall restrict communication in
1791 accordance with any court order or written instruction of a
1792 client's representative. Any restriction on a client's
1793 communication for therapeutic reasons shall be documented and
1794 reviewed at least weekly and shall be removed as soon as no



1795 longer clinically indicated. The basis for the restriction shall
1796 be explained to the client and, if applicable, the client's
1797 representative. The client shall retain the right to call the
1798 central abuse hotline, the agency, and Disability Rights Florida
1799 at any time.

1800 (e) Has the opportunity to participate in and benefit from
1801 community services and activities to achieve the highest
1802 possible level of independence, autonomy, and interaction within
1803 the community.

1804 (f) Has the opportunity to manage his or her financial
1805 affairs unless the client or, if applicable, the client's
1806 representative authorizes the administrator of the facility to
1807 provide safekeeping for funds as provided under this part.

1808 (g) Has reasonable opportunity for regular exercise more
1809 than once per week and to be outdoors at regular and frequent
1810 intervals except when prevented by inclement weather.

1811 (h) Has the opportunity to exercise civil and religious
1812 liberties, including the right to independent personal
1813 decisions. However, a religious belief or practice, including
1814 attendance at religious services, may not be imposed upon any
1815 client.

1816 (i) Has access to adequate and appropriate health care
1817 consistent with established and recognized community standards.

1818 (j) Has the opportunity to present grievances and
1819 recommend changes in policies, procedures, and services to the
1820 staff of the licensee, governing officials, or any other person



1821 without restraint, interference, coercion, discrimination, or
1822 reprisal. A licensee shall establish a grievance procedure to
1823 facilitate a client's ability to present grievances, including a
1824 system for investigating, tracking, managing, and responding to
1825 complaints by a client or, if applicable, the client's
1826 representative and an appeals process. The appeals process must
1827 include access to Disability Rights Florida and other advocates
1828 and the right to be a member of, be active in, and associate
1829 with advocacy or special interest groups.

1830 (2) The licensee shall:

1831 (a) Promote participation of the client's representative
1832 in the process of providing treatment to the client unless the
1833 representative's participation is unobtainable or inappropriate.

1834 (b) Answer communications from the client's family,
1835 guardians, and friends promptly and appropriately.

1836 (c) Promote visits by persons with a relationship to the
1837 client at any reasonable hour, without requiring prior notice,
1838 in any area of the facility that provides direct care services
1839 to the client, consistent with the client's and other clients'
1840 privacy, unless the interdisciplinary team determines that such
1841 a visit would not be appropriate.

1842 (d) Promote opportunities for the client to leave the
1843 facility for visits, trips, or vacations.

1844 (e) Promptly notify the client's representative of a
1845 significant incident or change in the client's condition,
1846 including, but not limited to, serious illness, accident, abuse,



1847 unauthorized absence, or death.

1848 (3) The administrator of a facility shall ensure that a
1849 written notice of licensee responsibilities is posted in a
1850 prominent place in each building where clients reside and is
1851 read or explained to clients who cannot read. This notice shall
1852 be provided to clients in a manner that is clearly legible,
1853 shall include the statewide toll-free telephone number for
1854 reporting complaints to the agency, and shall include the words:
1855 "To report a complaint regarding the services you receive,
1856 please call toll-free ...[telephone number]... or Disability
1857 Rights Florida ...[telephone number]...." The statewide toll-
1858 free telephone number for the central abuse hotline shall be
1859 provided to clients in a manner that is clearly legible and
1860 shall include the words: "To report abuse, neglect, or
1861 exploitation, please call toll-free ...[telephone number]...."
1862 The licensee shall ensure a client's access to a telephone where
1863 telephone numbers are posted as required by this subsection.

1864 (4) A licensee or employee of a facility may not serve
1865 notice upon a client to leave the premises or take any other
1866 retaliatory action against another person solely because of the
1867 following:

1868 (a) The client or other person files an internal or
1869 external complaint or grievance regarding the facility.

1870 (b) The client or other person appears as a witness in a
1871 hearing inside or outside the facility.

1872 (5) Before or at the time of admission, the client and, if



1873 applicable, the client's representative shall receive a copy of
1874 the licensee's responsibilities, including grievance procedures
1875 and telephone numbers, as provided in this section.

1876 (6) The licensee must develop and implement policies and
1877 procedures governing the release of client information,
1878 including consent necessary from the client or, if applicable,
1879 the client's representative.

1880 400.9976 Administration of medication.—

1881 (1) An individual medication administration record must be
1882 maintained for each client. A dose of medication, including a
1883 self-administered dose, shall be properly recorded in the
1884 client's record. A client who self-administers medication shall
1885 be given a pill organizer. Medication must be placed in the pill
1886 organizer by a nurse. A nurse shall document the date and time
1887 that medication is placed into each client's pill organizer. All
1888 medications must be administered in compliance with orders of a
1889 physician, physician assistant, or advanced registered nurse
1890 practitioner.

1891 (2) If an interdisciplinary team determines that self-
1892 administration of medication is an appropriate objective, and if
1893 the physician, physician assistant, or advanced registered nurse
1894 practitioner does not specify otherwise, the client must be
1895 instructed by the physician, physician assistant, or advanced
1896 registered nurse practitioner to self-administer his or her
1897 medication without the assistance of a staff person. All forms
1898 of self-administration of medication, including administration



1899 orally, by injection, and by suppository, shall be included in
1900 the training. The client's physician, physician assistant, or
1901 advanced registered nurse practitioner must be informed of the
1902 interdisciplinary team's decision that self-administration of
1903 medication is an objective for the client. A client may not
1904 self-administer medication until he or she demonstrates the
1905 competency to take the correct medication in the correct dosage
1906 at the correct time, to respond to missed doses, and to contact
1907 the appropriate person with questions.

1908 (3) Medication administration discrepancies and adverse
1909 drug reactions must be recorded and reported immediately to a
1910 physician, physician assistant, or advanced registered nurse
1911 practitioner.

1912 400.9977 Assistance with medication.-

1913 (1) Notwithstanding any provision of part I of chapter
1914 464, the Nurse Practice Act, unlicensed direct care services
1915 staff who provide services to clients in a facility licensed
1916 under chapter 400 or chapter 429 may administer prescribed,
1917 prepackaged, and premeasured medications under the general
1918 supervision of a registered nurse as provided under this section
1919 and applicable rules.

1920 (2) Training required by this section and applicable rules
1921 shall be conducted by a registered nurse licensed under chapter
1922 464, a physician licensed under chapter 458 or chapter 459, or a
1923 pharmacist licensed under chapter 465.

1924 (3) A facility that allows unlicensed direct care service



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1925 staff to administer medications pursuant to this section shall:

1926 (a) Develop and implement policies and procedures that
1927 include a plan to ensure the safe handling, storage, and
1928 administration of prescription medications.

1929 (b) Maintain written evidence of the express and informed
1930 consent for each client.

1931 (c) Maintain a copy of the written prescription, including
1932 the name of the medication, the dosage, and the administration
1933 schedule and termination date.

1934 (d) Maintain documentation of compliance with required
1935 training.

1936 (4) The agency shall adopt rules to implement this
1937 section.

1938 400.9978 Protection of clients from abuse, neglect,
1939 mistreatment, and exploitation.—The licensee shall develop and
1940 implement policies and procedures for the screening and training
1941 of employees; the protection of clients; and the prevention,
1942 identification, investigation, and reporting of abuse, neglect,
1943 mistreatment, and exploitation. The licensee shall identify
1944 clients whose personal histories render them at risk for abusing
1945 other clients, develop intervention strategies to prevent
1946 occurrences of abuse, monitor clients for changes that would
1947 trigger abusive behavior, and reassess the interventions on a
1948 regular basis. A licensee shall:

1949 (1) Screen each potential employee for a history of abuse,
1950 neglect, mistreatment, or exploitation of clients. The screening



1951 shall include an attempt to obtain information from previous and
1952 current employers and verification of screening information by
1953 the appropriate licensing boards.

1954 (2) Train employees through orientation and ongoing
1955 sessions regarding issues related to abuse prohibition
1956 practices, including identification of abuse, neglect,
1957 mistreatment, and exploitation; appropriate interventions to
1958 address aggressive or catastrophic reactions of clients; the
1959 process for reporting allegations without fear of reprisal; and
1960 recognition of signs of frustration and stress that may lead to
1961 abuse.

1962 (3) Provide clients, families, and staff with information
1963 regarding how and to whom they may report concerns, incidents,
1964 and grievances without fear of retribution and provide feedback
1965 regarding the concerns that are expressed. A licensee shall
1966 identify, correct, and intervene in situations in which abuse,
1967 neglect, mistreatment, or exploitation is likely to occur,
1968 including:

1969 (a) Evaluating the physical environment of the facility to
1970 identify characteristics that may make abuse or neglect more
1971 likely to occur, such as secluded areas.

1972 (b) Providing sufficient staff on each shift to meet the
1973 needs of the clients and ensuring that the assigned staff have
1974 knowledge of each client's care needs.

1975 (c) Identifying inappropriate staff behaviors, such as
1976 using derogatory language, rough handling of clients, ignoring



1977 clients while giving care, and directing clients who need
1978 toileting assistance to urinate or defecate in their beds.

1979 (d) Assessing, monitoring, and planning care for clients
1980 with needs and behaviors that might lead to conflict or neglect,
1981 such as a history of aggressive behaviors including entering
1982 other clients' rooms without permission, exhibiting self-
1983 injurious behaviors or communication disorders, requiring
1984 intensive nursing care, or being totally dependent on staff.

1985 (4) Identify events, such as suspicious bruising of
1986 clients, occurrences, patterns, and trends that may constitute
1987 abuse and determine the direction of the investigation.

1988 (5) Investigate alleged violations and different types of
1989 incidents, identify the staff member responsible for initial
1990 reporting, and report results to the proper authorities. The
1991 licensee shall analyze the incidents to determine whether
1992 policies and procedures need to be changed to prevent further
1993 incidents and take necessary corrective actions.

1994 (6) Protect clients from harm during an investigation.

1995 (7) Report alleged violations and substantiated incidents,
1996 as required under chapters 39 and 415, to the licensing
1997 authorities and all other agencies, as required, and report any
1998 knowledge of actions by a court of law that would indicate an
1999 employee is unfit for service.

2000 400.9979 Restraint and seclusion; client safety.—

2001 (1) A facility shall provide a therapeutic milieu that
2002 supports a culture of individual empowerment and responsibility.



2003 The health and safety of the client shall be the facility's
2004 primary concern at all times.

2005 (2) The use of physical restraints must be ordered and
2006 documented by a physician, physician assistant, or advanced
2007 registered nurse practitioner and must be consistent with the
2008 policies and procedures adopted by the facility. The client or,
2009 if applicable, the client's representative shall be informed of
2010 the facility's physical restraint policies and procedures when
2011 the client is admitted.

2012 (3) The use of chemical restraints shall be limited to
2013 prescribed dosages of medications as ordered by a physician,
2014 physician assistant, or advanced registered nurse practitioner
2015 and must be consistent with the client's diagnosis and the
2016 policies and procedures adopted by the facility. The client and,
2017 if applicable, the client's representative shall be informed of
2018 the facility's chemical restraint policies and procedures when
2019 the client is admitted.

2020 (4) Based on the assessment by a physician, physician
2021 assistant, or advanced registered nurse practitioner, if a
2022 client exhibits symptoms that present an immediate risk of
2023 injury or death to himself or herself or others, a physician,
2024 physician assistant, or advanced registered nurse practitioner
2025 may issue an emergency treatment order to immediately administer
2026 rapid-response psychotropic medications or other chemical
2027 restraints. Each emergency treatment order must be documented
2028 and maintained in the client's record.



2029 (a) An emergency treatment order is not effective for more
2030 than 24 hours.

2031 (b) Whenever a client is medicated under this subsection,
2032 the client's representative or a responsible party and the
2033 client's physician, physician assistant, or advanced registered
2034 nurse practitioner shall be notified as soon as practicable.

2035 (5) A client who is prescribed and receives a medication
2036 that can serve as a chemical restraint for a purpose other than
2037 an emergency treatment order must be evaluated by his or her
2038 physician, physician assistant, or advanced registered nurse
2039 practitioner at least monthly to assess:

2040 (a) The continued need for the medication.

2041 (b) The level of the medication in the client's blood.

2042 (c) The need for adjustments to the prescription.

2043 (6) The licensee shall ensure that clients are free from
2044 unnecessary drugs and physical restraints and are provided
2045 treatment to reduce dependency on drugs and physical restraints.

2046 (7) The licensee may only employ physical restraints and
2047 seclusion as authorized by the facility's written policies,
2048 which shall comply with this section and applicable rules.

2049 (8) Interventions to manage dangerous client behavior
2050 shall be employed with sufficient safeguards and supervision to
2051 ensure that the safety, welfare, and civil and human rights of a
2052 client are adequately protected.

2053 (9) A facility shall notify the parent, guardian, or, if
2054 applicable, the client's representative when restraint or



2055 seclusion is employed. The facility must provide the
2056 notification within 24 hours after the restraint or seclusion is
2057 employed. Reasonable efforts must be taken to notify the parent,
2058 guardian, or, if applicable, the client's representative by
2059 telephone or e-mail, or both, and these efforts must be
2060 documented.

2061 (10) The agency may adopt rules that establish standards
2062 and procedures for the use of restraints, restraint positioning,
2063 seclusion, and emergency treatment orders for psychotropic
2064 medications, restraint, and seclusion. These rules must include
2065 duration of restraint, staff training, observation of the client
2066 during restraint, and documentation and reporting standards.

2067 400.998 Personnel background screening; administration and
2068 management procedures.-

2069 (1) The agency shall require level 2 background screening
2070 for licensee personnel as required in s. 408.809(1)(e) and
2071 pursuant to chapter 435 and s. 408.809.

2072 (2) The licensee shall maintain personnel records for each
2073 staff member that contain, at a minimum, documentation of
2074 background screening, a job description, documentation of
2075 compliance with the training requirements of this part and
2076 applicable rules, the employment application, references, a copy
2077 of each job performance evaluation, and, for each staff member
2078 who performs services for which licensure or certification is
2079 required, a copy of all licenses or certification held by that
2080 staff member.



- 2081 (3) The licensee must:
- 2082 (a) Develop and implement infection control policies and
2083 procedures and include the policies and procedures in the
2084 licensee's policy manual.
- 2085 (b) Maintain liability insurance as defined in s.
2086 624.605(1)(b).
- 2087 (c) Designate one person as an administrator to be
2088 responsible and accountable for the overall management of the
2089 facility.
- 2090 (d) Designate in writing a person to be responsible for
2091 the facility when the administrator is absent from the facility
2092 for more than 24 hours.
- 2093 (e) Designate in writing a program director to be
2094 responsible for supervising the therapeutic and behavioral
2095 staff, determining the levels of supervision, and determining
2096 room placement for each client.
- 2097 (f) Designate in writing a person to be responsible when
2098 the program director is absent from the facility for more than
2099 24 hours.
- 2100 (g) Obtain approval of the comprehensive emergency
2101 management plan, pursuant to s. 400.9982(2)(e), from the local
2102 emergency management agency. Pending the approval of the plan,
2103 the local emergency management agency shall ensure that the
2104 following agencies, at a minimum, are given the opportunity to
2105 review the plan: the Department of Health, the Agency for Health
2106 Care Administration, and the Division of Emergency Management.



2107 Appropriate volunteer organizations shall also be given the
2108 opportunity to review the plan. The local emergency management
2109 agency shall complete its review within 60 days after receipt of
2110 the plan and either approve the plan or advise the licensee of
2111 necessary revisions.

2112 (h) Maintain written records in a form and system that
2113 comply with medical and business practices and make the records
2114 available by the facility for review or submission to the agency
2115 upon request. The records shall include:

2116 1. A daily census record that indicates the number of
2117 clients currently receiving services in the facility, including
2118 information regarding any public funding of such clients.

2119 2. A record of each accident or unusual incident involving
2120 a client or staff member that caused, or had the potential to
2121 cause, injury or harm to any person or property within the
2122 facility. The record shall contain a clear description of each
2123 accident or incident; the names of the persons involved; a
2124 description of medical or other services provided to these
2125 persons, including the provider of the services; and the steps
2126 taken to prevent recurrence of such accident or incident.

2127 3. A copy of current agreements with third-party
2128 providers.

2129 4. A copy of current agreements with each consultant
2130 employed by the licensee and documentation of a consultant's
2131 visits and required written and dated reports.

2132 400.9981 Property and personal affairs of clients.-



2133 (1) A client shall be given the option of using his or her
2134 own belongings, as space permits; choosing a roommate if
2135 practical and not clinically contraindicated; and, whenever
2136 possible, unless the client is adjudicated incompetent or
2137 incapacitated under state law, managing his or her own affairs.

2138 (2) The admission of a client to a facility and his or her
2139 presence therein does not confer on a licensee or administrator,
2140 or an employee or representative thereof, any authority to
2141 manage, use, or dispose of the property of the client, and the
2142 admission or presence of a client does not confer on such person
2143 any authority or responsibility for the personal affairs of the
2144 client except that which may be necessary for the safe
2145 management of the facility or for the safety of the client.

2146 (3) A licensee or administrator, or an employee or
2147 representative thereof, may:

2148 (a) Not act as the guardian, trustee, or conservator for a
2149 client or a client's property.

2150 (b) Act as a competent client's payee for social security,
2151 veteran's, or railroad benefits if the client provides consent
2152 and the licensee files a surety bond with the agency in an
2153 amount equal to twice the average monthly aggregate income or
2154 personal funds due to the client, or expendable for the client's
2155 account, that are received by a licensee.

2156 (c) Act as the attorney in fact for a client if the
2157 licensee files a surety bond with the agency in an amount equal
2158 to twice the average monthly income of the client, plus the



2159 value of a client's property under the control of the attorney
2160 in fact.

2161
2162 The surety bond required under paragraph (b) or paragraph (c)
2163 shall be executed by the licensee as principal and a licensed
2164 surety company. The bond shall be conditioned upon the faithful
2165 compliance of the licensee with the requirements of licensure
2166 and is payable to the agency for the benefit of a client who
2167 suffers a financial loss as a result of the misuse or
2168 misappropriation of funds held pursuant to this subsection. A
2169 surety company that cancels or does not renew the bond of a
2170 licensee shall notify the agency in writing at least 30 days
2171 before the action, giving the reason for cancellation or
2172 nonrenewal. A licensee or administrator, or an employee or
2173 representative thereof, who is granted power of attorney for a
2174 client of the facility shall, on a monthly basis, notify the
2175 client in writing of any transaction made on behalf of the
2176 client pursuant to this subsection, and a copy of the
2177 notification given to the client shall be retained in the
2178 client's file and available for agency inspection.

2179 (4) A licensee, with the consent of the client, shall
2180 provide for safekeeping in the facility of the client's personal
2181 effects of a value not in excess of \$1,000 and the client's
2182 funds not in excess of \$500 cash and shall keep complete and
2183 accurate records of the funds and personal effects received. If
2184 a client is absent from a facility for 24 hours or more, the



2185 licensee may provide for safekeeping of the client's personal
2186 effects of a value in excess of \$1,000.

2187 (5) Funds or other property belonging to or due to a
2188 client or expendable for the client's account that are received
2189 by a licensee shall be regarded as funds held in trust and shall
2190 be kept separate from the funds and property of the licensee and
2191 other clients or shall be specifically credited to the client.
2192 The funds held in trust shall be used or otherwise expended only
2193 for the account of the client. At least once every month, except
2194 pursuant to an order of a court of competent jurisdiction, the
2195 licensee shall furnish the client and, if applicable, the
2196 client's representative with a complete and verified statement
2197 of all funds and other property to which this subsection
2198 applies, detailing the amount and items received, together with
2199 their sources and disposition. The licensee shall furnish the
2200 statement annually and upon discharge or transfer of a client. A
2201 governmental agency or private charitable agency contributing
2202 funds or other property to the account of a client is also
2203 entitled to receive a statement monthly and upon the discharge
2204 or transfer of the client.

2205 (6) (a) In addition to any damages or civil penalties to
2206 which a person is subject, a person who:

2207 1. Intentionally withholds a client's personal funds,
2208 personal property, or personal needs allowance;

2209 2. Demands, beneficially receives, or contracts for
2210 payment of all or any part of a client's personal property or



2211 personal needs allowance in satisfaction of the facility rate
2212 for supplies and services; or

2213 3. Borrows from or pledges any personal funds of a client,
2214 other than the amount agreed to by written contract under s.
2215 429.24,

2216
2217 commits a misdemeanor of the first degree, punishable as
2218 provided in s. 775.082 or s. 775.083.

2219 (b) A licensee or administrator, or an employee, or
2220 representative thereof, who is granted power of attorney for a
2221 client and who misuses or misappropriates funds obtained through
2222 this power commits a felony of the third degree, punishable as
2223 provided in s. 775.082, s. 775.083, or s. 775.084.

2224 (7) In the event of the death of a client, a licensee
2225 shall return all refunds, funds, and property held in trust to
2226 the client's personal representative, if one has been appointed
2227 at the time the licensee disburses such funds, or, if not, to
2228 the client's spouse or adult next of kin named in a beneficiary
2229 designation form provided by the licensee to the client. If the
2230 client does not have a spouse or adult next of kin or such
2231 person cannot be located, funds due to be returned to the client
2232 shall be placed in an interest-bearing account, and all property
2233 held in trust by the licensee shall be safeguarded until such
2234 time as the funds and property are disbursed pursuant to the
2235 Florida Probate Code. The funds shall be kept separate from the
2236 funds and property of the licensee and other clients of the



2237 facility. If the funds of the deceased client are not disbursed
2238 pursuant to the Florida Probate Code within 2 years after the
2239 client's death, the funds shall be deposited in the Health Care
2240 Trust Fund administered by the agency.

2241 (8) The agency, by rule, may clarify terms and specify
2242 procedures and documentation necessary to administer the
2243 provisions of this section relating to the proper management of
2244 clients' funds and personal property and the execution of surety
2245 bonds.

2246 400.9982 Rules establishing standards.—

2247 (1) It is the intent of the Legislature that rules adopted
2248 and enforced pursuant to this part and part II of chapter 408
2249 include criteria to ensure reasonable and consistent quality of
2250 care and client safety. The rules should make reasonable efforts
2251 to accommodate the needs and preferences of the client to
2252 enhance the client's quality of life while residing in a
2253 transitional living facility.

2254 (2) The agency may adopt and enforce rules to implement
2255 this part and part II of chapter 408, which shall include
2256 reasonable and fair criteria with respect to:

2257 (a) The location of transitional living facilities.

2258 (b) The qualifications of personnel, including management,
2259 medical, nursing, and other professional personnel and nursing
2260 assistants and support staff, who are responsible for client
2261 care. The licensee must employ enough qualified professional
2262 staff to carry out and monitor interventions in accordance with



2263 the stated goals and objectives of each comprehensive treatment
2264 plan.

2265 (c) Requirements for personnel procedures, reporting
2266 procedures, and documentation necessary to implement this part.

2267 (d) Services provided to clients of transitional living
2268 facilities.

2269 (e) The preparation and annual update of a comprehensive
2270 emergency management plan in consultation with the Division of
2271 Emergency Management. At a minimum, the rules must provide for
2272 plan components that address emergency evacuation
2273 transportation; adequate sheltering arrangements; postdisaster
2274 activities, including provision of emergency power, food, and
2275 water; postdisaster transportation; supplies; staffing;
2276 emergency equipment; individual identification of clients and
2277 transfer of records; communication with families; and responses
2278 to family inquiries.

2279 400.9983 Violations; penalties.—A violation of this part
2280 or any rule adopted pursuant thereto shall be classified
2281 according to the nature of the violation and the gravity of its
2282 probable effect on facility clients. The agency shall indicate
2283 the classification on the written notice of the violation as
2284 follows:

2285 (1) Class "I" violations are defined in s. 408.813. The
2286 agency shall issue a citation regardless of correction and
2287 impose an administrative fine of \$5,000 for an isolated
2288 violation, \$7,500 for a patterned violation, or \$10,000 for a



2289 widespread violation. Violations may be identified, and a fine
2290 must be levied, notwithstanding the correction of the deficiency
2291 giving rise to the violation.

2292 (2) Class "II" violations are defined in s. 408.813. The
2293 agency shall impose an administrative fine of \$1,000 for an
2294 isolated violation, \$2,500 for a patterned violation, or \$5,000
2295 for a widespread violation. A fine must be levied
2296 notwithstanding the correction of the deficiency giving rise to
2297 the violation.

2298 (3) Class "III" violations are defined in s. 408.813. The
2299 agency shall impose an administrative fine of \$500 for an
2300 isolated violation, \$750 for a patterned violation, or \$1,000
2301 for a widespread violation. If a deficiency giving rise to a
2302 class III violation is corrected within the time specified by
2303 the agency, the fine may not be imposed.

2304 (4) Class "IV" violations are defined in s. 408.813. The
2305 agency shall impose an administrative fine of at least \$100 but
2306 not exceeding \$200 for each cited class IV violation. If a
2307 deficiency giving rise to a class IV violation is corrected
2308 within the time specified by the agency, the fine may not be
2309 imposed.

2310 400.9984 Receivership proceedings.—The agency may apply s.
2311 429.22 with regard to receivership proceedings for transitional
2312 living facilities.

2313 400.9985 Interagency communication.—The agency, the
2314 department, the Agency for Persons with Disabilities, and the



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2315 Department of Children and Families shall develop electronic
2316 systems to ensure that relevant information pertaining to the
2317 regulation of transitional living facilities and clients is
2318 timely and effectively communicated among agencies in order to
2319 facilitate the protection of clients. Electronic sharing of
2320 information shall include, at a minimum, a brain and spinal cord
2321 injury registry and a client abuse registry.

2322 Section 33. Section 400.805, Florida Statutes, is
2323 repealed.

2324 Section 34. The title of part V of chapter 400, Florida
2325 Statutes, consisting of sections 400.701 and 400.801, is
2326 redesignated as "INTERMEDIATE CARE FACILITIES."

2327 Section 35. Subsection (9) of section 381.745, Florida
2328 Statutes, is amended to read:

2329 381.745 Definitions; ss. 381.739-381.79.—As used in ss.
2330 381.739-381.79, the term:

2331 (9) "Transitional living facility" means a state-approved
2332 facility~~7~~, as defined and licensed under chapter 400 ~~or chapter~~
2333 ~~429, or a facility approved by the brain and spinal cord injury~~
2334 ~~program in accordance with this chapter.~~

2335 Section 36. Section 381.75, Florida Statutes, is amended
2336 to read:

2337 381.75 Duties and responsibilities of the department~~, of~~
2338 ~~transitional living facilities, and of residents.~~—Consistent
2339 with the mandate of s. 381.7395, the department shall develop
2340 and administer a multilevel treatment program for individuals



2341 who sustain brain or spinal cord injuries and who are referred
2342 to the brain and spinal cord injury program.

2343 (1) Within 15 days after any report of an individual who
2344 has sustained a brain or spinal cord injury, the department
2345 shall notify the individual or the most immediate available
2346 family members of their right to assistance from the state, the
2347 services available, and the eligibility requirements.

2348 (2) The department shall refer individuals who have brain
2349 or spinal cord injuries to other state agencies to ensure ~~assure~~
2350 that rehabilitative services, if desired, are obtained by that
2351 individual.

2352 (3) The department, in consultation with emergency medical
2353 service, shall develop standards for an emergency medical
2354 evacuation system that will ensure that all individuals who
2355 sustain traumatic brain or spinal cord injuries are transported
2356 to a department-approved trauma center that meets the standards
2357 and criteria established by the emergency medical service and
2358 the acute-care standards of the brain and spinal cord injury
2359 program.

2360 (4) The department shall develop standards for designation
2361 of rehabilitation centers to provide rehabilitation services for
2362 individuals who have brain or spinal cord injuries.

2363 (5) The department shall determine the appropriate number
2364 of designated acute-care facilities, inpatient rehabilitation
2365 centers, and outpatient rehabilitation centers, ~~needed~~ needed based on
2366 incidence, volume of admissions, and other appropriate criteria.



2367 (6) The department shall develop standards for designation
2368 of transitional living facilities to provide transitional living
2369 services for individuals who participate in the brain and spinal
2370 cord injury program ~~the opportunity to adjust to their~~
2371 ~~disabilities and to develop physical and functional skills in a~~
2372 ~~supported living environment.~~

2373 ~~(a) The Agency for Health Care Administration, in~~
2374 ~~consultation with the department, shall develop rules for the~~
2375 ~~licensure of transitional living facilities for individuals who~~
2376 ~~have brain or spinal cord injuries.~~

2377 ~~(b) The goal of a transitional living program for~~
2378 ~~individuals who have brain or spinal cord injuries is to assist~~
2379 ~~each individual who has such a disability to achieve a higher~~
2380 ~~level of independent functioning and to enable that person to~~
2381 ~~reenter the community. The program shall be focused on preparing~~
2382 ~~participants to return to community living.~~

2383 ~~(c) A transitional living facility for an individual who~~
2384 ~~has a brain or spinal cord injury shall provide to such~~
2385 ~~individual, in a residential setting, a goal-oriented treatment~~
2386 ~~program designed to improve the individual's physical,~~
2387 ~~cognitive, communicative, behavioral, psychological, and social~~
2388 ~~functioning, as well as to provide necessary support and~~
2389 ~~supervision. A transitional living facility shall offer at least~~
2390 ~~the following therapies: physical, occupational, speech,~~
2391 ~~neuropsychology, independent living skills training, behavior~~
2392 ~~analysis for programs serving brain-injured individuals, health~~



2393 ~~education, and recreation.~~

2394 ~~(d) All residents shall use the transitional living~~
2395 ~~facility as a temporary measure and not as a permanent home or~~
2396 ~~domicile. The transitional living facility shall develop an~~
2397 ~~initial treatment plan for each resident within 3 days after the~~
2398 ~~resident's admission. The transitional living facility shall~~
2399 ~~develop a comprehensive plan of treatment and a discharge plan~~
2400 ~~for each resident as soon as practical, but no later than 30~~
2401 ~~days after the resident's admission. Each comprehensive~~
2402 ~~treatment plan and discharge plan must be reviewed and updated~~
2403 ~~as necessary, but no less often than quarterly. This subsection~~
2404 ~~does not require the discharge of an individual who continues to~~
2405 ~~require any of the specialized services described in paragraph~~
2406 ~~(c) or who is making measurable progress in accordance with that~~
2407 ~~individual's comprehensive treatment plan. The transitional~~
2408 ~~living facility shall discharge any individual who has an~~
2409 ~~appropriate discharge site and who has achieved the goals of his~~
2410 ~~or her discharge plan or who is no longer making progress toward~~
2411 ~~the goals established in the comprehensive treatment plan and~~
2412 ~~the discharge plan. The discharge location must be the least~~
2413 ~~restrictive environment in which an individual's health, well-~~
2414 ~~being, and safety is preserved.~~

2415 ~~(7) Recipients of services, under this section, from any~~
2416 ~~of the facilities referred to in this section shall pay a fee~~
2417 ~~based on ability to pay.~~

2418 Section 37. Subsection (4) of section 381.78, Florida



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2419 Statutes, is amended to read:

2420 381.78 Advisory council on brain and spinal cord
2421 injuries.—

2422 (4) The council shall:

2423 ~~(a)~~ provide advice and expertise to the department in the
2424 preparation, implementation, and periodic review of the brain
2425 and spinal cord injury program.

2426 ~~(b)~~ ~~Annually appoint a five member committee composed of~~
2427 ~~one individual who has a brain injury or has a family member~~
2428 ~~with a brain injury, one individual who has a spinal cord injury~~
2429 ~~or has a family member with a spinal cord injury, and three~~
2430 ~~members who shall be chosen from among these representative~~
2431 ~~groups: physicians, other allied health professionals,~~
2432 ~~administrators of brain and spinal cord injury programs, and~~
2433 ~~representatives from support groups with expertise in areas~~
2434 ~~related to the rehabilitation of individuals who have brain or~~
2435 ~~spinal cord injuries, except that one and only one member of the~~
2436 ~~committee shall be an administrator of a transitional living~~
2437 ~~facility. Membership on the council is not a prerequisite for~~
2438 ~~membership on this committee.~~

2439 ~~1. The committee shall perform onsite visits to those~~
2440 ~~transitional living facilities identified by the Agency for~~
2441 ~~Health Care Administration as being in possible violation of the~~
2442 ~~statutes and rules regulating such facilities. The committee~~
2443 ~~members have the same rights of entry and inspection granted~~
2444 ~~under s. 400.805(4) to designated representatives of the agency.~~

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2445 ~~2. Factual findings of the committee resulting from an~~
2446 ~~onsite investigation of a facility pursuant to subparagraph 1.~~
2447 ~~shall be adopted by the agency in developing its administrative~~
2448 ~~response regarding enforcement of statutes and rules regulating~~
2449 ~~the operation of the facility.~~

2450 ~~3. Onsite investigations by the committee shall be funded~~
2451 ~~by the Health Care Trust Fund.~~

2452 ~~4. Travel expenses for committee members shall be~~
2453 ~~reimbursed in accordance with s. 112.061.~~

2454 ~~5. Members of the committee shall recuse themselves from~~
2455 ~~participating in any investigation that would create a conflict~~
2456 ~~of interest under state law, and the council shall replace the~~
2457 ~~member, either temporarily or permanently.~~

2458 Section 38. Subsection (5) of section 400.93, Florida
2459 Statutes, is amended to read:

2460 400.93 Licensure required; exemptions; unlawful acts;
2461 penalties.—

2462 (5) The following are exempt from home medical equipment
2463 provider licensure, unless they have a separate company,
2464 corporation, or division that is in the business of providing
2465 home medical equipment and services for sale or rent to
2466 consumers at their regular or temporary place of residence
2467 pursuant to the provisions of this part:

2468 (a) Providers operated by the Department of Health or
2469 Federal Government.

2470 (b) Nursing homes licensed under part II.



2471 (c) Assisted living facilities licensed under chapter 429,
2472 when serving their residents.

2473 (d) Home health agencies licensed under part III.

2474 (e) Hospices licensed under part IV.

2475 (f) Intermediate care facilities and~~7~~ homes for special
2476 services~~7~~ and transitional living facilities licensed under part
2477 v.

2478 (g) Transitional living facilities licensed under part XI.

2479 (h)~~(g)~~ Hospitals and ambulatory surgical centers licensed
2480 under chapter 395.

2481 (i)~~(h)~~ Manufacturers and wholesale distributors when not
2482 selling directly to consumers.

2483 (j)~~(i)~~ Licensed health care practitioners who use ~~utilize~~
2484 home medical equipment in the course of their practice~~7~~ but do
2485 not sell or rent home medical equipment to their patients.

2486 (k)~~(j)~~ Pharmacies licensed under chapter 465.

2487 Section 39. Subsection (21) of section 408.802, Florida
2488 Statutes, is amended to read:

2489 408.802 Applicability.—The provisions of this part apply
2490 to the provision of services that require licensure as defined
2491 in this part and to the following entities licensed, registered,
2492 or certified by the agency, as described in chapters 112, 383,
2493 390, 394, 395, 400, 429, 440, 483, and 765:

2494 (21) Transitional living facilities, as provided under
2495 part XI ~~∇~~ of chapter 400.

2496 Section 40. Subsection (20) of section 408.820, Florida



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2497 Statutes, is amended to read:

2498 408.820 Exemptions.—Except as prescribed in authorizing
2499 statutes, the following exemptions shall apply to specified
2500 requirements of this part:

2501 (20) Transitional living facilities, as provided under
2502 part ~~XI~~ of chapter 400, are exempt from s. 408.810(10).

2503 Section 41. Effective July 1, 2015, a transitional living
2504 facility licensed before the effective date of this act pursuant
2505 to s. 400.805, Florida Statutes, must be licensed under part XI
2506 of chapter 400, Florida Statutes, as created by this act.

2507 Section 42. Section 752.011, Florida Statutes, is created
2508 to read:

2509 752.011 Petition for grandparent visitation of a minor
2510 child.—A grandparent of a minor child whose parents are
2511 deceased, missing, or in a permanent vegetative state, or whose
2512 one parent is deceased, missing, or in a permanent vegetative
2513 state and whose other parent has been convicted of a felony or
2514 an offense of violence, may petition the court for visitation
2515 with the grandchild under this section.

2516 (1) Upon the filing of a petition by a grandparent for
2517 visitation, the court shall hold a preliminary hearing to
2518 determine whether the petitioner has made a prima facie showing
2519 of parental unfitness or significant harm to the child. Absent
2520 such a showing, the court shall dismiss the petition and shall
2521 award reasonable attorney fees and costs to be paid by the
2522 petitioner to the respondent.

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2523 (2) If the court finds that there is prima facie evidence
2524 that a parent is unfit or that there is significant harm to the
2525 child, the court shall proceed with a final hearing, may appoint
2526 a guardian ad litem, and shall refer the matter to family
2527 mediation as provided in s. 752.015.

2528 (3) After conducting a final hearing on the issue of
2529 visitation, the court may award reasonable visitation to the
2530 grandparent with respect to the minor child if the court finds
2531 by clear and convincing evidence that a parent is unfit or that
2532 there is significant harm to the child, that visitation is in
2533 the best interest of the minor child, and that the visitation
2534 will not materially harm the parent-child relationship.

2535 (4) In assessing the best interest of the child under
2536 subsection (3), the court shall consider the totality of the
2537 circumstances affecting the mental and emotional well-being of
2538 the minor child, including:

2539 (a) The love, affection, and other emotional ties existing
2540 between the minor child and the grandparent, including those
2541 resulting from the relationship that had been previously allowed
2542 by the child's parent.

2543 (b) The length and quality of the previous relationship
2544 between the minor child and the grandparent, including the
2545 extent to which the grandparent was involved in providing
2546 regular care and support for the child.

2547 (c) Whether the grandparent established ongoing personal
2548 contact with the minor child before the death of the parent.



2549 (d) The reasons cited by the surviving parent in ending
2550 contact or visitation between the minor child and the
2551 grandparent.

2552 (e) Whether there has been significant and demonstrable
2553 mental or emotional harm to the minor child as a result of the
2554 disruption in the family unit, whether the child derived support
2555 and stability from the grandparent, and whether the continuation
2556 of such support and stability is likely to prevent further harm.

2557 (f) The existence or threat to the minor child of mental
2558 injury as defined in s. 39.01.

2559 (g) The present mental, physical, and emotional health of
2560 the minor child.

2561 (h) The present mental, physical, and emotional health of
2562 the grandparent.

2563 (i) The recommendations of the minor child's guardian ad
2564 litem, if one is appointed.

2565 (j) The result of any psychological evaluation of the
2566 minor child.

2567 (k) The preference of the minor child if the child is
2568 determined to be of sufficient maturity to express a preference.

2569 (l) A written testamentary statement by the deceased
2570 parent regarding visitation with the grandparent. The absence of
2571 a testamentary statement is not deemed to provide evidence that
2572 the deceased parent would have objected to the requested
2573 visitation.

2574 (m) Other factors that the court considers necessary in



2575 making its determination.

2576 (5) In assessing material harm to the parent-child
2577 relationship under subsection (3), the court shall consider the
2578 totality of the circumstances affecting the parent-child
2579 relationship, including:

2580 (a) Whether there have been previous disputes between the
2581 grandparent and the parent over childrearing or other matters
2582 related to the care and upbringing of the minor child.

2583 (b) Whether visitation would materially interfere with or
2584 compromise parental authority.

2585 (c) Whether visitation can be arranged in a manner that
2586 does not materially detract from the parent-child relationship,
2587 including the quantity of time available for enjoyment of the
2588 parent-child relationship and any other consideration related to
2589 disruption of the schedule and routine of the parent and the
2590 minor child.

2591 (d) Whether visitation is being sought for the primary
2592 purpose of continuing or establishing a relationship with the
2593 minor child with the intent that the child benefit from the
2594 relationship.

2595 (e) Whether the requested visitation would expose the
2596 minor child to conduct, moral standards, experiences, or other
2597 factors that are inconsistent with influences provided by the
2598 parent.

2599 (f) The nature of the relationship between the child's
2600 parent and the grandparent.



2601 (g) The reasons cited by the parent in ending contact or
2602 visitation between the minor child and the grandparent which was
2603 previously allowed by the parent.

2604 (h) The psychological toll of visitation disputes on the
2605 minor child.

2606 (i) Other factors that the court considers necessary in
2607 making its determination.

2608 (6) Part II of chapter 61 applies to actions brought under
2609 this section.

2610 (7) If actions under this section and s. 61.13 are pending
2611 concurrently, the courts are strongly encouraged to consolidate
2612 the actions in order to minimize the burden of litigation on the
2613 minor child and the other parties.

2614 (8) An order for grandparent visitation may be modified
2615 upon a showing by the person petitioning for modification that a
2616 substantial change in circumstances has occurred and that
2617 modification of visitation is in the best interest of the minor
2618 child.

2619 (9) An original action requesting visitation under this
2620 section may be filed by a grandparent only once during any 2-
2621 year period, except on good cause shown that the minor child is
2622 suffering, or may suffer, significant and demonstrable mental or
2623 emotional harm caused by a parental decision to deny visitation
2624 between a minor child and the grandparent, which was not known
2625 to the grandparent at the time of filing an earlier action.

2626 (10) This section does not provide for grandparent



2627 visitation with a minor child placed for adoption under chapter
 2628 63 except as provided in s. 752.071 with respect to adoption by
 2629 a stepparent or close relative.

2630 (11) Venue shall be in the county where the minor child
 2631 primarily resides, unless venue is otherwise governed by chapter
 2632 39, chapter 61, or chapter 63.

2633 Section 43. Section 752.071, Florida Statutes, is created
 2634 to read:

2635 752.071 Effect of adoption by stepparent or close
 2636 relative.—After the adoption of a minor child by a stepparent or
 2637 close relative, the stepparent or close relative may petition
 2638 the court to terminate an order granting grandparent visitation
 2639 under this chapter which was entered before the adoption. The
 2640 court may terminate the order unless the grandparent is able to
 2641 show that the criteria of s. 752.011 authorizing the visitation
 2642 continue to be satisfied.

2643 Section 44. Section 752.015, Florida Statutes, is amended
 2644 to read:

2645 752.015 Mediation of visitation disputes.—It is ~~shall be~~
 2646 the public policy of this state that families resolve
 2647 differences over grandparent visitation within the family. It is
 2648 ~~shall be~~ the further public policy of this state that, when
 2649 families are unable to resolve differences relating to
 2650 grandparent visitation, that ~~that~~ the family participate in any
 2651 formal or informal mediation services that may be available. If
 2652 ~~When~~ families are unable to resolve differences relating to



2653 grandparent visitation and a petition is filed pursuant to s.
2654 752.011 ~~s. 752.01~~, the court shall, if such services are
2655 available in the circuit, refer the case to family mediation in
2656 accordance with the Florida Family Law Rules of Procedure ~~rules~~
2657 ~~promulgated by the Supreme Court.~~

2658 Section 45. Section 752.01, Florida Statutes, is repealed.

2659 Section 46. Section 752.07, Florida Statutes, is repealed.

2660 Section 47. Subsection (7) of section 400.474, Florida
2661 Statutes, is amended to read:

2662 400.474 Administrative penalties.—

2663 (7) A home health agency shall electronically submit to
2664 the agency, ~~within 15 days after the end of each calendar~~
2665 ~~quarter,~~ a ~~written~~ report for each 6-month period ending March
2666 31 and September 30.

2667 (a) Each report must include ~~that includes~~ the following
2668 data as it ~~they~~ existed on the last day of the reporting period
2669 ~~quarter:~~

2670 1.(a) The number of insulin-dependent diabetic patients
2671 who receive insulin-injection services from the home health
2672 agency.

2673 2.(b) The number of patients who receive both home health
2674 services from the home health agency and hospice services.

2675 3.(e) The number of patients who receive home health
2676 services from the home health agency.

2677 4.(d) The name and license number of each nurse whose
2678 primary job responsibility is to provide home health services to



2679 patients and who received remuneration from the home health
2680 agency in excess of \$50,000 ~~\$25,000~~ during the reporting period
2681 ~~calendar quarter~~.

2682 (b) If the home health agency fails to submit the ~~written~~
2683 ~~quarterly~~ report within 15 days after the end of the applicable
2684 reporting period ~~each calendar quarter~~, the agency ~~for Health~~
2685 ~~Care Administration~~ shall impose a fine of \$200 per day against
2686 the home health agency ~~in the amount of \$200 per day~~ until the
2687 agency ~~for Health Care Administration~~ receives the report,
2688 except that the total fine imposed pursuant to this subsection
2689 may not exceed \$5,000 per reporting period ~~quarter~~. A home
2690 health agency is exempt from submission of the report and the
2691 imposition of the fine if it is not a Medicaid or Medicare
2692 provider ~~or if it does not share a controlling interest with a~~
2693 ~~licensee, as defined in s. 408.803, which bills the Florida~~
2694 ~~Medicaid program or the Medicare program.~~

2695 Section 48. Except as otherwise expressly provided in this
2696 act, this act shall take effect July 1, 2014.