

**FOR CONSIDERATION** By the Committee on Children, Families, and Elder Affairs

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1                                   A bill to be entitled  
2       An act relating to assisted living facilities;  
3       amending s. 394.4574, F.S.; providing that Medicaid  
4       prepaid behavioral health plans are responsible for  
5       enrolled mental health residents; providing that  
6       managing entities under contract with the Department  
7       of Children and Families are responsible for mental  
8       health residents who are not enrolled with a Medicaid  
9       prepaid behavioral health plan; deleting a provision  
10      to conform to changes made by the act; requiring that  
11      the community living support plan be completed and  
12      provided to the administrator of a facility upon the  
13      mental health resident's admission; requiring the  
14      community living support plan to be updated when there  
15      is a significant change to the mental health  
16      resident's behavioral health; requiring the case  
17      manager assigned to a mental health resident of an  
18      assisted living facility that holds a limited mental  
19      health license to keep a record of the date and time  
20      of face-to-face interactions with the resident and to  
21      make the record available to the responsible entity  
22      for inspection; requiring that the record be  
23      maintained for a specified time; requiring the  
24      responsible entity to ensure that there is adequate  
25      and consistent monitoring and enforcement of community  
26      living support plans and cooperative agreements and  
27      that concerns are reported to the appropriate  
28      regulatory oversight organization under certain  
29      circumstances; amending s. 400.0074, F.S.; requiring

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30 that an administrative assessment conducted by a local  
31 council be comprehensive in nature and focus on  
32 factors affecting the rights, health, safety, and  
33 welfare of nursing home residents; requiring a local  
34 council to conduct an exit consultation with the  
35 facility administrator or administrator designee to  
36 discuss issues and concerns in areas affecting the  
37 rights, health, safety, and welfare of residents and  
38 make recommendations for improvement; amending s.  
39 400.0078, F.S.; requiring that a resident or a  
40 representative of a resident of a long-term care  
41 facility be informed that retaliatory action cannot be  
42 taken against a resident for presenting grievances or  
43 for exercising any other resident right; amending s.  
44 429.02, F.S.; conforming a cross-reference; providing  
45 a definition; amending s. 429.07, F.S.; requiring that  
46 an extended congregate care license be issued to  
47 certain facilities that have been licensed as assisted  
48 living facilities under certain circumstances and  
49 authorizing the issuance of such license if a  
50 specified condition is met; providing the purpose of  
51 an extended congregate care license; providing that  
52 the initial extended congregate care license of an  
53 assisted living facility is provisional under certain  
54 circumstances; requiring a licensee to notify the  
55 Agency for Health Care Administration if it accepts a  
56 resident who qualifies for extended congregate care  
57 services; requiring the agency to inspect the facility  
58 for compliance with the requirements of an extended

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59           congregate care license; requiring the issuance of an  
60           extended congregate care license under certain  
61           circumstances; requiring the licensee to immediately  
62           suspend extended congregate care services under  
63           certain circumstances; requiring a registered nurse  
64           representing the agency to visit the facility at least  
65           twice a year, rather than quarterly, to monitor  
66           residents who are receiving extended congregate care  
67           services; authorizing the agency to waive one of the  
68           required yearly monitoring visits under certain  
69           circumstances; authorizing the agency to deny or  
70           revoke a facility's extended congregate care license;  
71           requiring a registered nurse representing the agency  
72           to visit the facility at least annually, rather than  
73           twice a year, to monitor residents who are receiving  
74           limited nursing services; providing that such  
75           monitoring visits may be conducted in conjunction with  
76           other agency inspections; authorizing the agency to  
77           waive the required yearly monitoring visit for a  
78           facility that is licensed to provide limited nursing  
79           services under certain circumstances; amending s.  
80           429.075, F.S.; requiring an assisted living facility  
81           that serves one or more mental health residents to  
82           obtain a limited mental health license; amending s.  
83           429.14, F.S.; revising the circumstances under which  
84           the agency may deny, revoke, or suspend the license of  
85           an assisted living facility and impose an  
86           administrative fine; requiring the agency to deny or  
87           revoke the license of an assisted living facility

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88 under certain circumstances; requiring the agency to  
89 impose an immediate moratorium on the license of an  
90 assisted living facility under certain circumstances;  
91 deleting a provision requiring the agency to provide a  
92 list of facilities with denied, suspended, or revoked  
93 licenses to the Department of Business and  
94 Professional Regulation; exempting a facility from the  
95 45-day notice requirement if it is required to  
96 relocate some or all of its residents; amending s.  
97 429.178, F.S.; conforming cross-references; amending  
98 s. 429.19, F.S.; revising the amounts and uses of  
99 administrative fines; requiring the agency to levy a  
100 fine for violations that are corrected before an  
101 inspection if noncompliance occurred within a  
102 specified period of time; deleting factors that the  
103 agency is required to consider in determining  
104 penalties and fines; amending s. 429.256, F.S.;  
105 revising the term "assistance with self-administration  
106 of medication" as it relates to the Assisted Living  
107 Facilities Act; amending s. 429.28, F.S.; providing  
108 notice requirements to inform facility residents that  
109 the identity of the resident and complainant in any  
110 complaint made to the State Long-Term Care Ombudsman  
111 Program or a local long-term care ombudsman council is  
112 confidential and that retaliatory action cannot be  
113 taken against a resident for presenting grievances or  
114 for exercising any other resident right; requiring  
115 that a facility that terminates an individual's  
116 residency after the filing of a complaint be fined if

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117 good cause is not shown for the termination; amending  
118 s. 429.34, F.S.; requiring certain persons to report  
119 elder abuse in assisted living facilities; requiring  
120 the agency to regularly inspect every licensed  
121 assisted living facility; requiring the agency to  
122 conduct more frequent inspections under certain  
123 circumstances; requiring the licensee to pay a fee for  
124 the cost of additional inspections; requiring the  
125 agency to annually adjust the fee; amending s. 429.41,  
126 F.S.; providing that certain staffing requirements  
127 apply only to residents in continuing care facilities  
128 who are receiving the relevant service; amending s.  
129 429.52, F.S.; requiring each newly hired employee of  
130 an assisted living facility to attend a preservice  
131 orientation provided by the assisted living facility;  
132 requiring the employee and administrator to sign an  
133 affidavit upon completion of the preservice  
134 orientation; requiring the assisted living facility to  
135 maintain the signed affidavit in the employee's work  
136 file; conforming a cross-reference; creating s.  
137 429.55, F.S.; providing that a facility may apply for  
138 a flexible bed license; requiring a facility that has  
139 a flexible bed license to keep a log, specify certain  
140 information in a flexible bed contract, and retain  
141 certain records; requiring a licensed flexible bed  
142 facility to provide state surveyors with access to the  
143 log and certain independent living units; authorizing  
144 state surveyors to interview certain residents;  
145 providing that a flexible bed license does not

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146 preclude a resident from obtaining certain services;  
147 requiring the Office of Program Policy Analysis and  
148 Government Accountability to study the reliability of  
149 facility surveys and submit to the Governor and the  
150 Legislature its findings and recommendations;  
151 requiring the agency to implement a rating system of  
152 assisted living facilities by a specified date, adopt  
153 rules, and create content for the agency's website  
154 that makes available to consumers information  
155 regarding assisted living facilities; providing  
156 criteria for the content; providing an effective date.

157  
158 Be It Enacted by the Legislature of the State of Florida:

159  
160 Section 1. Section 394.4574, Florida Statutes, is amended  
161 to read:

162 394.4574 ~~Department~~ Responsibilities for coordination of  
163 services for a mental health resident who resides in an assisted  
164 living facility that holds a limited mental health license.—

165 (1) As used in this section, the term "mental health  
166 resident" ~~"mental health resident," for purposes of this~~  
167 ~~section,~~ means an individual who receives social security  
168 disability income due to a mental disorder as determined by the  
169 Social Security Administration or receives supplemental security  
170 income due to a mental disorder as determined by the Social  
171 Security Administration and receives optional state  
172 supplementation.

173 (2) Medicaid prepaid behavioral health plans are  
174 responsible for enrolled mental health residents, and managing

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175 entities under contract with the department are responsible for  
176 mental health residents who are not enrolled with a Medicaid  
177 prepaid behavioral health plan. A Medicaid prepaid behavioral  
178 health plan or a managing entity, as appropriate, shall ~~The~~  
179 ~~department must~~ ensure that:

180 (a) A mental health resident has been assessed by a  
181 psychiatrist, clinical psychologist, clinical social worker, or  
182 psychiatric nurse, or an individual who is supervised by one of  
183 these professionals, and determined to be appropriate to reside  
184 in an assisted living facility. The documentation must be  
185 provided to the administrator of the facility within 30 days  
186 after the mental health resident has been admitted to the  
187 facility. An evaluation completed upon discharge from a state  
188 mental hospital meets the requirements of this subsection  
189 related to appropriateness for placement as a mental health  
190 resident if it was completed within 90 days before ~~prior to~~  
191 admission to the facility.

192 (b) A cooperative agreement, as required in s. 429.075, is  
193 developed by ~~between~~ the mental health care services provider  
194 that serves a mental health resident and the administrator of  
195 the assisted living facility with a limited mental health  
196 license in which the mental health resident is living. ~~Any~~  
197 ~~entity that provides Medicaid prepaid health plan services shall~~  
198 ~~ensure the appropriate coordination of health care services with~~  
199 ~~an assisted living facility in cases where a Medicaid recipient~~  
200 ~~is both a member of the entity's prepaid health plan and a~~  
201 ~~resident of the assisted living facility. If the entity is at~~  
202 ~~risk for Medicaid targeted case management and behavioral health~~  
203 ~~services, the entity shall inform the assisted living facility~~

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204 ~~of the procedures to follow should an emergent condition arise.~~

205 (c) The community living support plan, as defined in s.  
206 429.02, has been prepared by a mental health resident and his or  
207 her a mental health case manager ~~of that resident~~ in  
208 consultation with the administrator of the facility or the  
209 administrator's designee. The plan must be completed and  
210 provided to the administrator of the assisted living facility  
211 with a limited mental health license in which the mental health  
212 resident lives upon the resident's admission. The support plan  
213 and the agreement may be in one document.

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

217 (e) The mental health services provider assigns a case  
218 manager to each mental health resident for whom the entity is  
219 responsible who lives in an assisted living facility with a  
220 limited mental health license. The case manager shall coordinate  
221 is responsible for coordinating the development ~~of~~ and  
222 implementation of the community living support plan defined in  
223 s. 429.02. The plan must be updated at least annually, or when  
224 there is a significant change in the resident's behavioral  
225 health status, such as an inpatient admission or a change in  
226 medication, level of service, or residence. Each case manager  
227 shall keep a record of the date and time of any face-to-face  
228 interaction with the resident and make the record available to  
229 the responsible entity for inspection. The record must be  
230 retained for at least 2 years after the date of the most recent  
231 interaction.

232 (f) Adequate and consistent monitoring and enforcement of



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233 community living support plans and cooperative agreements are  
234 conducted by the resident's case manager.

235 (g) Concerns are reported to the appropriate regulatory  
236 oversight organization if a regulated provider fails to deliver  
237 appropriate services or otherwise acts in a manner that has the  
238 potential to result in harm to the resident.

239 (3) The Secretary of Children and ~~Families~~ Family Services,  
240 in consultation with the Agency for Health Care Administration,  
241 shall ~~annually~~ require each district administrator to develop,  
242 with community input, a detailed annual plan that demonstrates  
243 ~~detailed plans that demonstrate~~ how the district will ensure the  
244 provision of state-funded mental health and substance abuse  
245 treatment services to residents of assisted living facilities  
246 that hold a limited mental health license. This plan ~~These plans~~  
247 must be consistent with the substance abuse and mental health  
248 district plan developed pursuant to s. 394.75 and must address  
249 case management services; access to consumer-operated drop-in  
250 centers; access to services during evenings, weekends, and  
251 holidays; supervision of the clinical needs of the residents;  
252 and access to emergency psychiatric care.

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

256 400.0074 Local ombudsman council onsite administrative  
257 assessments.—

258 (1) In addition to any specific investigation conducted  
259 pursuant to a complaint, the local council shall conduct, at  
260 least annually, an onsite administrative assessment of each  
261 nursing home, assisted living facility, and adult family-care

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262 home within its jurisdiction. This administrative assessment  
263 must be comprehensive in nature and must ~~shall~~ focus on factors  
264 affecting residents' ~~the~~ rights, health, safety, and welfare ~~of~~  
265 ~~the residents~~. Each local council is encouraged to conduct a  
266 similar onsite administrative assessment of each additional  
267 long-term care facility within its jurisdiction.

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

270 (h) The local council shall conduct an exit consultation  
271 with the facility administrator or administrator designee to  
272 discuss issues and concerns in areas affecting residents'  
273 rights, health, safety, and welfare and, if needed, make  
274 recommendations for improvement.

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

277 400.0078 Citizen access to State Long-Term Care Ombudsman  
278 Program services.-

279 ~~(2) Every resident or representative of a resident shall~~  
280 ~~receive,~~ Upon admission to a long-term care facility, each  
281 resident or representative of a resident must receive  
282 information regarding the purpose of the State Long-Term Care  
283 Ombudsman Program, the statewide toll-free telephone number for  
284 receiving complaints, information that retaliatory action cannot  
285 be taken against a resident for presenting grievances or for  
286 exercising any other resident right, and other relevant  
287 information regarding how to contact the program. Each resident  
288 or his or her representative ~~Residents or their representatives~~  
289 must be furnished additional copies of this information upon  
290 request.

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291 Section 4. Subsection (11) of section 429.02, Florida  
292 Statutes, is amended, present subsections (12) through (26) of  
293 that section are redesignated as subsections (13) through (27),  
294 respectively, and a new subsection (12) is added to that  
295 section, to read:

296 429.02 Definitions.—When used in this part, the term:

297 (11) "Extended congregate care" means acts beyond those  
298 authorized in subsection (17) which ~~(16) that~~ may be performed  
299 by persons licensed under ~~pursuant to~~ part I of chapter 464 ~~by~~  
300 ~~persons licensed thereunder~~ while carrying out their  
301 professional duties, and other supportive services which may be  
302 specified by rule. The purpose of such services is to enable  
303 residents to age in place in a residential environment despite  
304 mental or physical limitations that might otherwise disqualify  
305 them from residency in a facility licensed under this part.

306 (12) "Flexible bed" means a licensed bed designated to  
307 allow a continuing care facility licensed under chapter 651 or a  
308 retirement community that offers other services pursuant to this  
309 part in addition to nursing home, home health, or adult day care  
310 services licensed under this chapter or chapter 400 on a single  
311 campus to provide assisted living services for up to 15 percent  
312 of independent living residents residing in residential units  
313 designated for independent living on the campus. A flexible bed  
314 allows a resident who needs personal care services, but who does  
315 not require a secure care setting, to age in place. A flexible  
316 bed is reserved for individuals who have been a contract holder  
317 of a facility licensed under chapter 651 or a resident of a  
318 retirement community for at least 6 months.

319 Section 5. Paragraphs (b) and (c) of subsection (3) of

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320 section 429.07, Florida Statutes, are amended to read:

321 429.07 License required; fee.—

322 (3) In addition to the requirements of s. 408.806, each  
323 license granted by the agency must state the type of care for  
324 which the license is granted. Licenses shall be issued for one  
325 or more of the following categories of care: standard, extended  
326 congregate care, limited nursing services, or limited mental  
327 health.

328 (b) An extended congregate care license shall be issued to  
329 each facility that has been licensed as an assisted living  
330 facility for 2 or more years and that provides services  
331 ~~facilities providing~~, directly or through contract, ~~services~~  
332 beyond those authorized in paragraph (a), including services  
333 performed by persons licensed under part I of chapter 464 and  
334 supportive services, as defined by rule, to persons who would  
335 otherwise be disqualified from continued residence in a facility  
336 licensed under this part. An extended congregate care license  
337 may be issued to a facility that has a provisional extended  
338 congregate care license and meets the requirements for licensure  
339 under subparagraph 2. The primary purpose of extended congregate  
340 care services is to allow residents the option of remaining in a  
341 familiar setting from which they would otherwise be disqualified  
342 for continued residency as they become more impaired. A facility  
343 licensed to provide extended congregate care services may also  
344 admit an individual who exceeds the admission criteria for a  
345 facility with a standard license, if he or she is determined  
346 appropriate for admission to the extended congregate care  
347 facility.

348 1. In order for extended congregate care services to be

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349 provided, the agency must first determine that all requirements  
350 established in law and rule are met and must specifically  
351 designate, on the facility's license, that such services may be  
352 provided and whether the designation applies to all or part of  
353 the facility. This ~~Such~~ designation may be made at the time of  
354 initial licensure or relicensure, or upon request in writing by  
355 a licensee under this part and part II of chapter 408. The  
356 notification of approval or the denial of the request shall be  
357 made in accordance with part II of chapter 408. Each existing  
358 facility that qualifies ~~facilities qualifying~~ to provide  
359 extended congregate care services must have maintained a  
360 standard license and may not have been subject to administrative  
361 sanctions during the previous 2 years, or since initial  
362 licensure if the facility has been licensed for less than 2  
363 years, for any of the following reasons:

- 364 a. A class I or class II violation;
- 365 b. Three or more repeat or recurring class III violations  
366 of identical or similar resident care standards from which a  
367 pattern of noncompliance is found by the agency;
- 368 c. Three or more class III violations that were not  
369 corrected in accordance with the corrective action plan approved  
370 by the agency;
- 371 d. Violation of resident care standards which results in  
372 requiring the facility to employ the services of a consultant  
373 pharmacist or consultant dietitian;
- 374 e. Denial, suspension, or revocation of a license for  
375 another facility licensed under this part in which the applicant  
376 for an extended congregate care license has at least 25 percent  
377 ownership interest; or

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

380

381 The agency may deny or revoke a facility's extended congregate  
382 care license for not meeting the criteria for an extended  
383 congregate care license as provided in this subparagraph.

384 2. If an assisted living facility has been licensed for  
385 less than 2 years but meets all other licensure requirements for  
386 an extended congregate care license, it shall be issued a  
387 provisional extended congregate care license for a period of 6  
388 months. Within the first 3 months after the provisional license  
389 is issued, the licensee shall notify the agency when it has  
390 admitted an extended congregate care resident, after which an  
391 unannounced inspection shall be made to determine compliance  
392 with requirements of an extended congregate care license. If the  
393 licensee demonstrates compliance with all of the requirements of  
394 an extended congregate care license during the inspection, the  
395 licensee shall be issued an extended congregate care license. In  
396 addition to sanctions authorized under this part, if violations  
397 are found during the inspection and the licensee fails to  
398 demonstrate compliance with all assisted living requirements  
399 during a followup inspection, the licensee shall immediately  
400 suspend extended congregate care services, and the provisional  
401 extended congregate care license expires.

402 3.2. A facility that is licensed to provide extended  
403 congregate care services shall maintain a written progress  
404 report on each person who receives services which describes the  
405 type, amount, duration, scope, and outcome of services that are  
406 rendered and the general status of the resident's health. A

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407 registered nurse, or appropriate designee, representing the  
408 agency shall visit the facility at least twice a year ~~quarterly~~  
409 to monitor residents who are receiving extended congregate care  
410 services and to determine if the facility is in compliance with  
411 this part, part II of chapter 408, and relevant rules. One of  
412 the visits may be in conjunction with the regular survey. The  
413 monitoring visits may be provided through contractual  
414 arrangements with appropriate community agencies. A registered  
415 nurse shall serve as part of the team that inspects the  
416 facility. The agency may waive one of the required yearly  
417 monitoring visits for a facility that has:

418 a. Held an extended congregate care license for at least 24  
419 months; ~~been licensed for at least 24 months to provide extended~~  
420 ~~congregate care services, if, during the inspection, the~~  
421 ~~registered nurse determines that extended congregate care~~  
422 ~~services are being provided appropriately, and if the facility~~  
423 ~~has~~

424 b. No class I or class II violations and no uncorrected  
425 class III violations; and-

426 c. No confirmed ombudsman council complaints that resulted  
427 in a citation for licensure ~~The agency must first consult with~~  
428 ~~the long-term care ombudsman council for the area in which the~~  
429 ~~facility is located to determine if any complaints have been~~  
430 ~~made and substantiated about the quality of services or care.~~  
431 ~~The agency may not waive one of the required yearly monitoring~~  
432 ~~visits if complaints have been made and substantiated.~~

433 4.3- A facility that is licensed to provide extended  
434 congregate care services must:

435 a. Demonstrate the capability to meet unanticipated

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436 resident service needs.

437       b. Offer a physical environment that promotes a homelike  
438 setting, provides for resident privacy, promotes resident  
439 independence, and allows sufficient congregate space as defined  
440 by rule.

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

444       d. Adopt and follow policies and procedures that maximize  
445 resident independence, dignity, choice, and decisionmaking to  
446 permit residents to age in place, so that moves due to changes  
447 in functional status are minimized or avoided.

448       e. Allow residents or, if applicable, a resident's  
449 representative, designee, surrogate, guardian, or attorney in  
450 fact to make a variety of personal choices, participate in  
451 developing service plans, and share responsibility in  
452 decisionmaking.

453       f. Implement the concept of managed risk.

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

456       h. In addition to the training mandated in s. 429.52,  
457 provide specialized training as defined by rule for facility  
458 staff.

459       5.4. A facility that is licensed to provide extended  
460 congregate care services is exempt from the criteria for  
461 continued residency set forth in rules adopted under s. 429.41.  
462 A licensed facility must adopt its own requirements within  
463 guidelines for continued residency set forth by rule. However,  
464 the facility may not serve residents who require 24-hour nursing



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465 supervision. A licensed facility that provides extended  
466 congregate care services must also provide each resident with a  
467 written copy of facility policies governing admission and  
468 retention.

469 ~~5. The primary purpose of extended congregate care services~~  
470 ~~is to allow residents, as they become more impaired, the option~~  
471 ~~of remaining in a familiar setting from which they would~~  
472 ~~otherwise be disqualified for continued residency. A facility~~  
473 ~~licensed to provide extended congregate care services may also~~  
474 ~~admit an individual who exceeds the admission criteria for a~~  
475 ~~facility with a standard license, if the individual is~~  
476 ~~determined appropriate for admission to the extended congregate~~  
477 ~~care facility.~~

478 6. Before the admission of an individual to a facility  
479 licensed to provide extended congregate care services, the  
480 individual must undergo a medical examination as provided in s.  
481 429.26(4) and the facility must develop a preliminary service  
482 plan for the individual.

483 7. If ~~When~~ a facility can no longer provide or arrange for  
484 services in accordance with the resident's service plan and  
485 needs and the facility's policy, the facility must ~~shall~~ make  
486 arrangements for relocating the person in accordance with s.  
487 429.28(1)(k).

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

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

493 1. In order for limited nursing services to be provided in

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494 a facility licensed under this part, the agency must first  
495 determine that all requirements established in law and rule are  
496 met and must specifically designate, on the facility's license,  
497 that such services may be provided. This ~~Such~~ designation may be  
498 made at the time of initial licensure or licensure renewal  
499 ~~relicensure~~, or upon request in writing by a licensee under this  
500 part and part II of chapter 408. Notification of approval or  
501 denial of such request shall be made in accordance with part II  
502 of chapter 408. An existing facility that qualifies ~~facilities~~  
503 ~~qualifying~~ to provide limited nursing services must ~~shall~~ have  
504 maintained a standard license and may not have been subject to  
505 administrative sanctions that affect the health, safety, and  
506 welfare of residents for the previous 2 years or since initial  
507 licensure if the facility has been licensed for less than 2  
508 years.

509 2. A facility ~~Facilities~~ that is ~~are~~ licensed to provide  
510 limited nursing services shall maintain a written progress  
511 report on each person who receives such nursing services. The  
512 ~~which~~ report must describe ~~describes~~ the type, amount, duration,  
513 scope, and outcome of services that are rendered and the general  
514 status of the resident's health. A registered nurse representing  
515 the agency shall visit the facility ~~such facilities~~ at least  
516 annually ~~twice a year~~ to monitor residents who are receiving  
517 limited nursing services and to determine if the facility is in  
518 compliance with applicable provisions of this part, part II of  
519 chapter 408, and related rules. The monitoring visits may be  
520 provided through contractual arrangements with appropriate  
521 community agencies. A registered nurse shall also serve as part  
522 of the team that inspects such facility. Visits may be in

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523 conjunction with other agency inspections. The agency may waive  
524 the required yearly monitoring visit for a facility that has:

525 a. Had a limited nursing services license for at least 24  
526 months;

527 b. No class I or class II violations and no uncorrected  
528 class III violations; and

529 c. No confirmed ombudsman council complaints that resulted  
530 in a citation for licensure.

531 3. A person who receives limited nursing services under  
532 this part must meet the admission criteria established by the  
533 agency for assisted living facilities. When a resident no longer  
534 meets the admission criteria for a facility licensed under this  
535 part, arrangements for relocating the person shall be made in  
536 accordance with s. 429.28(1)(k), unless the facility is licensed  
537 to provide extended congregate care services.

538 Section 6. Section 429.075, Florida Statutes, is amended to  
539 read:

540 429.075 Limited mental health license.—An assisted living  
541 facility that serves one ~~three~~ or more mental health residents  
542 must obtain a limited mental health license.

543 (1) To obtain a limited mental health license, a facility  
544 must hold a standard license as an assisted living facility,  
545 must not have any current uncorrected ~~deficiencies or~~  
546 violations, and must ensure that, within 6 months after  
547 receiving a limited mental health license, the facility  
548 administrator and the staff of the facility who are in direct  
549 contact with mental health residents must complete training of  
550 no less than 6 hours related to their duties. This ~~Such~~  
551 designation may be made at the time of initial licensure or

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552 relicensure or upon request in writing by a licensee under this  
553 part and part II of chapter 408. Notification of approval or  
554 denial of such request shall be made in accordance with this  
555 part, part II of chapter 408, and applicable rules. This  
556 training must ~~will~~ be provided by or approved by the Department  
557 of Children and Families ~~Family Services~~.

558 (2) A facility that is ~~Facilities~~ licensed to provide  
559 services to mental health residents must ~~shall~~ provide  
560 appropriate supervision and staffing to provide for the health,  
561 safety, and welfare of such residents.

562 (3) A facility that has a limited mental health license  
563 must:

564 (a) Have a copy of each mental health resident's community  
565 living support plan and the cooperative agreement with the  
566 mental health care services provider. The support plan and the  
567 agreement may be combined.

568 (b) Have documentation ~~that is~~ provided by the Department  
569 of Children and Families ~~Family Services~~ that each mental health  
570 resident has been assessed and determined to be able to live in  
571 the community in an assisted living facility that has ~~with~~ a  
572 limited mental health license.

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

577 (d) Assist the mental health resident in carrying out the  
578 activities identified in the individual's community living  
579 support plan.

580 (4) A facility that has ~~with~~ a limited mental health

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581 license may enter into a cooperative agreement with a private  
582 mental health provider. For purposes of the limited mental  
583 health license, the private mental health provider may act as  
584 the case manager.

585 Section 7. Section 429.14, Florida Statutes, is amended to  
586 read:

587 429.14 Administrative penalties.—

588 (1) In addition to the requirements of part II of chapter  
589 408, the agency may deny, revoke, and suspend any license issued  
590 under this part and impose an administrative fine in the manner  
591 provided in chapter 120 against a licensee for a violation of  
592 any provision of this part, part II of chapter 408, or  
593 applicable rules, or for any of the following actions by a  
594 licensee, ~~for the actions of~~ any person subject to level 2  
595 background screening under s. 408.809, or ~~for the actions of~~ any  
596 facility staff ~~employee~~:

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

599 (b) A ~~The~~ determination by the agency that the owner lacks  
600 the financial ability to provide continuing adequate care to  
601 residents.

602 (c) Misappropriation or conversion of the property of a  
603 resident of the facility.

604 (d) Failure to follow the criteria and procedures provided  
605 under part I of chapter 394 relating to the transportation,  
606 voluntary admission, and involuntary examination of a facility  
607 resident.

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

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- 610           1. One or more cited class I violations ~~deficiencies~~.
- 611           2. Three or more cited class II violations ~~deficiencies~~.
- 612           3. Five or more cited class III violations ~~deficiencies~~
- 613 that have been cited on a single survey and have not been
- 614 corrected within the times specified.
- 615           (f) Failure to comply with the background screening
- 616 standards of this part, s. 408.809(1), or chapter 435.
- 617           (g) Violation of a moratorium.
- 618           (h) Failure of the license applicant, the licensee during
- 619 relicensure, or a licensee that holds a provisional license to
- 620 meet the minimum license requirements of this part, or related
- 621 rules, at the time of license application or renewal.
- 622           (i) An intentional or negligent life-threatening act in
- 623 violation of the uniform firesafety standards for assisted
- 624 living facilities or other firesafety standards which ~~that~~
- 625 threatens the health, safety, or welfare of a resident of a
- 626 facility, as communicated to the agency by the local authority
- 627 having jurisdiction or the State Fire Marshal.
- 628           (j) Knowingly operating any unlicensed facility or
- 629 providing without a license any service that must be licensed
- 630 under this chapter or chapter 400.
- 631           (k) Any act constituting a ground upon which application
- 632 for a license may be denied.
- 633           (2) Upon notification by the local authority having
- 634 jurisdiction or by the State Fire Marshal, the agency may deny
- 635 or revoke the license of an assisted living facility that fails
- 636 to correct cited fire code violations that affect or threaten
- 637 the health, safety, or welfare of a resident of a facility.
- 638           (3) The agency may deny or revoke a license of an ~~to any~~

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639 applicant or controlling interest as defined in part II of  
640 chapter 408 which has or had a 25 percent ~~25 percent~~ or greater  
641 financial or ownership interest in any other facility that is  
642 licensed under this part, or in any entity licensed by this  
643 state or another state to provide health or residential care, if  
644 that ~~which~~ facility or entity during the 5 years prior to the  
645 application for a license closed due to financial inability to  
646 operate; had a receiver appointed or a license denied,  
647 suspended, or revoked; was subject to a moratorium; or had an  
648 injunctive proceeding initiated against it.

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

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

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

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

663 (5) An action taken by the agency to suspend, deny, or  
664 revoke a facility's license under this part or part II of  
665 chapter 408, in which the agency claims that the facility owner  
666 or an employee of the facility has threatened the health,  
667 safety, or welfare of a resident of the facility, must be heard

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668 by the Division of Administrative Hearings of the Department of  
669 Management Services within 120 days after receipt of the  
670 facility's request for a hearing, unless that time limitation is  
671 waived by both parties. The administrative law judge shall ~~must~~  
672 render a decision within 30 days after receipt of a proposed  
673 recommended order.

674 (6) As provided under s. 408.814, the agency shall impose  
675 an immediate moratorium on an assisted living facility that  
676 fails to provide the agency access to the facility or prohibits  
677 the agency from conducting a regulatory inspection. The licensee  
678 may not restrict agency staff in accessing and copying records  
679 or in conducting confidential interviews with facility staff or  
680 any individual who receives services from the facility provide  
681 ~~to the Division of Hotels and Restaurants of the Department of~~  
682 ~~Business and Professional Regulation, on a monthly basis, a list~~  
683 ~~of those assisted living facilities that have had their licenses~~  
684 ~~denied, suspended, or revoked or that are involved in an~~  
685 ~~appellate proceeding pursuant to s. 120.60 related to the~~  
686 ~~denial, suspension, or revocation of a license.~~

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

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

695 Section 8. Paragraphs (a) and (b) of subsection (2) of  
696 section 429.178, Florida Statutes, are amended to read:



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697 429.178 Special care for persons with Alzheimer's disease  
698 or other related disorders.—

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

707 (b) A direct caregiver who is employed by a facility that  
708 provides special care for residents with Alzheimer's disease or  
709 other related disorders, ~~and who~~ provides direct care to such  
710 residents, must complete the required initial training and 4  
711 additional hours of training developed or approved by the  
712 department. The training must ~~shall~~ be completed within 9 months  
713 after beginning employment and satisfy ~~shall satisfy~~ the core  
714 training requirements of s. 429.52(3)(g) ~~s. 429.52(2)(g)~~.

715 Section 9. Section 429.19, Florida Statutes, is amended to  
716 read:

717 429.19 Violations; imposition of administrative fines;  
718 grounds.—

719 (1) In addition to the requirements of part II of chapter  
720 408, the agency shall impose an administrative fine in the  
721 manner provided in chapter 120 for the violation of any  
722 provision of this part, part II of chapter 408, and applicable  
723 rules by an assisted living facility, for the actions of any  
724 person subject to level 2 background screening under s. 408.809,  
725 for the actions of any facility employee, or for an intentional

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726 or negligent act seriously affecting the health, safety, or  
727 welfare of a resident of the facility.

728 (2) Each violation of this part and adopted rules must  
729 ~~shall~~ be classified according to the nature of the violation and  
730 the gravity of its probable effect on facility residents. The  
731 agency shall indicate the classification on the written notice  
732 of the violation as follows:

733 (a) Class "I" violations are defined in s. 408.813. The  
734 agency shall impose an administrative fine of \$7,500 for each a  
735 cited class I violation in a facility that is licensed for fewer  
736 than 100 beds at the time of the violation in an amount not less  
737 than \$5,000 and not exceeding \$10,000 for each violation. The  
738 agency shall impose an administrative fine of \$11,250 for each  
739 cited class I violation in a facility that is licensed for 100  
740 or more beds at the time of the violation. If the noncompliance  
741 occurred within the prior 12 months, the fine must be levied for  
742 violations that are corrected before an inspection.

743 (b) Class "II" violations are defined in s. 408.813. The  
744 agency shall impose an administrative fine of \$3,000 for each a  
745 cited class II violation in a facility that is licensed for  
746 fewer than 100 beds at the time of the violation in an amount  
747 not less than \$1,000 and not exceeding \$5,000 for each  
748 violation. The agency shall impose an administrative fine of  
749 \$4,500 for each cited class II violation in a facility that is  
750 licensed for 100 or more beds at the time of the violation.

751 (c) Class "III" violations are defined in s. 408.813. The  
752 agency shall impose an administrative fine of \$750 for each a  
753 cited class III violation in a facility that is licensed for  
754 fewer than 100 beds at the time of the violation in an amount

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755 ~~not less than \$500 and not exceeding \$1,000 for each violation.~~  
756 The agency shall impose an administrative fine of \$1,125 for  
757 each cited class III violation in a facility that is licensed  
758 for 100 or more beds at the time of the violation.

759 (d) Class "IV" violations are defined in s. 408.813. The  
760 agency shall impose an administrative fine of \$150 for each  
761 cited class IV violation in a facility that is licensed for  
762 fewer than 100 beds at the time of the violation ~~in an amount~~  
763 ~~not less than \$100 and not exceeding \$200 for each violation.~~  
764 The agency shall impose an administrative fine of \$225 for each  
765 cited class IV violation in a facility that is licensed for 100  
766 or more beds at the time of the violation.

767 (e) Any fine imposed for a class I violation or a class II  
768 violation must be doubled if a facility was previously cited for  
769 one or more class I or class II violations during the agency's  
770 last licensure inspection or any inspection or complaint  
771 investigation since the last licensure inspection.

772 (f) Notwithstanding s. 408.813(2)(c) and (d) and s.  
773 408.832, a fine must be imposed for each class III or class IV  
774 violation, regardless of correction, if a facility was  
775 previously cited for one or more class III or class IV  
776 violations during the agency's last licensure inspection or any  
777 inspection or complaint investigation since the last licensure  
778 inspection for the same regulatory violation. A fine imposed for  
779 class III or class IV violations must be doubled if a facility  
780 was previously cited for one or more class III or class IV  
781 violations during the agency's last two licensure inspections  
782 for the same regulatory violation.

783 (g) Regardless of the class of violation cited, instead of

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784 the fine amounts listed in paragraphs (a)-(d), the agency shall  
785 impose an administrative fine of \$500 if a facility is found not  
786 to be in compliance with the background screening requirements  
787 as provided in s. 408.809.

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

791 ~~(a) The gravity of the violation, including the probability~~  
792 ~~that death or serious physical or emotional harm to a resident~~  
793 ~~will result or has resulted, the severity of the action or~~  
794 ~~potential harm, and the extent to which the provisions of the~~  
795 ~~applicable laws or rules were violated.~~

796 ~~(b) Actions taken by the owner or administrator to correct~~  
797 ~~violations.~~

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

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

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

802 (3)~~(4)~~ Each day of continuing violation after the date  
803 established by the agency ~~fixed for correction~~ termination of  
804 the violation, ~~as ordered by the agency,~~ constitutes an  
805 additional, separate, and distinct violation.

806 (4)~~(5)~~ An ~~Any~~ action taken to correct a violation shall be  
807 documented in writing by the owner or administrator of the  
808 facility and verified through followup visits by agency  
809 personnel. The agency may impose a fine and, in the case of an  
810 owner-operated facility, revoke or deny a facility's license  
811 when a facility administrator fraudulently misrepresents action  
812 taken to correct a violation.

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813        (5)~~(6)~~ A Any facility whose owner fails to apply for a  
814 change-of-ownership license in accordance with part II of  
815 chapter 408 and operates the facility under the new ownership is  
816 subject to a fine of \$5,000.

817        (6)~~(7)~~ In addition to any administrative fines imposed, the  
818 agency may assess a survey fee, equal to the lesser of one half  
819 of the facility's biennial license and bed fee or \$500, to cover  
820 the cost of conducting initial complaint investigations that  
821 result in the finding of a violation that was the subject of the  
822 complaint or monitoring visits conducted under s. 429.28(3)(c)  
823 to verify the correction of the violations.

824        (7)~~(8)~~ During an inspection, the agency shall make a  
825 reasonable attempt to discuss each violation with the owner or  
826 administrator of the facility, prior to written notification.

827        (8)~~(9)~~ The agency shall develop and disseminate an annual  
828 list of all facilities sanctioned or fined for violations of  
829 state standards, the number and class of violations involved,  
830 the penalties imposed, and the current status of cases. The list  
831 shall be disseminated, at no charge, to the Department of  
832 Elderly Affairs, the Department of Health, the Department of  
833 Children and Families ~~Family Services~~, the Agency for Persons  
834 with Disabilities, the area agencies on aging, the Florida  
835 Statewide Advocacy Council, and the state and local ombudsman  
836 councils. The Department of Children and Families ~~Family~~  
837 ~~Services~~ shall disseminate the list to service providers under  
838 contract to the department who are responsible for referring  
839 persons to a facility for residency. The agency may charge a fee  
840 commensurate with the cost of printing and postage to other  
841 interested parties requesting a copy of this list. This

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842 information may be provided electronically or through the  
843 agency's website ~~Internet site~~.

844 Section 10. Subsection (3) and paragraph (c) of subsection  
845 (4) of section 429.256, Florida Statutes, are amended to read:

846 429.256 Assistance with self-administration of medication.—

847 (3) Assistance with self-administration of medication  
848 includes:

849 (a) Taking the medication, in its previously dispensed,  
850 properly labeled container, including an insulin syringe that is  
851 prefilled with the proper dosage by a pharmacist and an insulin  
852 pen that is prefilled by the manufacturer, from where it is  
853 stored, and bringing it to the resident.

854 (b) In the presence of the resident, reading the label,  
855 opening the container, removing a prescribed amount of  
856 medication from the container, and closing the container,  
857 including removing the cap of a nebulizer, opening the unit dose  
858 of nebulizer solution, and pouring the prescribed premeasured  
859 dose of medication into the dispensing cup of the nebulizer.

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

863 (d) Applying topical medications.

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

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

867 (g) Assisting with the use of a nebulizer.

868 (h) Using a glucometer to perform blood-glucose level  
869 checks.

870 (i) Assisting with putting on and taking off antiembolism

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871 stockings.

872 (j) Assisting with applying and removing an oxygen cannula.

873 (k) Assisting with the use of a continuous positive airway  
874 pressure (CPAP) device.

875 (l) Assisting with measuring vital signs.

876 (m) Assisting with colostomy bags.

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

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

880 Section 11. Subsections (2), (5), and (6) of section  
881 429.28, Florida Statutes, are amended to read:

882 429.28 Resident bill of rights.—

883 (2) The administrator of a facility shall ensure that a  
884 written notice of the rights, obligations, and prohibitions set  
885 forth in this part is posted in a prominent place in each  
886 facility and read or explained to residents who cannot read. The  
887 ~~This~~ notice must shall include the name, address, and telephone  
888 numbers of the local ombudsman council, the and central abuse  
889 hotline, and, if when applicable, Disability Rights Florida the  
890 ~~Advocacy Center for Persons with Disabilities, Inc., and the~~  
891 ~~Florida local advocacy council~~, where complaints may be lodged.  
892 The notice must state that a complaint made to the Office of  
893 State Long-Term Care Ombudsman or a local long-term care  
894 ombudsman council, the names and identities of the residents  
895 involved in the complaint, and the identity of complainants are  
896 kept confidential pursuant to s. 400.0077 and that retaliatory  
897 action cannot be taken against a resident for presenting  
898 grievances or for exercising any other resident right. The  
899 facility must ensure a resident's access to a telephone to call

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900 the local ombudsman council, central abuse hotline, and  
901 Disability Rights Florida Advocacy Center for Persons with  
902 Disabilities, Inc., and the Florida local advocacy council.

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

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

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

909 (c) Files a civil action alleging a violation of the  
910 provisions of this part or notifies a state attorney or the  
911 Attorney General of a possible violation of such provisions.

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

918 Section 12. Section 429.34, Florida Statutes, is amended to  
919 read:

920 429.34 Right of entry and inspection.—

921 (1) In addition to the requirements of s. 408.811, any duly  
922 designated officer or employee of the department, the Department  
923 of Children and Families ~~Family Services~~, the Medicaid Fraud  
924 Control Unit of the Office of the Attorney General, the state or  
925 local fire marshal, or a member of the state or local long-term  
926 care ombudsman council has ~~shall have~~ the right to enter  
927 unannounced upon and into the premises of any facility licensed  
928 pursuant to this part in order to determine the state of



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929 compliance with ~~the provisions of~~ this part, part II of chapter  
930 408, and applicable rules. Data collected by the state or local  
931 long-term care ombudsman councils or the state or local advocacy  
932 councils may be used by the agency in investigations involving  
933 violations of regulatory standards. A person specified in this  
934 section who knows or has reasonable cause to suspect that a  
935 vulnerable adult has been or is being abused, neglected, or  
936 exploited shall immediately report such knowledge or suspicion  
937 to the central abuse hotline pursuant to chapter 415.

938 (2) The agency shall inspect each licensed assisted living  
939 facility at least once every 24 months to determine compliance  
940 with this chapter and related rules. If an assisted living  
941 facility is cited for one or more class I violations or two or  
942 more class II violations arising from separate surveys within a  
943 60-day period or due to unrelated circumstances during the same  
944 survey, the agency must conduct an additional licensure  
945 inspection within 6 months. In addition to any fines imposed on  
946 the facility under s. 429.19, the licensee shall pay a fee for  
947 the cost of the additional inspection equivalent to the standard  
948 assisted living facility license and per-bed fees, without  
949 exception for beds designated for recipients of optional state  
950 supplementation. The agency shall adjust the fee in accordance  
951 with s. 408.805.

952 Section 13. Subsection (2) of section 429.41, Florida  
953 Statutes, is amended to read:

954 429.41 Rules establishing standards.—

955 (2) In adopting any rules pursuant to this part, the  
956 department, in conjunction with the agency, shall make distinct  
957 standards for facilities based upon facility size; the types of

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958 care provided; the physical and mental capabilities and needs of  
959 residents; the type, frequency, and amount of services and care  
960 offered; and the staffing characteristics of the facility. Rules  
961 developed pursuant to this section may ~~shall~~ not restrict the  
962 use of shared staffing and shared programming in facilities that  
963 are part of retirement communities that provide multiple levels  
964 of care and otherwise meet the requirements of law and rule. If  
965 a continuing care facility licensed under chapter 651 or a  
966 retirement community offering multiple levels of care authorizes  
967 assisted living services in a building or part of a building  
968 designated for independent living, staffing requirements  
969 established in rule apply only to residents who have contracted  
970 for, and are receiving, assisted living services. If a facility  
971 uses flexible beds, staffing requirements established in rule  
972 apply only to residents receiving services through the flexible  
973 bed license provided for by department rule. Except for uniform  
974 firesafety standards, the department shall adopt by rule  
975 separate and distinct standards for facilities with 16 or fewer  
976 beds and for facilities with 17 or more beds. The standards for  
977 facilities with 16 or fewer beds must ~~shall~~ be appropriate for a  
978 noninstitutional residential environment; however, provided  
979 ~~that~~ the structure may not be is no more than two stories in  
980 height and all persons who cannot exit the facility unassisted  
981 in an emergency must reside on the first floor. The department,  
982 in conjunction with the agency, may make other distinctions  
983 among types of facilities as necessary to enforce the provisions  
984 of this part. Where appropriate, the agency shall offer  
985 alternate solutions for complying with established standards,  
986 based on distinctions made by the department and the agency

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987 relative to the physical characteristics of facilities and the  
988 types of care offered therein.

989 Section 14. Present subsections (1) through (11) of section  
990 429.52, Florida Statutes, are renumbered as subsections (2)  
991 through (12), respectively, a new subsection (1) is added to  
992 that section, and present subsection (9) of that section is  
993 amended, to read:

994 429.52 Staff training and educational programs; core  
995 educational requirement.—

996 (1) Effective October 1, 2014, each new assisted living  
997 facility employee who has not previously completed core training  
998 must attend a preservice orientation provided by the facility  
999 before interacting with residents. The preservice orientation  
1000 must be at least 2 hours in duration and cover topics that help  
1001 the employee provide responsible care and respond to the needs  
1002 of facility residents. Upon completion, the employee and the  
1003 administrator of the facility must sign an affidavit stating  
1004 that the employee completed the required preservice orientation.  
1005 The facility must keep the affidavit in the employee's work  
1006 file.

1007 (10)~~(9)~~ The training required by this section must ~~shall~~ be  
1008 conducted by persons registered with the department as having  
1009 the requisite experience and credentials to conduct the  
1010 training. A person seeking to register as a trainer must provide  
1011 the department with proof of completion of the minimum core  
1012 training education requirements, successful passage of the  
1013 competency test established under this section, and proof of  
1014 compliance with the continuing education requirement in  
1015 subsection (5) ~~(4)~~.

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1016 Section 15. Section 429.55, Florida Statutes, is created to  
1017 read:

1018 429.55 Facilities licensed for flexible beds.—

1019 (1) Beginning January 1, 2015, a facility may apply for a  
1020 flexible bed license.

1021 (2) A facility that has a flexible bed license shall:

1022 (a) Retain a log that lists the name of each resident who  
1023 has contracted for and is receiving assisted living services in  
1024 flexible bed living units, the unit number in which the resident  
1025 resides, the date the contract for the services commenced, the  
1026 date that services ended in the flexible bed living unit if  
1027 applicable, and documentation to demonstrate that minimum  
1028 staffing standards are met;

1029 (b) Specify in the flexible bed contract the process that  
1030 will be used to determine when a resident is no longer eligible  
1031 for services provided through the flexible bed license. This  
1032 contract for services must also outline if the delivery of  
1033 services in a flexible bed living unit will be covered under the  
1034 existing residency agreement or will require a fee for service  
1035 payment; and

1036 (c) Retain each flexible bed contract for 5 years after the  
1037 assisted living services end. All other records must be retained  
1038 for at least 2 years from the date of termination of the  
1039 services.

1040 (3) Upon request, a facility that has a flexible bed  
1041 license must provide state surveyors with access to the log  
1042 described in paragraph (2) (a). State surveyors shall also have  
1043 access to independent living units occupied by residents who are  
1044 receiving services through the flexible bed license at the time

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1045 of any survey. State surveyors may interview any resident who  
1046 has received services through the flexible bed license since the  
1047 last biennial survey, but who is no longer receiving such  
1048 services.

1049 (4) A flexible bed license does not preclude a resident who  
1050 lives in a building that has such a license from obtaining home  
1051 health services in accordance with the policies of the facility.

1052 Section 16. The Legislature finds that consistent  
1053 regulation of assisted living facilities benefits residents and  
1054 operators of such facilities. To determine whether surveys are  
1055 consistent between surveys and surveyors, the Office of Program  
1056 Policy Analysis and Government Accountability (OPPAGA) shall  
1057 conduct a study of intersurveyor reliability for assisted living  
1058 facilities. By November 1, 2014, OPPAGA shall report its  
1059 findings to the Governor, the President of the Senate, and the  
1060 Speaker of the House of Representatives and make any  
1061 recommendations for improving intersurveyor reliability.

1062 Section 17. The Legislature finds that consumers need  
1063 additional information on the quality of care and service in  
1064 assisted living facilities in order to select the best facility  
1065 for themselves or their loved ones. Therefore, the Agency for  
1066 Health Care Administration shall:

1067 (1) Implement a rating system for assisted living  
1068 facilities by November 1, 2014. The agency shall adopt rules to  
1069 administer this subsection.

1070 (2) By January 1, 2015, create content that is easily  
1071 accessible through the front page of the agency's website. At a  
1072 minimum, the content must include:

1073 (a) Information on each licensed assisted living facility,

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1074 including, but not limited to:

- 1075 1. The name and address of the facility.
- 1076 2. The number and type of licensed beds in the facility.
- 1077 3. The types of licenses held by the facility.
- 1078 4. The facility's license expiration date and status.
- 1079 5. Other relevant information that the agency currently
- 1080 collects.

1081 (b) A list of the facility's violations, including, for

1082 each violation:

- 1083 1. A summary of the violation which is presented in a
- 1084 manner understandable by the general public;
- 1085 2. Any sanctions imposed by final order; and
- 1086 3. A summary of any corrective action taken by the
- 1087 facility.

1088 (c) Links to inspection reports that the agency has on

1089 file.

1090 (d) A monitored comment page, maintained by the agency,

1091 which allows members of the public to anonymously comment on

1092 assisted living facilities that are licensed to operate in this

1093 state. This comment page must, at a minimum, allow members of

1094 the public to post comments on their experiences with, or

1095 observations of, an assisted living facility and to review other

1096 people's comments. Comments posted to the agency's comment page

1097 may not contain profanity and are intended to provide meaningful

1098 feedback about the assisted living facility. The agency shall

1099 review comments for profane content before the comments are

1100 posted to the page. A controlling interest, as defined in s.

1101 408.803, Florida Statutes, in an assisted living facility, or an

1102 employee or owner of an assisted living facility, is prohibited

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1103 from posting comments on the page, except that a controlling  
1104 interest, employee, or owner may respond to comments on the  
1105 page, and the agency shall ensure that the responses are  
1106 identified as being from a representative of the facility.

1107 Section 18. This act shall take effect July 1, 2014.