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LEGISLATIVE ACTION

Senate

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House

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Floor: 10/RE/3R

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05/01/2014 08:06 PM

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Senator Sobel moved the following:

**Senate Amendment (with title amendment)**

Between lines 1104 and 1105

insert:

Section 27. Section 394.4574, Florida Statutes, is amended to read:

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

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



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

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

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

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

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



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

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

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

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



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

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

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

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

97 Section 28. Subsection (1) of section 400.0074, Florida  
98 Statutes, is amended, and paragraph (h) is added to subsection



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99 (2) of that section, to read:

100 400.0074 Local ombudsman council onsite administrative  
101 assessments.-

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

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

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

119 Section 29. Subsection (2) of section 400.0078, Florida  
120 Statutes, is amended to read:

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

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



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

135 Section 30. Paragraph (c) of subsection (4) of section  
136 409.212, Florida Statutes, is amended to read:

137 409.212 Optional supplementation.—

138 (4) In addition to the amount of optional supplementation  
139 provided by the state, a person may receive additional  
140 supplementation from third parties to contribute to his or her  
141 cost of care. Additional supplementation may be provided under  
142 the following conditions:

143 (c) The additional supplementation shall not exceed four  
144 ~~two~~ times the provider rate recognized under the optional state  
145 supplementation program.

146 Section 31. Paragraphs (b) and (c) of subsection (3) of  
147 section 429.07, Florida Statutes, are amended to read:

148 429.07 License required; fee.—

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

155 (b) An extended congregate care license shall be issued to  
156 each facility that has been licensed as an assisted living



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

175       1. In order for extended congregate care services to be  
176 provided, the agency must first determine that all requirements  
177 established in law and rule are met and must specifically  
178 designate, on the facility's license, that such services may be  
179 provided and whether the designation applies to all or part of  
180 the facility. This ~~Such~~ designation may be made at the time of  
181 initial licensure or licensure renewal ~~relicensure~~, or upon  
182 request in writing by a licensee under this part and part II of  
183 chapter 408. The notification of approval or the denial of the  
184 request shall be made in accordance with part II of chapter 408.  
185 Each existing facility that qualifies ~~facilities qualifying~~ to



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186 provide extended congregate care services must have maintained a  
187 standard license and may not have been subject to administrative  
188 sanctions during the previous 2 years, or since initial  
189 licensure if the facility has been licensed for less than 2  
190 years, for any of the following reasons:

191 a. A class I or class II violation;

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

195 c. Three or more class III violations that were not  
196 corrected in accordance with the corrective action plan approved  
197 by the agency;

198 d. Violation of resident care standards which results in  
199 requiring the facility to employ the services of a consultant  
200 pharmacist or consultant dietitian;

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

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

207

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

211 2. If an assisted living facility has been licensed for  
212 less than 2 years, the initial extended congregate care license  
213 must be provisional and may not exceed 6 months. Within the  
214 first 3 months after the provisional license is issued, the





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

233 3.2. A facility that is licensed to provide extended  
234 congregate care services shall maintain a written progress  
235 report on each person who receives services which describes the  
236 type, amount, duration, scope, and outcome of services that are  
237 rendered and the general status of the resident's health. A  
238 registered nurse, or appropriate designee, representing the  
239 agency shall visit the facility at least twice a year ~~quarterly~~  
240 to monitor residents who are receiving extended congregate care  
241 services and to determine if the facility is in compliance with  
242 this part, part II of chapter 408, and relevant rules. One of  
243 the visits may be in conjunction with the regular survey. The



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244 monitoring visits may be provided through contractual  
245 arrangements with appropriate community agencies. A registered  
246 nurse shall serve as part of the team that inspects the  
247 facility. The agency may waive one of the required yearly  
248 monitoring visits for a facility that has:

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

255 b. No class I or class II violations and no uncorrected  
256 class III violations; and-

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

264 4.3- A facility that is licensed to provide extended  
265 congregate care services must:

266 a. Demonstrate the capability to meet unanticipated  
267 resident service needs.

268 b. Offer a physical environment that promotes a homelike  
269 setting, provides for resident privacy, promotes resident  
270 independence, and allows sufficient congregate space as defined  
271 by rule.

272 c. Have sufficient staff available, taking into account the



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273 physical plant and firesafety features of the building, to  
274 assist with the evacuation of residents in an emergency.

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

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

284 f. Implement the concept of managed risk.

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

287 h. In addition to the training mandated in s. 429.52,  
288 provide specialized training as defined by rule for facility  
289 staff.

290 5.4. A facility that is licensed to provide extended  
291 congregate care services is exempt from the criteria for  
292 continued residency set forth in rules adopted under s. 429.41.  
293 A licensed facility must adopt its own requirements within  
294 guidelines for continued residency set forth by rule. However,  
295 the facility may not serve residents who require 24-hour nursing  
296 supervision. A licensed facility that provides extended  
297 congregate care services must also provide each resident with a  
298 written copy of facility policies governing admission and  
299 retention.

300 ~~5. The primary purpose of extended congregate care services~~  
301 ~~is to allow residents, as they become more impaired, the option~~



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302 ~~of remaining in a familiar setting from which they would~~  
303 ~~otherwise be disqualified for continued residency. A facility~~  
304 ~~licensed to provide extended congregate care services may also~~  
305 ~~admit an individual who exceeds the admission criteria for a~~  
306 ~~facility with a standard license, if the individual is~~  
307 ~~determined appropriate for admission to the extended congregate~~  
308 ~~care facility.~~

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

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

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

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

324         1. In order for limited nursing services to be provided in  
325 a facility licensed under this part, the agency must first  
326 determine that all requirements established in law and rule are  
327 met and must specifically designate, on the facility's license,  
328 that such services may be provided. This ~~Such~~ designation may be  
329 made at the time of initial licensure or licensure renewal  
330 ~~relicensure~~, or upon request in writing by a licensee under this



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

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

356 a. Had a limited nursing services license for at least 24  
357 months;

358 b. No class I or class II violations and no uncorrected  
359 class III violations; and



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360 c. No ombudsman council complaints that resulted in a  
361 citation for licensure.

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

369 Section 32. Section 429.075, Florida Statutes, is amended  
370 to read:

371 429.075 Limited mental health license.—An assisted living  
372 facility that serves one ~~three~~ or more mental health residents  
373 must obtain a limited mental health license.

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



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

393           (3) A facility that has a limited mental health license  
394 must:

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

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

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

414           (d) Assist the mental health resident in carrying out the  
415 activities identified in the individual's community living  
416 support plan.

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



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418 license may enter into a cooperative agreement with a private  
419 mental health provider. For purposes of the limited mental  
420 health license, the private mental health provider may act as  
421 the case manager.

422 Section 33. Section 429.14, Florida Statutes, is amended to  
423 read:

424 429.14 Administrative penalties.—

425 (1) In addition to the requirements of part II of chapter  
426 408, the agency may deny, revoke, and suspend any license issued  
427 under this part and impose an administrative fine in the manner  
428 provided in chapter 120 against a licensee for a violation of  
429 any provision of this part, part II of chapter 408, or  
430 applicable rules, or for any of the following actions by a  
431 licensee, ~~for the actions of~~ any person subject to level 2  
432 background screening under s. 408.809, or ~~for the actions of~~ any  
433 facility staff ~~employee~~:

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

436 (b) A ~~The~~ determination by the agency that the owner lacks  
437 the financial ability to provide continuing adequate care to  
438 residents.

439 (c) Misappropriation or conversion of the property of a  
440 resident of the facility.

441 (d) Failure to follow the criteria and procedures provided  
442 under part I of chapter 394 relating to the transportation,  
443 voluntary admission, and involuntary examination of a facility  
444 resident.

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





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- 447           1. One or more cited class I violations ~~deficiencies~~.
- 448           2. Three or more cited class II violations ~~deficiencies~~.
- 449           3. Five or more cited class III violations ~~deficiencies~~
- 450 that have been cited on a single survey and have not been
- 451 corrected within the times specified.
- 452           (f) Failure to comply with the background screening
- 453 standards of this part, s. 408.809(1), or chapter 435.
- 454           (g) Violation of a moratorium.
- 455           (h) Failure of the license applicant, the licensee during
- 456 licensure renewal ~~relicensure~~, or a licensee that holds a
- 457 provisional license to meet the minimum license requirements of
- 458 this part, or related rules, at the time of license application
- 459 or renewal.
- 460           (i) An intentional or negligent life-threatening act in
- 461 violation of the uniform firesafety standards for assisted
- 462 living facilities or other firesafety standards which ~~that~~
- 463 threatens the health, safety, or welfare of a resident of a
- 464 facility, as communicated to the agency by the local authority
- 465 having jurisdiction or the State Fire Marshal.
- 466           (j) Knowingly operating any unlicensed facility or
- 467 providing without a license any service that must be licensed
- 468 under this chapter or chapter 400.
- 469           (k) Any act constituting a ground upon which application
- 470 for a license may be denied.
- 471           (2) Upon notification by the local authority having
- 472 jurisdiction or by the State Fire Marshal, the agency may deny
- 473 or revoke the license of an assisted living facility that fails
- 474 to correct cited fire code violations that affect or threaten
- 475 the health, safety, or welfare of a resident of a facility.



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

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

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

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

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

501 (5) An action taken by the agency to suspend, deny, or  
502 revoke a facility's license under this part or part II of  
503 chapter 408, in which the agency claims that the facility owner  
504 or an employee of the facility has threatened the health,



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505 safety, or welfare of a resident of the facility, must be heard  
506 by the Division of Administrative Hearings of the Department of  
507 Management Services within 120 days after receipt of the  
508 facility's request for a hearing, unless that time limitation is  
509 waived by both parties. The administrative law judge shall ~~must~~  
510 render a decision within 30 days after receipt of a proposed  
511 recommended order.

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

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

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

533 Section 34. Paragraphs (a) and (b) of subsection (2) of



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534 section 429.178, Florida Statutes, are amended to read:

535 429.178 Special care for persons with Alzheimer's disease  
536 or other related disorders.—

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

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

553 Section 35. Section 429.19, Florida Statutes, is amended to  
554 read:

555 429.19 Violations; imposition of administrative fines;  
556 grounds.—

557 (1) In addition to the requirements of part II of chapter  
558 408, the agency shall impose an administrative fine in the  
559 manner provided in chapter 120 for the violation of any  
560 provision of this part, part II of chapter 408, and applicable  
561 rules by an assisted living facility, for the actions of any  
562 person subject to level 2 background screening under s. 408.809,



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563 for the actions of any facility employee, or for an intentional  
564 or negligent act seriously affecting the health, safety, or  
565 welfare of a resident of the facility.

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

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

587 1.(a) Class "I" violations are defined in s. 408.813. The  
588 agency shall impose an administrative fine for a cited class I  
589 violation of \$5,000 for an isolated deficiency; \$7,500 for a  
590 patterned deficiency; and \$10,000 for a widespread deficiency.  
591 If the agency has knowledge of a class I violation that occurred



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592 within 12 months before an inspection, a fine must be levied for  
593 that violation, regardless of whether the noncompliance is  
594 corrected before the inspection in an amount not less than  
595 \$5,000 and not exceeding \$10,000 for each violation.

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

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

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

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

619 (c) Notwithstanding s. 408.813(2)(c) and (d) and s.  
620 408.832, a fine must be imposed for each class III or class IV



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621 violation, regardless of correction, if a facility was  
622 previously cited for one or more class III or class IV  
623 violations during the agency's last licensure inspection or any  
624 inspection or complaint investigation since the last licensure  
625 inspection for the same regulatory violation. A fine imposed for  
626 class III or class IV violations must be doubled if a facility  
627 was previously cited for one or more class III or class IV  
628 violations during the agency's last two licensure inspections  
629 for the same regulatory violation.

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

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

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

643 ~~(b) Actions taken by the owner or administrator to correct~~  
644 ~~violations.~~

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

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

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

649 (3)(4) Each day of continuing violation after the date



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650 established by the agency ~~fixed for correction termination~~ of  
651 the violation, ~~as ordered by the agency,~~ constitutes an  
652 additional, separate, and distinct violation.

653 ~~(4)(5)~~ An ~~Any~~ action taken to correct a violation shall be  
654 documented in writing by the owner or administrator of the  
655 facility and verified through followup visits by agency  
656 personnel. The agency may impose a fine and, in the case of an  
657 owner-operated facility, revoke or deny a facility's license  
658 when a facility administrator fraudulently misrepresents action  
659 taken to correct a violation.

660 ~~(5)(6)~~ A ~~Any~~ facility whose owner fails to apply for a  
661 change-of-ownership license in accordance with part II of  
662 chapter 408 and operates the facility under the new ownership is  
663 subject to a fine of \$5,000.

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

671 ~~(7)(8)~~ During an inspection, the agency shall make a  
672 reasonable attempt to discuss each violation with the owner or  
673 administrator of the facility, before ~~prior to~~ written  
674 notification.

675 ~~(8)(9)~~ The agency shall develop and disseminate an annual  
676 list of all facilities sanctioned or fined for violations of  
677 state standards, the number and class of violations involved,  
678 the penalties imposed, and the current status of cases. The list





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679 shall be disseminated, at no charge, to the Department of  
680 Elderly Affairs, the Department of Health, the Department of  
681 Children and Families ~~Family Services~~, the Agency for Persons  
682 with Disabilities, the area agencies on aging, the Florida  
683 Statewide Advocacy Council, and the state and local ombudsman  
684 councils. The Department of Children and Families ~~Family~~  
685 ~~Services~~ shall disseminate the list to service providers under  
686 contract to the department who are responsible for referring  
687 persons to a facility for residency. The agency may charge a fee  
688 commensurate with the cost of printing and postage to other  
689 interested parties requesting a copy of this list. This  
690 information may be provided electronically or through the  
691 agency's website ~~Internet site~~.

692 Section 36. Subsection (3) and paragraph (c) of subsection  
693 (4) of section 429.256, Florida Statutes, are amended to read:

694 429.256 Assistance with self-administration of medication.—

695 (3) Assistance with self-administration of medication  
696 includes:

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

702 (b) In the presence of the resident, reading the label,  
703 opening the container, removing a prescribed amount of  
704 medication from the container, and closing the container.

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



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- 708 (d) Applying topical medications.
- 709 (e) Returning the medication container to proper storage.
- 710 (f) Keeping a record of when a resident receives assistance  
711 with self-administration under this section.
- 712 (g) Assisting with the use of a nebulizer, including  
713 removing the cap of a nebulizer, opening the unit dose of  
714 nebulizer solution, and pouring the prescribed premeasured dose  
715 of medication into the dispensing cup of the nebulizer.
- 716 (h) Using a glucometer to perform blood-glucose level  
717 checks.
- 718 (i) Assisting with putting on and taking off antiembolism  
719 stockings.
- 720 (j) Assisting with applying and removing an oxygen cannula,  
721 but not with titrating the prescribed oxygen settings.
- 722 (k) Assisting with the use of a continuous positive airway  
723 pressure (CPAP) device, but not with titrating the prescribed  
724 setting of the device.
- 725 (l) Assisting with measuring vital signs.
- 726 (m) Assisting with colostomy bags.
- 727 (4) Assistance with self-administration does not include:
- 728 ~~(c) Administration of medications through intermittent~~  
729 ~~positive pressure breathing machines or a nebulizer.~~

730 Section 37. Subsections (2), (5), and (6) of section  
731 429.28, Florida Statutes, are amended to read:

732 429.28 Resident bill of rights.—

733 (2) The administrator of a facility shall ensure that a  
734 written notice of the rights, obligations, and prohibitions set  
735 forth in this part is posted in a prominent place in each  
736 facility and read or explained to residents who cannot read. The



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

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

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

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

759 (c) Files a civil action alleging a violation of the  
760 provisions of this part or notifies a state attorney or the  
761 Attorney General of a possible violation of such provisions.

762 (6) A ~~Any~~ facility that ~~which~~ terminates the residency of  
763 an individual who participated in activities specified in  
764 subsection (5) must ~~shall~~ show good cause in a court of  
765 competent jurisdiction. If good cause is not shown, the agency



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766 shall impose a fine of \$2,500 in addition to any other penalty  
767 assessed against the facility.

768 Section 38. Section 429.34, Florida Statutes, is amended to  
769 read:

770 429.34 Right of entry and inspection.-

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

788 (2) The agency shall inspect each licensed assisted living  
789 facility at least once every 24 months to determine compliance  
790 with this chapter and related rules. If an assisted living  
791 facility is cited for one or more class I violations or two or  
792 more class II violations arising from separate surveys within a  
793 60-day period or due to unrelated circumstances during the same  
794 survey, the agency must conduct an additional licensure



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795 inspection within 6 months. In addition to any fines imposed on  
796 the facility under s. 429.19, the licensee shall pay a fee for  
797 the cost of the additional inspection equivalent to the standard  
798 assisted living facility license and per-bed fees, without  
799 exception for beds designated for recipients of optional state  
800 supplementation. The agency shall adjust the fee in accordance  
801 with s. 408.805.

802 Section 39. Subsection (2) of section 429.41, Florida  
803 Statutes, is amended to read:

804 429.41 Rules establishing standards.—

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



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824 upon request. Except for uniform firesafety standards, the  
825 department shall adopt by rule separate and distinct standards  
826 for facilities with 16 or fewer beds and for facilities with 17  
827 or more beds. The standards for facilities with 16 or fewer beds  
828 must shall be appropriate for a noninstitutional residential  
829 environment; ~~however, provided that~~ the structure may not be is  
830 ~~no~~ more than two stories in height and all persons who cannot  
831 exit the facility unassisted in an emergency must reside on the  
832 first floor. The department, in conjunction with the agency, may  
833 make other distinctions among types of facilities as necessary  
834 to enforce the provisions of this part. Where appropriate, the  
835 agency shall offer alternate solutions for complying with  
836 established standards, based on distinctions made by the  
837 department and the agency relative to the physical  
838 characteristics of facilities and the types of care offered  
839 ~~therein.~~

840 Section 40. Present subsections (1) through (11) of section  
841 429.52, Florida Statutes, are redesignated as subsections (2)  
842 through (12), respectively, a new subsection (1) is added to  
843 that section, and present subsections (5) and (9) of that  
844 section are amended, to read:

845 429.52 Staff training and educational programs; core  
846 educational requirement.—

847 (1) Effective October 1, 2014, each new assisted living  
848 facility employee who has not previously completed core training  
849 must attend a preservice orientation provided by the facility  
850 before interacting with residents. The preservice orientation  
851 must be at least 2 hours in duration and cover topics that help  
852 the employee provide responsible care and respond to the needs



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853 of facility residents. Upon completion, the employee and the  
854 administrator of the facility must sign a statement that the  
855 employee completed the required preservice orientation. The  
856 facility must keep the signed statement in the employee's  
857 personnel record.

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

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

873 Section 41. The Legislature finds that consistent  
874 regulation of assisted living facilities benefits residents and  
875 operators of such facilities. To determine whether surveys are  
876 consistent between surveys and surveyors, the Office of Program  
877 Policy Analysis and Government Accountability (OPPAGA) shall  
878 conduct a study of intersurveyor reliability for assisted living  
879 facilities. By November 1, 2014, OPPAGA shall report its  
880 findings to the Governor, the President of the Senate, and the  
881 Speaker of the House of Representatives and make any



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882 recommendations for improving intersurveyor reliability.

883 Section 42. Section 429.55, Florida Statutes, is created to  
884 read:

885 429.55 Public access to data; rating system and comment  
886 page.-

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

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

896 (3) By November 1, 2014, the agency shall provide,  
897 maintain, and update at least quarterly, electronically  
898 accessible data on assisted living facilities. Such data must be  
899 searchable, downloadable, and available in generally accepted  
900 formats. At a minimum, such data must include:

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

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





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



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



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969           (5) The agency may provide links to third-party websites  
970 that use the data published pursuant to this section to assist  
971 consumers in evaluating the quality of care and service in  
972 assisted living facilities.

973           Section 43. For the 2014-2015 fiscal year, the sums of  
974 \$156,943 in recurring funds and \$7,546 in nonrecurring funds  
975 from the Health Care Trust Fund and two full-time equivalent  
976 senior attorney positions with associated salary rate of 103,652  
977 are appropriated to the Agency for Health Care Administration  
978 for the purpose of implementing the regulatory provisions of  
979 this act.

980           Section 44. For the 2014-2015 fiscal year, for the purpose  
981 of implementing and maintaining the public information website  
982 enhancements provided under this act:

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

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

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

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



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998 And the title is amended as follows:  
999       Delete line 78  
1000 and insert:  
1001       tissue donations; amending s. 394.4574, F.S.;  
1002       providing that Medicaid managed care plans are  
1003       responsible for enrolled mental health residents;  
1004       providing that managing entities under contract with  
1005       the Department of Children and Families are  
1006       responsible for mental health residents who are not  
1007       enrolled with a Medicaid managed care plan; deleting a  
1008       provision to conform to changes made by the act;  
1009       requiring that the community living support plan be  
1010       completed and provided to the administrator of a  
1011       facility after the mental health resident's admission;  
1012       requiring the community living support plan to be  
1013       updated when there is a significant change to the  
1014       mental health resident's behavioral health; requiring  
1015       the case manager assigned to a mental health resident  
1016       of an assisted living facility that holds a limited  
1017       mental health license to keep a record of the date and  
1018       time of face-to-face interactions with the resident  
1019       and to make the record available to the responsible  
1020       entity for inspection; requiring that the record be  
1021       maintained for a specified time; requiring the  
1022       responsible entity to ensure that there is adequate  
1023       and consistent monitoring and enforcement of community  
1024       living support plans and cooperative agreements and  
1025       that concerns are reported to the appropriate  
1026       regulatory oversight organization under certain



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1027 circumstances; amending s. 400.0074, F.S.; requiring  
1028 that an administrative assessment conducted by a local  
1029 council be comprehensive in nature and focus on  
1030 factors affecting the rights, health, safety, and  
1031 welfare of residents in the facilities; requiring a  
1032 local council to conduct an exit consultation with the  
1033 facility administrator or administrator designee to  
1034 discuss issues and concerns in areas affecting the  
1035 rights, health, safety, and welfare of residents and  
1036 make recommendations for improvement; amending s.  
1037 400.0078, F.S.; requiring that a resident or a  
1038 representative of a resident of a long-term care  
1039 facility be informed that retaliatory action cannot be  
1040 taken against a resident for presenting grievances or  
1041 for exercising any other resident right; amending s.  
1042 409.212, F.S.; increasing the cap on additional  
1043 supplementation a person may receive under certain  
1044 conditions; amending s. 429.07, F.S.; revising the  
1045 requirement that an extended congregate care license  
1046 be issued to certain facilities that have been  
1047 licensed as assisted living facilities under certain  
1048 circumstances and authorizing the issuance of such  
1049 license if a specified condition is met; providing the  
1050 purpose of an extended congregate care license;  
1051 providing that the initial extended congregate care  
1052 license of an assisted living facility is provisional  
1053 under certain circumstances; requiring a licensee to  
1054 notify the Agency for Health Care Administration if it  
1055 accepts a resident who qualifies for extended



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



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1085 a community living support plan, a cooperative  
1086 agreement, and assessment documentation was sent to  
1087 the Department of Children and Families within 72  
1088 hours after admission; amending s. 429.14, F.S.;  
1089 revising the circumstances under which the agency may  
1090 deny, revoke, or suspend the license of an assisted  
1091 living facility and impose an administrative fine;  
1092 requiring the agency to deny or revoke the license of  
1093 an assisted living facility under certain  
1094 circumstances; requiring the agency to impose an  
1095 immediate moratorium on the license of an assisted  
1096 living facility under certain circumstances; deleting  
1097 a provision requiring the agency to provide a list of  
1098 facilities with denied, suspended, or revoked licenses  
1099 to the Department of Business and Professional  
1100 Regulation; exempting a facility from the 45-day  
1101 notice requirement if it is required to relocate some  
1102 or all of its residents; amending s. 429.178, F.S.;  
1103 conforming cross-references; amending s. 429.19, F.S.;  
1104 revising the amounts and uses of administrative fines;  
1105 requiring the agency to levy a fine for violations  
1106 that are corrected before an inspection if  
1107 noncompliance occurred within a specified period of  
1108 time; deleting factors that the agency is required to  
1109 consider in determining penalties and fines; amending  
1110 s. 429.256, F.S.; revising the term "assistance with  
1111 self-administration of medication" as it relates to  
1112 the Assisted Living Facilities Act; amending s.  
1113 429.28, F.S.; providing notice requirements to inform



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





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1143 conforming a cross-reference; requiring the Office of  
1144 Program Policy Analysis and Government Accountability  
1145 to study the reliability of facility surveys and  
1146 submit to the Governor and the Legislature its  
1147 findings and recommendations; creating s. 429.55,  
1148 F.S.; requiring the Agency for Health Care  
1149 Administration to implement a rating system of  
1150 assisted living facilities by a specified date;  
1151 authorizing the agency to adopt rules; requiring the  
1152 Agency for Health Care Administration to provide  
1153 specified data on assisted living facilities by a  
1154 certain date; providing minimum requirements for such  
1155 data; authorizing the agency to create a comment  
1156 webpage regarding assisted living facilities;  
1157 providing minimum requirements; authorizing the agency  
1158 to provide links to certain third-party websites;  
1159 providing appropriations; providing an effective date.