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LEGISLATIVE ACTION

Senate

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House

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Floor: 18/AD/2R

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05/01/2014 12:29 PM

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Senator Garcia moved the following:

Senate Amendment (with title amendment)

Between lines 2509 and 2510

insert:

Section 39. Part XI of chapter 400, Florida Statutes,
consisting of sections 400.997 through 400.9985, is created to
read:

PART XI

TRANSITIONAL LIVING FACILITIES

400.997 Legislative intent.—It is the intent of the
Legislature to provide for the licensure of transitional living



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12 facilities and require the development, establishment, and
13 enforcement of basic standards by the Agency for Health Care
14 Administration to ensure quality of care and services to clients
15 in transitional living facilities. It is the policy of the state
16 that the least restrictive appropriate available treatment be
17 used based on the individual needs and best interest of the
18 client, consistent with optimum improvement of the client's
19 condition. The goal of a transitional living program for persons
20 who have brain or spinal cord injuries is to assist each person
21 who has such an injury to achieve a higher level of independent
22 functioning and to enable the person to reenter the community.
23 It is also the policy of the state that the restraint or
24 seclusion of a client is justified only as an emergency safety
25 measure used in response to danger to the client or others. It
26 is therefore the intent of the Legislature to achieve an ongoing
27 reduction in the use of restraint or seclusion in programs and
28 facilities that serve persons who have brain or spinal cord
29 injuries.

30 400.9971 Definitions.—As used in this part, the term:

31 (1) "Agency" means the Agency for Health Care
32 Administration.

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

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

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



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41 (5) "Physical restraint" means a manual method to restrict
42 freedom of movement of or normal access to a person's body, or a
43 physical or mechanical device, material, or equipment attached
44 or adjacent to the person's body that the person cannot easily
45 remove and that restricts freedom of movement of or normal
46 access to the person's body, including, but not limited to, a
47 half-bed rail, a full-bed rail, a geriatric chair, or a Posey
48 restraint. The term includes any device that is not specifically
49 manufactured as a restraint but is altered, arranged, or
50 otherwise used for this purpose. The term does not include
51 bandage material used for the purpose of binding a wound or
52 injury.

53 (6) "Seclusion" means the physical segregation of a person
54 in any fashion or the involuntary isolation of a person in a
55 room or area from which the person is prevented from leaving.
56 Such prevention may be accomplished by imposition of a physical
57 barrier or by action of a staff member to prevent the person
58 from leaving the room or area. For purposes of this part, the
59 term does not mean isolation due to a person's medical condition
60 or symptoms.

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

66 400.9972 License required; fee; application.-

67 (1) The requirements of part II of chapter 408 apply to the
68 provision of services that require licensure pursuant to this
69 part and part II of chapter 408 and to entities licensed by or



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70 applying for licensure from the agency pursuant to this part. A
71 license issued by the agency is required for the operation of a
72 transitional living facility in this state. However, this part
73 does not require a provider licensed by the agency to obtain a
74 separate transitional living facility license to serve persons
75 who have brain or spinal cord injuries as long as the services
76 provided are within the scope of the provider's license.

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

82 (3) An applicant for licensure must provide:

83 (a) The location of the facility for which the license is
84 sought and documentation, signed by the appropriate local
85 government official, which states that the applicant has met
86 local zoning requirements.

87 (b) Proof of liability insurance as defined in s.
88 624.605(1)(b).

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

92 (d) Proof that the facility has received a satisfactory
93 firesafety inspection.

94 (e) Documentation that the facility has received a
95 satisfactory sanitation inspection by the county health
96 department.

97 (4) The applicant's proposed facility must attain and
98 continuously maintain accreditation by an accrediting



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99 organization that specializes in evaluating rehabilitation
100 facilities whose standards incorporate licensure regulations
101 comparable to those required by the state. An applicant for
102 licensure as a transitional living facility must acquire
103 accreditation within 12 months after issuance of an initial
104 license. The agency shall accept the accreditation survey report
105 of the accrediting organization in lieu of conducting a
106 licensure inspection if the standards included in the survey
107 report are determined by the agency to document that the
108 facility substantially complies with state licensure
109 requirements. Within 10 days after receiving the accreditation
110 survey report, the applicant shall submit to the agency a copy
111 of the report and evidence of the accreditation decision as a
112 result of the report. The agency may conduct an inspection of a
113 transitional living facility to ensure compliance with the
114 licensure requirements of this part, to validate the inspection
115 process of the accrediting organization, to respond to licensure
116 complaints, or to protect the public health and safety.

117 400.9973 Client admission, transfer, and discharge.-

118 (1) A transitional living facility shall have written
119 policies and procedures governing the admission, transfer, and
120 discharge of clients.

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

124 (3) A client admitted to a transitional living facility
125 must have a brain or spinal cord injury, such as a lesion to the
126 spinal cord or cauda equina syndrome, with evidence of
127 significant involvement of at least two of the following



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128 deficits or dysfunctions:
129 (a) A motor deficit.
130 (b) A sensory deficit.
131 (c) Bowel and bladder dysfunction.
132 (d) An acquired internal or external injury to the skull,
133 the brain, or the brain's covering, whether caused by a
134 traumatic or nontraumatic event, which produces an altered state
135 of consciousness or an anatomic motor, sensory, cognitive, or
136 behavioral deficit.
137 (4) A client whose medical condition and diagnosis do not
138 positively identify a cause of the client's condition, whose
139 symptoms are inconsistent with the known cause of injury, or
140 whose recovery is inconsistent with the known medical condition
141 may be admitted to a transitional living facility for evaluation
142 for a period not to exceed 90 days.
143 (5) A client admitted to a transitional living facility
144 must be admitted upon prescription by a licensed physician,
145 physician assistant, or advanced registered nurse practitioner
146 and must remain under the care of a licensed physician,
147 physician assistant, or advanced registered nurse practitioner
148 for the duration of the client's stay in the facility.
149 (6) A transitional living facility may not admit a person
150 whose primary admitting diagnosis is mental illness or an
151 intellectual or developmental disability.
152 (7) A person may not be admitted to a transitional living
153 facility if the person:
154 (a) Presents significant risk of infection to other clients
155 or personnel. A health care practitioner must provide
156 documentation that the person is free of apparent signs and



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157 symptoms of communicable disease;
158 (b) Is a danger to himself or herself or others as
159 determined by a physician, physician assistant, or advanced
160 registered nurse practitioner or a mental health practitioner
161 licensed under chapter 490 or chapter 491, unless the facility
162 provides adequate staffing and support to ensure patient safety;
163 (c) Is bedridden; or
164 (d) Requires 24-hour nursing supervision.
165 (8) If the client meets the admission criteria, the medical
166 or nursing director of the facility must complete an initial
167 evaluation of the client's functional skills, behavioral status,
168 cognitive status, educational or vocational potential, medical
169 status, psychosocial status, sensorimotor capacity, and other
170 related skills and abilities within the first 72 hours after the
171 client's admission to the facility. An initial comprehensive
172 treatment plan that delineates services to be provided and
173 appropriate sources for such services must be implemented within
174 the first 4 days after admission.
175 (9) A transitional living facility shall develop a
176 discharge plan for each client before or upon admission to the
177 facility. The discharge plan must identify the intended
178 discharge site and possible alternative discharge sites. For
179 each discharge site identified, the discharge plan must identify
180 the skills, behaviors, and other conditions that the client must
181 achieve to be eligible for discharge. A discharge plan must be
182 reviewed and updated as necessary but at least once monthly.
183 (10) A transitional living facility shall discharge a
184 client as soon as practicable when the client no longer requires
185 the specialized services described in s. 400.9971(7), when the



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186 client is not making measurable progress in accordance with the
187 client's comprehensive treatment plan, or when the transitional
188 living facility is no longer the most appropriate and least
189 restrictive treatment option.

190 (11) A transitional living facility shall provide at least
191 30 days' notice to a client of transfer or discharge plans,
192 including the location of an acceptable transfer location if the
193 client is unable to live independently. This subsection does not
194 apply if a client voluntarily terminates residency.

195 400.9974 Client comprehensive treatment plans; client
196 services.-

197 (1) A transitional living facility shall develop a
198 comprehensive treatment plan for each client as soon as
199 practicable but no later than 30 days after the initial
200 comprehensive treatment plan is developed. The comprehensive
201 treatment plan must be developed by an interdisciplinary team
202 consisting of the case manager, the program director, the
203 advanced registered nurse practitioner, and appropriate
204 therapists. The client or, if appropriate, the client's
205 representative must be included in developing the comprehensive
206 treatment plan. The comprehensive treatment plan must be
207 reviewed and updated if the client fails to meet projected
208 improvements outlined in the plan or if a significant change in
209 the client's condition occurs. The comprehensive treatment plan
210 must be reviewed and updated at least once monthly.

211 (2) The comprehensive treatment plan must include:

212 (a) Orders obtained from the physician, physician
213 assistant, or advanced registered nurse practitioner and the
214 client's diagnosis, medical history, physical examination, and



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215 rehabilitative or restorative needs.

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

220 (c) A comprehensive, accurate, reproducible, and
221 standardized assessment of the client's functional capability;
222 the treatments designed to achieve skills, behaviors, and other
223 conditions necessary for the client to return to the community;
224 and specific measurable goals.

225 (d) Steps necessary for the client to achieve transition
226 into the community and estimated length of time to achieve those
227 goals.

228 (3) The client or, if appropriate, the client's
229 representative must consent to the continued treatment at the
230 transitional living facility. Consent may be for a period of up
231 to 3 months. If such consent is not given, the transitional
232 living facility shall discharge the client as soon as
233 practicable.

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

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

240 (6) A client must receive a continuous treatment program
241 that includes appropriate, consistent implementation of
242 specialized and general training, treatment, health services,
243 and related services and that is directed toward:



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

247 (b) The prevention or deceleration of regression or loss of
248 current optimal functional status.

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

251 400.9975 Licensee responsibilities.—

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

253 (a) Lives in a safe environment free from abuse, neglect,
254 and exploitation.

255 (b) Is treated with consideration and respect and with due
256 recognition of personal dignity, individuality, and the need for
257 privacy.

258 (c) Retains and uses his or her own clothes and other
259 personal property in his or her immediate living quarters to
260 maintain individuality and personal dignity, except when the
261 licensee demonstrates that such retention and use would be
262 unsafe, impractical, or an infringement upon the rights of other
263 clients.

264 (d) Has unrestricted private communication, including
265 receiving and sending unopened correspondence, access to a
266 telephone, and visits with any person of his or her choice. Upon
267 request, the licensee shall modify visiting hours for caregivers
268 and guests. The facility shall restrict communication in
269 accordance with any court order or written instruction of a
270 client's representative. Any restriction on a client's
271 communication for therapeutic reasons shall be documented and
272 reviewed at least weekly and shall be removed as soon as no



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273 longer clinically indicated. The basis for the restriction shall
274 be explained to the client and, if applicable, the client's
275 representative. The client shall retain the right to call the
276 central abuse hotline, the agency, and Disability Rights Florida
277 at any time.

278 (e) Has the opportunity to participate in and benefit from
279 community services and activities to achieve the highest
280 possible level of independence, autonomy, and interaction within
281 the community.

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

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

289 (h) Has the opportunity to exercise civil and religious
290 liberties, including the right to independent personal
291 decisions. However, a religious belief or practice, including
292 attendance at religious services, may not be imposed upon any
293 client.

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

296 (j) Has the opportunity to present grievances and recommend
297 changes in policies, procedures, and services to the staff of
298 the licensee, governing officials, or any other person without
299 restraint, interference, coercion, discrimination, or reprisal.
300 A licensee shall establish a grievance procedure to facilitate a
301 client's ability to present grievances, including a system for



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302 investigating, tracking, managing, and responding to complaints
303 by a client or, if applicable, the client's representative and
304 an appeals process. The appeals process must include access to
305 Disability Rights Florida and other advocates and the right to
306 be a member of, be active in, and associate with advocacy or
307 special interest groups.

308 (2) The licensee shall:

309 (a) Promote participation of the client's representative in
310 the process of providing treatment to the client unless the
311 representative's participation is unobtainable or inappropriate.

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

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

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

322 (e) Promptly notify the client's representative of a
323 significant incident or change in the client's condition,
324 including, but not limited to, serious illness, accident, abuse,
325 unauthorized absence, or death.

326 (3) The administrator of a facility shall ensure that a
327 written notice of licensee responsibilities is posted in a
328 prominent place in each building where clients reside and is
329 read or explained to clients who cannot read. This notice shall
330 be provided to clients in a manner that is clearly legible,



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331 shall include the statewide toll-free telephone number for
332 reporting complaints to the agency, and shall include the words:
333 "To report a complaint regarding the services you receive,
334 please call toll-free ...[telephone number]... or Disability
335 Rights Florida ...[telephone number]...." The statewide toll-
336 free telephone number for the central abuse hotline shall be
337 provided to clients in a manner that is clearly legible and
338 shall include the words: "To report abuse, neglect, or
339 exploitation, please call toll-free ...[telephone number]...."
340 The licensee shall ensure a client's access to a telephone where
341 telephone numbers are posted as required by this subsection.

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

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

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

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

354 (6) The licensee must develop and implement policies and
355 procedures governing the release of client information,
356 including consent necessary from the client or, if applicable,
357 the client's representative.

358 400.9976 Administration of medication.-

359 (1) An individual medication administration record must be



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360 maintained for each client. A dose of medication, including a
361 self-administered dose, shall be properly recorded in the
362 client's record. A client who self-administers medication shall
363 be given a pill organizer. Medication must be placed in the pill
364 organizer by a nurse. A nurse shall document the date and time
365 that medication is placed into each client's pill organizer. All
366 medications must be administered in compliance with orders of a
367 physician, physician assistant, or advanced registered nurse
368 practitioner.

369 (2) If an interdisciplinary team determines that self-
370 administration of medication is an appropriate objective, and if
371 the physician, physician assistant, or advanced registered nurse
372 practitioner does not specify otherwise, the client must be
373 instructed by the physician, physician assistant, or advanced
374 registered nurse practitioner to self-administer his or her
375 medication without the assistance of a staff person. All forms
376 of self-administration of medication, including administration
377 orally, by injection, and by suppository, shall be included in
378 the training. The client's physician, physician assistant, or
379 advanced registered nurse practitioner must be informed of the
380 interdisciplinary team's decision that self-administration of
381 medication is an objective for the client. A client may not
382 self-administer medication until he or she demonstrates the
383 competency to take the correct medication in the correct dosage
384 at the correct time, to respond to missed doses, and to contact
385 the appropriate person with questions.

386 (3) Medication administration discrepancies and adverse
387 drug reactions must be recorded and reported immediately to a
388 physician, physician assistant, or advanced registered nurse



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389 practitioner.

390 400.9977 Assistance with medication.—

391 (1) Notwithstanding any provision of part I of chapter 464,
392 the Nurse Practice Act, unlicensed direct care services staff
393 who provide services to clients in a facility licensed under
394 this chapter or chapter 429 may administer prescribed,
395 prepackaged, and premeasured medications under the general
396 supervision of a registered nurse as provided under this section
397 and applicable rules.

398 (2) Training required by this section and applicable rules
399 shall be conducted by a registered nurse licensed under chapter
400 464, a physician licensed under chapter 458 or chapter 459, or a
401 pharmacist licensed under chapter 465.

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

404 (a) Develop and implement policies and procedures that
405 include a plan to ensure the safe handling, storage, and
406 administration of prescription medications.

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

409 (c) Maintain a copy of the written prescription, including
410 the name of the medication, the dosage, and the administration
411 schedule and termination date.

412 (d) Maintain documentation of compliance with required
413 training.

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

415 400.9978 Protection of clients from abuse, neglect,
416 mistreatment, and exploitation.—The licensee shall develop and
417 implement policies and procedures for the screening and training



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418 of employees; the protection of clients; and the prevention,
419 identification, investigation, and reporting of abuse, neglect,
420 mistreatment, and exploitation. The licensee shall identify
421 clients whose personal histories render them at risk for abusing
422 other clients, develop intervention strategies to prevent
423 occurrences of abuse, monitor clients for changes that would
424 trigger abusive behavior, and reassess the interventions on a
425 regular basis. A licensee shall:

426 (1) Screen each potential employee for a history of abuse,
427 neglect, mistreatment, or exploitation of clients. The screening
428 shall include an attempt to obtain information from previous and
429 current employers and verification of screening information by
430 the appropriate licensing boards.

431 (2) Train employees through orientation and ongoing
432 sessions regarding issues related to abuse prohibition
433 practices, including identification of abuse, neglect,
434 mistreatment, and exploitation; appropriate interventions to
435 address aggressive or catastrophic reactions of clients; the
436 process for reporting allegations without fear of reprisal; and
437 recognition of signs of frustration and stress that may lead to
438 abuse.

439 (3) Provide clients, families, and staff with information
440 regarding how and to whom they may report concerns, incidents,
441 and grievances without fear of retribution and provide feedback
442 regarding the concerns that are expressed. A licensee shall
443 identify, correct, and intervene in situations in which abuse,
444 neglect, mistreatment, or exploitation is likely to occur,
445 including:

446 (a) Evaluating the physical environment of the facility to



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447 identify characteristics that may make abuse or neglect more
448 likely to occur, such as secluded areas.

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

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

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

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

465 (5) Investigate alleged violations and different types of
466 incidents, identify the staff member responsible for initial
467 reporting, and report results to the proper authorities. The
468 licensee shall analyze the incidents to determine whether
469 policies and procedures need to be changed to prevent further
470 incidents and take necessary corrective actions.

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

472 (7) Report alleged violations and substantiated incidents,
473 as required under chapters 39 and 415, to the licensing
474 authorities and all other agencies, as required, and report any
475 knowledge of actions by a court of law that would indicate an



476 employee is unfit for service.

477 400.9979 Restraint and seclusion; client safety.-

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

482 (2) The use of physical restraints must be ordered and
483 documented by a physician, physician assistant, or advanced
484 registered nurse practitioner and must be consistent with the
485 policies and procedures adopted by the facility. The client or,
486 if applicable, the client's representative shall be informed of
487 the facility's physical restraint policies and procedures when
488 the client is admitted.

489 (3) The use of chemical restraints shall be limited to
490 prescribed dosages of medications as ordered by a physician,
491 physician assistant, or advanced registered nurse practitioner
492 and must be consistent with the client's diagnosis and the
493 policies and procedures adopted by the facility. The client and,
494 if applicable, the client's representative shall be informed of
495 the facility's chemical restraint policies and procedures when
496 the client is admitted.

497 (4) Based on the assessment by a physician, physician
498 assistant, or advanced registered nurse practitioner, if a
499 client exhibits symptoms that present an immediate risk of
500 injury or death to himself or herself or others, a physician,
501 physician assistant, or advanced registered nurse practitioner
502 may issue an emergency treatment order to immediately administer
503 rapid-response psychotropic medications or other chemical
504 restraints. Each emergency treatment order must be documented



505 and maintained in the client's record.

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

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

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

517 (a) The continued need for the medication.

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

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

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

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

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

530 (9) A facility shall notify the parent, guardian, or, if
531 applicable, the client's representative when restraint or
532 seclusion is employed. The facility must provide the
533 notification within 24 hours after the restraint or seclusion is



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534 employed. Reasonable efforts must be taken to notify the parent,
535 guardian, or, if applicable, the client's representative by
536 telephone or e-mail, or both, and these efforts must be
537 documented.

538 (10) The agency may adopt rules that establish standards
539 and procedures for the use of restraints, restraint positioning,
540 seclusion, and emergency treatment orders for psychotropic
541 medications, restraint, and seclusion. These rules must include
542 duration of restraint, staff training, observation of the client
543 during restraint, and documentation and reporting standards.

544 400.998 Personnel background screening; administration and
545 management procedures.-

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

549 (2) The licensee shall maintain personnel records for each
550 staff member that contain, at a minimum, documentation of
551 background screening, a job description, documentation of
552 compliance with the training requirements of this part and
553 applicable rules, the employment application, references, a copy
554 of each job performance evaluation, and, for each staff member
555 who performs services for which licensure or certification is
556 required, a copy of all licenses or certification held by that
557 staff member.

558 (3) The licensee must:

559 (a) Develop and implement infection control policies and
560 procedures and include the policies and procedures in the
561 licensee's policy manual.

562 (b) Maintain liability insurance as defined in s.



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563 624.605(1)(b).

564 (c) Designate one person as an administrator to be
565 responsible and accountable for the overall management of the
566 facility.

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

570 (e) Designate in writing a program director to be
571 responsible for supervising the therapeutic and behavioral
572 staff, determining the levels of supervision, and determining
573 room placement for each client.

574 (f) Designate in writing a person to be responsible when
575 the program director is absent from the facility for more than
576 24 hours.

577 (g) Obtain approval of the comprehensive emergency
578 management plan, pursuant to s. 400.9982(2)(e), from the local
579 emergency management agency. Pending the approval of the plan,
580 the local emergency management agency shall ensure that the
581 following agencies, at a minimum, are given the opportunity to
582 review the plan: the Department of Health, the Agency for Health
583 Care Administration, and the Division of Emergency Management.
584 Appropriate volunteer organizations shall also be given the
585 opportunity to review the plan. The local emergency management
586 agency shall complete its review within 60 days after receipt of
587 the plan and either approve the plan or advise the licensee of
588 necessary revisions.

589 (h) Maintain written records in a form and system that
590 comply with medical and business practices and make the records
591 available by the facility for review or submission to the agency



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592 upon request. The records shall include:

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

596 2. A record of each accident or unusual incident involving
597 a client or staff member that caused, or had the potential to
598 cause, injury or harm to any person or property within the
599 facility. The record shall contain a clear description of each
600 accident or incident; the names of the persons involved; a
601 description of medical or other services provided to these
602 persons, including the provider of the services; and the steps
603 taken to prevent recurrence of such accident or incident.

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

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

608 400.9981 Property and personal affairs of clients.—

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

614 (2) The admission of a client to a facility and his or her
615 presence therein does not confer on a licensee or administrator,
616 or an employee or representative thereof, any authority to
617 manage, use, or dispose of the property of the client, and the
618 admission or presence of a client does not confer on such person
619 any authority or responsibility for the personal affairs of the
620 client except that which may be necessary for the safe



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621 management of the facility or for the safety of the client.

622 (3) A licensee or administrator, or an employee or
623 representative thereof, may:

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

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

632 (c) Act as the attorney in fact for a client if the
633 licensee files a surety bond with the agency in an amount equal
634 to twice the average monthly income of the client, plus the
635 value of a client's property under the control of the attorney
636 in fact.

637

638 The surety bond required under paragraph (b) or paragraph (c)
639 shall be executed by the licensee as principal and a licensed
640 surety company. The bond shall be conditioned upon the faithful
641 compliance of the licensee with the requirements of licensure
642 and is payable to the agency for the benefit of a client who
643 suffers a financial loss as a result of the misuse or
644 misappropriation of funds held pursuant to this subsection. A
645 surety company that cancels or does not renew the bond of a
646 licensee shall notify the agency in writing at least 30 days
647 before the action, giving the reason for cancellation or
648 nonrenewal. A licensee or administrator, or an employee or
649 representative thereof, who is granted power of attorney for a



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650 client of the facility shall, on a monthly basis, notify the
651 client in writing of any transaction made on behalf of the
652 client pursuant to this subsection, and a copy of the
653 notification given to the client shall be retained in the
654 client's file and available for agency inspection.

655 (4) A licensee, with the consent of the client, shall
656 provide for safekeeping in the facility of the client's personal
657 effects of a value not in excess of \$1,000 and the client's
658 funds not in excess of \$500 cash and shall keep complete and
659 accurate records of the funds and personal effects received. If
660 a client is absent from a facility for 24 hours or more, the
661 licensee may provide for safekeeping of the client's personal
662 effects of a value in excess of \$1,000.

663 (5) Funds or other property belonging to or due to a client
664 or expendable for the client's account that are received by a
665 licensee shall be regarded as funds held in trust and shall be
666 kept separate from the funds and property of the licensee and
667 other clients or shall be specifically credited to the client.
668 The funds held in trust shall be used or otherwise expended only
669 for the account of the client. At least once every month, except
670 pursuant to an order of a court of competent jurisdiction, the
671 licensee shall furnish the client and, if applicable, the
672 client's representative with a complete and verified statement
673 of all funds and other property to which this subsection
674 applies, detailing the amount and items received, together with
675 their sources and disposition. The licensee shall furnish the
676 statement annually and upon discharge or transfer of a client. A
677 governmental agency or private charitable agency contributing
678 funds or other property to the account of a client is also



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679 entitled to receive a statement monthly and upon the discharge
680 or transfer of the client.

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

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

685 2. Demands, beneficially receives, or contracts for payment
686 of all or any part of a client's personal property or personal
687 needs allowance in satisfaction of the facility rate for
688 supplies and services; or

689 3. Borrows from or pledges any personal funds of a client,
690 other than the amount agreed to by written contract under s.
691 429.24,

692
693 commits a misdemeanor of the first degree, punishable as
694 provided in s. 775.082 or s. 775.083.

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

700 (7) In the event of the death of a client, a licensee shall
701 return all refunds, funds, and property held in trust to the
702 client's personal representative, if one has been appointed at
703 the time the licensee disburses such funds, or, if not, to the
704 client's spouse or adult next of kin named in a beneficiary
705 designation form provided by the licensee to the client. If the
706 client does not have a spouse or adult next of kin or such
707 person cannot be located, funds due to be returned to the client



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708 shall be placed in an interest-bearing account, and all property
709 held in trust by the licensee shall be safeguarded until such
710 time as the funds and property are disbursed pursuant to the
711 Florida Probate Code. The funds shall be kept separate from the
712 funds and property of the licensee and other clients of the
713 facility. If the funds of the deceased client are not disbursed
714 pursuant to the Florida Probate Code within 2 years after the
715 client's death, the funds shall be deposited in the Health Care
716 Trust Fund administered by the agency.

717 (8) The agency, by rule, may clarify terms and specify
718 procedures and documentation necessary to administer the
719 provisions of this section relating to the proper management of
720 clients' funds and personal property and the execution of surety
721 bonds.

722 400.9982 Rules establishing standards.-

723 (1) It is the intent of the Legislature that rules adopted
724 and enforced pursuant to this part and part II of chapter 408
725 include criteria to ensure reasonable and consistent quality of
726 care and client safety. The rules should make reasonable efforts
727 to accommodate the needs and preferences of the client to
728 enhance the client's quality of life while residing in a
729 transitional living facility.

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

733 (a) The location of transitional living facilities.

734 (b) The qualifications of personnel, including management,
735 medical, nursing, and other professional personnel and nursing
736 assistants and support staff, who are responsible for client



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737 care. The licensee must employ enough qualified professional
738 staff to carry out and monitor interventions in accordance with
739 the stated goals and objectives of each comprehensive treatment
740 plan.

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

743 (d) Services provided to clients of transitional living
744 facilities.

745 (e) The preparation and annual update of a comprehensive
746 emergency management plan in consultation with the Division of
747 Emergency Management. At a minimum, the rules must provide for
748 plan components that address emergency evacuation
749 transportation; adequate sheltering arrangements; postdisaster
750 activities, including provision of emergency power, food, and
751 water; postdisaster transportation; supplies; staffing;
752 emergency equipment; individual identification of clients and
753 transfer of records; communication with families; and responses
754 to family inquiries.

755 400.9983 Violations; penalties.—A violation of this part or
756 any rule adopted pursuant thereto shall be classified according
757 to the nature of the violation and the gravity of its probable
758 effect on facility clients. The agency shall indicate the
759 classification on the written notice of the violation as
760 follows:

761 (1) Class I violations are defined in s. 408.813. The
762 agency shall issue a citation regardless of correction and
763 impose an administrative fine of \$5,000 for an isolated
764 violation, \$7,500 for a patterned violation, or \$10,000 for a
765 widespread violation. Violations may be identified, and a fine



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766 must be levied, notwithstanding the correction of the deficiency
767 giving rise to the violation.

768 (2) Class II violations are defined in s. 408.813. The
769 agency shall impose an administrative fine of \$1,000 for an
770 isolated violation, \$2,500 for a patterned violation, or \$5,000
771 for a widespread violation. A fine must be levied
772 notwithstanding the correction of the deficiency giving rise to
773 the violation.

774 (3) Class III violations are defined in s. 408.813. The
775 agency shall impose an administrative fine of \$500 for an
776 isolated violation, \$750 for a patterned violation, or \$1,000
777 for a widespread violation. If a deficiency giving rise to a
778 class III violation is corrected within the time specified by
779 the agency, the fine may not be imposed.

780 (4) Class IV violations are defined in s. 408.813. The
781 agency shall impose for a cited class IV violation an
782 administrative fine of at least \$100 but not exceeding \$200 for
783 each violation. If a deficiency giving rise to a class IV
784 violation is corrected within the time specified by the agency,
785 the fine may not be imposed.

786 400.9984 Receivership proceedings.—The agency may apply s.
787 429.22 with regard to receivership proceedings for transitional
788 living facilities.

789 400.9985 Interagency communication.—The agency, the
790 department, the Agency for Persons with Disabilities, and the
791 Department of Children and Families shall develop electronic
792 systems to ensure that relevant information pertaining to the
793 regulation of transitional living facilities and clients is
794 timely and effectively communicated among agencies in order to



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795 facilitate the protection of clients. Electronic sharing of
796 information shall include, at a minimum, a brain and spinal cord
797 injury registry and a client abuse registry.

798 Section 40. Section 400.805, Florida Statutes, is repealed.

799 Section 41. The title of part V of chapter 400, Florida
800 Statutes, consisting of sections 400.701-400.801, is
801 redesignated as "INTERMEDIATE CARE FACILITIES."

802 Section 42. Subsection (9) of section 381.745, Florida
803 Statutes, is amended to read:

804 381.745 Definitions; ss. 381.739-381.79.—As used in ss.
805 381.739-381.79, the term:

806 (9) "Transitional living facility" means a state-approved
807 facility, ~~as defined and licensed under chapter 400 or chapter~~
808 ~~429, or a facility approved by the brain and spinal cord injury~~
809 ~~program in accordance with this chapter.~~

810 Section 43. Section 381.75, Florida Statutes, is amended to
811 read:

812 381.75 Duties and responsibilities of the department, ~~of~~
813 ~~transitional living facilities, and of residents.~~—Consistent
814 with the mandate of s. 381.7395, the department shall develop
815 and administer a multilevel treatment program for individuals
816 who sustain brain or spinal cord injuries and who are referred
817 to the brain and spinal cord injury program.

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

823 (2) The department shall refer individuals who have brain



824 or spinal cord injuries to other state agencies to ensure ~~assure~~
825 that rehabilitative services, if desired, are obtained by that
826 individual.

827 (3) The department, in consultation with emergency medical
828 service, shall develop standards for an emergency medical
829 evacuation system that will ensure that all individuals who
830 sustain traumatic brain or spinal cord injuries are transported
831 to a department-approved trauma center that meets the standards
832 and criteria established by the emergency medical service and
833 the acute-care standards of the brain and spinal cord injury
834 program.

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

838 (5) The department shall determine the appropriate number
839 of designated acute-care facilities, inpatient rehabilitation
840 centers, and outpatient rehabilitation centers, needed based on
841 incidence, volume of admissions, and other appropriate criteria.

842 (6) The department shall develop standards for designation
843 of transitional living facilities to provide transitional living
844 services for individuals who participate in the brain and spinal
845 cord injury program ~~the opportunity to adjust to their~~
846 ~~disabilities and to develop physical and functional skills in a~~
847 ~~supported living environment.~~

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

852 ~~(b) The goal of a transitional living program for~~



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853 ~~individuals who have brain or spinal cord injuries is to assist~~
854 ~~each individual who has such a disability to achieve a higher~~
855 ~~level of independent functioning and to enable that person to~~
856 ~~reenter the community. The program shall be focused on preparing~~
857 ~~participants to return to community living.~~

858 ~~(c) A transitional living facility for an individual who~~
859 ~~has a brain or spinal cord injury shall provide to such~~
860 ~~individual, in a residential setting, a goal-oriented treatment~~
861 ~~program designed to improve the individual's physical,~~
862 ~~cognitive, communicative, behavioral, psychological, and social~~
863 ~~functioning, as well as to provide necessary support and~~
864 ~~supervision. A transitional living facility shall offer at least~~
865 ~~the following therapies: physical, occupational, speech,~~
866 ~~neuropsychology, independent living skills training, behavior~~
867 ~~analysis for programs serving brain-injured individuals, health~~
868 ~~education, and recreation.~~

869 ~~(d) All residents shall use the transitional living~~
870 ~~facility as a temporary measure and not as a permanent home or~~
871 ~~domicile. The transitional living facility shall develop an~~
872 ~~initial treatment plan for each resident within 3 days after the~~
873 ~~resident's admission. The transitional living facility shall~~
874 ~~develop a comprehensive plan of treatment and a discharge plan~~
875 ~~for each resident as soon as practical, but no later than 30~~
876 ~~days after the resident's admission. Each comprehensive~~
877 ~~treatment plan and discharge plan must be reviewed and updated~~
878 ~~as necessary, but no less often than quarterly. This subsection~~
879 ~~does not require the discharge of an individual who continues to~~
880 ~~require any of the specialized services described in paragraph~~
881 ~~(c) or who is making measurable progress in accordance with that~~



882 ~~individual's comprehensive treatment plan. The transitional~~
883 ~~living facility shall discharge any individual who has an~~
884 ~~appropriate discharge site and who has achieved the goals of his~~
885 ~~or her discharge plan or who is no longer making progress toward~~
886 ~~the goals established in the comprehensive treatment plan and~~
887 ~~the discharge plan. The discharge location must be the least~~
888 ~~restrictive environment in which an individual's health, well-~~
889 ~~being, and safety is preserved.~~

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

893 Section 44. Subsection (4) of section 381.78, Florida
894 Statutes, is amended to read:

895 381.78 Advisory council on brain and spinal cord injuries.-

896 (4) The council shall:

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

900 ~~(b) Annually appoint a five-member committee composed of~~
901 ~~one individual who has a brain injury or has a family member~~
902 ~~with a brain injury, one individual who has a spinal cord injury~~
903 ~~or has a family member with a spinal cord injury, and three~~
904 ~~members who shall be chosen from among these representative~~
905 ~~groups: physicians, other allied health professionals,~~
906 ~~administrators of brain and spinal cord injury programs, and~~
907 ~~representatives from support groups with expertise in areas~~
908 ~~related to the rehabilitation of individuals who have brain or~~
909 ~~spinal cord injuries, except that one and only one member of the~~
910 ~~committee shall be an administrator of a transitional living~~



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911 ~~facility. Membership on the council is not a prerequisite for~~
912 ~~membership on this committee.~~

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

919 ~~2. Factual findings of the committee resulting from an~~
920 ~~onsite investigation of a facility pursuant to subparagraph 1.~~
921 ~~shall be adopted by the agency in developing its administrative~~
922 ~~response regarding enforcement of statutes and rules regulating~~
923 ~~the operation of the facility.~~

924 ~~3. Onsite investigations by the committee shall be funded~~
925 ~~by the Health Care Trust Fund.~~

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

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

932 Section 45. Subsection (5) of section 400.93, Florida
933 Statutes, is amended to read:

934 400.93 Licensure required; exemptions; unlawful acts;
935 penalties.—

936 (5) The following are exempt from home medical equipment
937 provider licensure, unless they have a separate company,
938 corporation, or division that is in the business of providing
939 home medical equipment and services for sale or rent to



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940 consumers at their regular or temporary place of residence
941 pursuant to the provisions of this part:

942 (a) Providers operated by the Department of Health or
943 Federal Government.

944 (b) Nursing homes licensed under part II.

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

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

948 (e) Hospices licensed under part IV.

949 (f) Intermediate care facilities and~~7~~ homes for special
950 services, ~~and transitional living facilities~~ licensed under part
951 V.

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

953 (h)~~(g)~~ Hospitals and ambulatory surgical centers licensed
954 under chapter 395.

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

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

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

961 Section 46. Subsection (21) of section 408.802, Florida
962 Statutes, is amended to read:

963 408.802 Applicability.—The provisions of this part apply to
964 the provision of services that require licensure as defined in
965 this part and to the following entities licensed, registered, or
966 certified by the agency, as described in chapters 112, 383, 390,
967 394, 395, 400, 429, 440, 483, and 765:

968 (21) Transitional living facilities, as provided under part



969 XI ✕ of chapter 400.

970 Section 47. Subsection (20) of section 408.820, Florida
971 Statutes, is amended to read:

972 408.820 Exemptions.—Except as prescribed in authorizing
973 statutes, the following exemptions shall apply to specified
974 requirements of this part:

975 (20) Transitional living facilities, as provided under part
976 XI ✕ of chapter 400, are exempt from s. 408.810(10).

977 Section 48. Effective July 1, 2015, a transitional living
978 facility licensed before the effective date of this act pursuant
979 to s. 400.805, Florida Statutes, must be licensed under part XI
980 of chapter 400, Florida Statutes, as created by this act.

981
982 ===== T I T L E A M E N D M E N T =====

983 And the title is amended as follows:

984 Delete line 213

985 and insert:

986 chapter 400, F.S., in certain circumstances; creating
987 part XI of ch. 400, F.S.; providing legislative
988 intent; providing definitions; requiring the licensure
989 of transitional living facilities; providing license
990 fees and application requirements; requiring
991 accreditation of licensed facilities; providing
992 requirements for transitional living facility policies
993 and procedures governing client admission, transfer,
994 and discharge; requiring a comprehensive treatment
995 plan to be developed for each client; providing plan
996 and staffing requirements; requiring certain consent
997 for continued treatment in a transitional living



998 facility; providing licensee responsibilities;
999 providing notice requirements; prohibiting a licensee
1000 or employee of a facility from serving notice upon a
1001 client to leave the premises or take other retaliatory
1002 action under certain circumstances; requiring the
1003 client and client's representative to be provided with
1004 certain information; requiring the licensee to develop
1005 and implement certain policies and procedures;
1006 providing licensee requirements relating to
1007 administration of medication; requiring maintenance of
1008 medication administration records; providing
1009 requirements for administration of medications by
1010 unlicensed staff; specifying who may conduct training
1011 of staff; requiring licensees to adopt policies and
1012 procedures for administration of medications by
1013 trained staff; requiring the Agency for Health Care
1014 Administration to adopt rules; providing requirements
1015 for the screening of potential employees and training
1016 and monitoring of employees for the protection of
1017 clients; requiring licensees to implement certain
1018 policies and procedures to protect clients; providing
1019 conditions for investigating and reporting incidents
1020 of abuse, neglect, mistreatment, or exploitation of
1021 clients; providing requirements and limitations for
1022 the use of physical restraints, seclusion, and
1023 chemical restraint medication on clients; providing a
1024 limitation on the duration of an emergency treatment
1025 order; requiring notification of certain persons when
1026 restraint or seclusion is imposed; authorizing the



1027 agency to adopt rules; providing background screening
1028 requirements; requiring the licensee to maintain
1029 certain personnel records; providing administrative
1030 responsibilities for licensees; providing
1031 recordkeeping requirements; providing licensee
1032 responsibilities with respect to the property and
1033 personal affairs of clients; providing requirements
1034 for a licensee with respect to obtaining surety bonds;
1035 providing recordkeeping requirements relating to the
1036 safekeeping of personal effects; providing
1037 requirements for trust funds or other property
1038 received by a licensee and credited to the client;
1039 providing a penalty for certain misuse of a client's
1040 personal funds, property, or personal needs allowance;
1041 providing criminal penalties for violations; providing
1042 for the disposition of property in the event of the
1043 death of a client; authorizing the agency to adopt
1044 rules; providing legislative intent; authorizing the
1045 agency to adopt and enforce rules establishing
1046 standards for transitional living facilities and
1047 personnel thereof; classifying violations and
1048 providing penalties therefor; providing administrative
1049 fines for specified classes of violations; authorizing
1050 the agency to apply certain provisions with regard to
1051 receivership proceedings; requiring the agency, the
1052 Department of Health, the Agency for Persons with
1053 Disabilities, and the Department of Children and
1054 Families to develop electronic information systems for
1055 certain purposes; repealing s. 400.805, F.S., relating



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1056 to transitional living facilities; revising the title
1057 of part V of ch. 400, F.S.; amending s. 381.745, F.S.;
1058 revising the definition of the term "transitional
1059 living facility," to conform; amending s. 381.75,
1060 F.S.; revising the duties of the Department of Health
1061 and the agency relating to transitional living
1062 facilities; amending ss. 381.78, 400.93, 408.802, and
1063 408.820, F.S.; conforming provisions to changes made
1064 by the act; providing applicability with respect to
1065 transitional living facilities licensed before a
1066 specified date; providing