

	LEGISLATIVE ACTION	
Senate	•	House
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Floor: 10/RE/2R	•	
05/01/2014 06:10 PM	•	
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Senator Sobel moved the following:

Senate Amendment (with title amendment)

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Between lines 1370 and 1371

insert:

Section 24. 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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section, means an individual who receives social security disability income due to a mental disorder as determined by the Social Security Administration or receives supplemental security income due to a mental disorder as determined by the Social Security Administration and receives optional state supplementation.

- (2) Medicaid managed care plans are responsible for Medicaid-enrolled mental health residents, and managing entities under contract with the department are responsible for mental health residents who are not enrolled in a Medicaid health plan. A Medicaid managed care plan or a managing entity, as appropriate, shall The department must ensure that:
- (a) A mental health resident has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or psychiatric nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be provided to the administrator of the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident if it was completed within 90 days before prior to admission to the facility.
- (b) A cooperative agreement, as required in s. 429.075, is developed by between the mental health care services provider that serves a mental health resident and the administrator of the assisted living facility with a limited mental health license in which the mental health resident is living. Any

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

- (c) The community living support plan, as defined in s. 429.02, has been prepared by a mental health resident and his or her a mental health case manager of that resident in consultation with the administrator of the facility or the administrator's designee. The plan must be completed and provided to the administrator of the assisted living facility with a limited mental health license in which the mental health resident lives within 30 days after the resident's admission. The support plan and the agreement may be in one document.
- (d) The assisted living facility with a limited mental health license is provided with documentation that the individual meets the definition of a mental health resident.
- (e) The mental health services provider assigns a case manager to each mental health resident for whom the entity is responsible who lives in an assisted living facility with a limited mental health license. The case manager shall coordinate is responsible for coordinating the development of and implementation of the community living support plan defined in s. 429.02. The plan must be updated at least annually, or when there is a significant change in the resident's behavioral health status, such as an inpatient admission or a change in

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

- (f) Adequate and consistent monitoring and enforcement of community living support plans and cooperative agreements are conducted by the resident's case manager.
- (q) Concerns are reported to the appropriate regulatory oversight organization if a regulated provider fails to deliver appropriate services or otherwise acts in a manner that has the potential to result in harm to the resident.
- (3) The Secretary of Children and Families Family Services, in consultation with the Agency for Health Care Administration, shall annually require each district administrator to develop, with community input, a detailed annual plan that demonstrates detailed plans that demonstrate how the district will ensure the provision of state-funded mental health and substance abuse treatment services to residents of assisted living facilities that hold a limited mental health license. This plan These plans must be consistent with the substance abuse and mental health district plan developed pursuant to s. 394.75 and must address case management services; access to consumer-operated drop-in centers; access to services during evenings, weekends, and holidays; supervision of the clinical needs of the residents; and access to emergency psychiatric care.

Section 25. Subsection (1) of section 400.0074, Florida Statutes, is amended, and paragraph (h) is added to subsection



(2) of that section, to read:

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400.0074 Local ombudsman council onsite administrative assessments.-

- (1) In addition to any specific investigation conducted pursuant to a complaint, the local council shall conduct, at least annually, an onsite administrative assessment of each nursing home, assisted living facility, and adult family-care home within its jurisdiction. This administrative assessment must be comprehensive in nature and must shall focus on factors affecting residents' the rights, health, safety, and welfare of the residents. Each local council is encouraged to conduct a similar onsite administrative assessment of each additional long-term care facility within its jurisdiction.
- (2) An onsite administrative assessment conducted by a local council shall be subject to the following conditions:
- (h) The local council shall conduct an exit consultation with the facility administrator or administrator designee to discuss issues and concerns in areas affecting residents' rights, health, safety, and welfare and, if needed, make recommendations for improvement.

Section 26. Subsection (2) of section 400.0078, Florida Statutes, is amended to read:

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

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

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

Section 27. Subsection (13) of section 429.02, Florida Statutes, is amended to read:

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

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

Section 28. Paragraphs (b) and (c) of subsection (3) of section 429.07, Florida Statutes, are amended to read:

429.07 License required; fee.-

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



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

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

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

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

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

2. If an assisted living facility has been licensed for

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

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

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

- a. Held an extended congregate care license for at least 24 months; been licensed for at least 24 months to provide extended congregate care services, if, during the inspection, the registered nurse determines that extended congregate care services are being provided appropriately, and if the facility has
- b. No class I or class II violations and no uncorrected class III violations; and.
- c. No ombudsman council complaints that resulted in a citation for licensure The agency must first consult with the long-term care ombudsman council for the area in which the facility is located to determine if any complaints have been made and substantiated about the quality of services or care. The agency may not waive one of the required yearly monitoring visits if complaints have been made and substantiated.
- 4.3. A facility that is licensed to provide extended congregate care services must:
- a. Demonstrate the capability to meet unanticipated resident service needs.
- b. Offer a physical environment that promotes a homelike setting, provides for resident privacy, promotes resident

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

- c. Have sufficient staff available, taking into account the physical plant and firesafety features of the building, to assist with the evacuation of residents in an emergency.
- d. Adopt and follow policies and procedures that maximize resident independence, dignity, choice, and decisionmaking to permit residents to age in place, so that moves due to changes in functional status are minimized or avoided.
- e. Allow residents or, if applicable, a resident's representative, designee, surrogate, guardian, or attorney in fact to make a variety of personal choices, participate in developing service plans, and share responsibility in decisionmaking.
 - f. Implement the concept of managed risk.
- g. Provide, directly or through contract, the services of a person licensed under part I of chapter 464.
- h. In addition to the training mandated in s. 429.52, provide specialized training as defined by rule for facility staff.
- 5.4. A facility that is licensed to provide extended congregate care services is exempt from the criteria for continued residency set forth in rules adopted under s. 429.41. A licensed facility must adopt its own requirements within guidelines for continued residency set forth by rule. However, the facility may not serve residents who require 24-hour nursing supervision. A licensed facility that provides extended congregate care services must also provide each resident with a written copy of facility policies governing admission and



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- 5. The primary purpose of extended congregate care services is to allow residents, as they become more impaired, the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency. A facility licensed to provide extended congregate care services may also admit an individual who exceeds the admission criteria for a facility with a standard license, if the individual is determined appropriate for admission to the extended congregate care facility.
- 6. Before the admission of an individual to a facility licensed to provide extended congregate care services, the individual must undergo a medical examination as provided in s. 429.26(4) and the facility must develop a preliminary service plan for the individual.
- 7. If When a facility can no longer provide or arrange for services in accordance with the resident's service plan and needs and the facility's policy, the facility must shall make arrangements for relocating the person in accordance with s. 429.28(1)(k).
- 8. Failure to provide extended congregate care services may result in denial of extended congregate care license renewal.
- (c) A limited nursing services license shall be issued to a facility that provides services beyond those authorized in paragraph (a) and as specified in this paragraph.
- 1. In order for limited nursing services to be provided in a facility licensed under this part, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license,

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

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

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



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- b. No class I or class II violations and no uncorrected class III violations; and
- c. No ombudsman council complaints that resulted in a citation for licensure.
- 3. A person who receives limited nursing services under this part must meet the admission criteria established by the agency for assisted living facilities. When a resident no longer meets the admission criteria for a facility licensed under this part, arrangements for relocating the person shall be made in accordance with s. 429.28(1)(k), unless the facility is licensed to provide extended congregate care services.

Section 29. Section 429.075, Florida Statutes, is amended to read:

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

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

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

- (2) A facility that is Facilities licensed to provide services to mental health residents must shall provide appropriate supervision and staffing to provide for the health, safety, and welfare of such residents.
- (3) A facility that has a limited mental health license must:
- (a) Have a copy of each mental health resident's community living support plan and the cooperative agreement with the mental health care services provider or provide written evidence that a request for the community living support plan and the cooperative agreement was sent to the Medicaid managed care plan or managing entity under contract with the Department of Children and Families within 72 hours after admission. The support plan and the agreement may be combined.
- (b) Have documentation that is provided by the Department of Children and Families Family Services that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility that has with a limited mental health license or provide written evidence that a request for documentation was sent to the Department of Children and Families within 72 hours after admission.
- (c) Make the community living support plan available for inspection by the resident, the resident's legal quardian or τ the resident's health care surrogate, and other individuals who have a lawful basis for reviewing this document.
 - (d) Assist the mental health resident in carrying out the

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

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

Section 30. Section 429.14, Florida Statutes, is amended to read:

429.14 Administrative penalties.-

- (1) In addition to the requirements of part II of chapter 408, the agency may deny, revoke, and suspend any license issued under this part and impose an administrative fine in the manner provided in chapter 120 against a licensee for a violation of any provision of this part, part II of chapter 408, or applicable rules, or for any of the following actions by a licensee, for the actions of any person subject to level 2 background screening under s. 408.809, or for the actions of any facility staff employee:
- (a) An intentional or negligent act seriously affecting the health, safety, or welfare of a resident of the facility.
- (b) A The determination by the agency that the owner lacks the financial ability to provide continuing adequate care to residents.
- (c) Misappropriation or conversion of the property of a resident of the facility.
- (d) Failure to follow the criteria and procedures provided under part I of chapter 394 relating to the transportation, voluntary admission, and involuntary examination of a facility



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- (e) A citation for of any of the following violations deficiencies as specified in s. 429.19:
 - 1. One or more cited class I violations deficiencies.
 - 2. Three or more cited class II violations deficiencies.
- 3. Five or more cited class III violations deficiencies that have been cited on a single survey and have not been corrected within the times specified.
- (f) Failure to comply with the background screening standards of this part, s. 408.809(1), or chapter 435.
 - (g) Violation of a moratorium.
- (h) Failure of the license applicant, the licensee during licensure renewal relicensure, or a licensee that holds a provisional license to meet the minimum license requirements of this part, or related rules, at the time of license application or renewal.
- (i) An intentional or negligent life-threatening act in violation of the uniform firesafety standards for assisted living facilities or other firesafety standards which that threatens the health, safety, or welfare of a resident of a facility, as communicated to the agency by the local authority having jurisdiction or the State Fire Marshal.
- (j) Knowingly operating any unlicensed facility or providing without a license any service that must be licensed under this chapter or chapter 400.
- (k) Any act constituting a ground upon which application for a license may be denied.
- (2) Upon notification by the local authority having jurisdiction or by the State Fire Marshal, the agency may deny

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

- (3) The agency may deny or revoke a license of an to any applicant or controlling interest as defined in part II of chapter 408 which has or had a 25 percent 25-percent or greater financial or ownership interest in any other facility that is licensed under this part, or in any entity licensed by this state or another state to provide health or residential care, if that which facility or entity during the 5 years before prior to the application for a license closed due to financial inability to operate; had a receiver appointed or a license denied, suspended, or revoked; was subject to a moratorium; or had an injunctive proceeding initiated against it.
- (4) The agency shall deny or revoke the license of an assisted living facility if:
- (a) There are two moratoria, issued pursuant to this part or part II of chapter 408, within a 2-year period which are imposed by final order;
- (b) The facility is cited for two or more class I violations arising from unrelated circumstances during the same survey or investigation; or
- (c) The facility is cited for two or more class I violations arising from separate surveys or investigations within a 2-year period that has two or more class I violations that are similar or identical to violations identified by the agency during a survey, inspection, monitoring visit, or complaint investigation occurring within the previous 2 years.
 - (5) An action taken by the agency to suspend, deny, or

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

- (6) As provided under s. 408.814, the agency shall impose an immediate moratorium on an assisted living facility that fails to provide the agency access to the facility or prohibits the agency from conducting a regulatory inspection. The licensee may not restrict agency staff in accessing and copying records or in conducting confidential interviews with facility staff or any individual who receives services from the facility provide to the Division of Hotels and Restaurants of the Department of Business and Professional Regulation, on a monthly basis, a list of those assisted living facilities that have had their licenses denied, suspended, or revoked or that are involved in an appellate proceeding pursuant to s. 120.60 related to the denial, suspension, or revocation of a license.
- (7) Agency notification of a license suspension or revocation, or denial of a license renewal, shall be posted and visible to the public at the facility.
- (8) If a facility is required to relocate some or all of its residents due to agency action, that facility is exempt from the 45 days' notice requirement imposed under s. 429.28(1)(k).

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

Section 31. Paragraphs (a) and (b) of subsection (2) of section 429.178, Florida Statutes, are amended to read:

429.178 Special care for persons with Alzheimer's disease or other related disorders.-

- (2)(a) An individual who is employed by a facility that provides special care for residents who have with Alzheimer's disease or other related disorders, and who has regular contact with such residents, must complete up to 4 hours of initial dementia-specific training developed or approved by the department. The training must shall be completed within 3 months after beginning employment and satisfy shall satisfy the core training requirements of s. $429.52(3)(g) \frac{s. 429.52(2)(g)}{s}$.
- (b) A direct caregiver who is employed by a facility that provides special care for residents who have with Alzheimer's disease or other related disorders, and who provides direct care to such residents, must complete the required initial training and 4 additional hours of training developed or approved by the department. The training must shall be completed within 9 months after beginning employment and satisfy shall satisfy the core training requirements of s. $429.52(3)(g) \cdot \frac{429.52(2)(g)}{g}$.

Section 32. Section 429.19, Florida Statutes, is amended to read:

- 429.19 Violations; imposition of administrative fines; grounds.-
- (1) In addition to the requirements of part II of chapter 408, the agency shall impose an administrative fine in the manner provided in chapter 120 for the violation of any

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

- (2) Each violation of this part and adopted rules must shall be classified according to the nature of the violation and the gravity of its probable effect on facility residents. The scope of a violation may be cited as an isolated, patterned, or widespread deficiency. An isolated deficiency is a deficiency affecting one or a very limited number of residents, or involving one or a very limited number of staff, or a situation that occurred only occasionally or in a very limited number of locations. A patterned deficiency is a deficiency in which more than a very limited number of residents are affected, or more than a very limited number of staff are affected, or the situation has occurred in several locations, or the same resident or residents have been affected by repeated occurrences of the same deficient practice but the effect of the deficient practice is not found to be pervasive throughout the facility. A widespread deficiency is a deficiency in which the problems causing the deficiency are pervasive in the facility or represent systemic failure that has affected or has the potential to affect a large portion of the facility's residents.
- (a) The agency shall indicate the classification on the written notice of the violation as follows:
- 1. (a) Class "I" violations are defined in s. 408.813. The agency shall impose an administrative fine for a cited class I

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

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

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

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

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



621 investigation since the last licensure inspection. 622 (c) Notwithstanding s. 408.813(2) (c) and (d) and s. 623 408.832, a fine must be imposed for each class III or class IV 624 violation, regardless of correction, if a facility was 625 previously cited for one or more class III or class IV 626 violations during the agency's last licensure inspection or any 627 inspection or complaint investigation since the last licensure 628 inspection for the same regulatory violation. A fine imposed for 629 class III or class IV violations must be doubled if a facility 630 was previously cited for one or more class III or class IV 631 violations during the agency's last two licensure inspections 632 for the same regulatory violation. 633 (d) Notwithstanding the fine amounts specified in 634 subparagraphs (a)1.-4., and regardless of the class of violation 635 cited, the agency shall impose an administrative fine of \$500 on 636 a facility that is found not to be in compliance with the 637 background screening requirements as provided in s. 408.809. (3) For purposes of this section, in determining if a 638 639 penalty is to be imposed and in fixing the amount of the fine, 640 the agency shall consider the following factors: (a) The gravity of the violation, including the probability 641 that death or serious physical or emotional harm to a resident 642 will result or has resulted, the severity of the action or 643 644 potential harm, and the extent to which the provisions of the 645 applicable laws or rules were violated. 646 (b) Actions taken by the owner or administrator to correct 647 violations. 648 (c) Any previous violations. 649 (d) The financial benefit to the facility of committing or



continuing the violation.

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- (e) The licensed capacity of the facility.
- (3) (4) Each day of continuing violation after the date established by the agency fixed for correction termination of the violation, as ordered by the agency, constitutes an additional, separate, and distinct violation.
- (4) (5) An Any action taken to correct a violation shall be documented in writing by the owner or administrator of the facility and verified through followup visits by agency personnel. The agency may impose a fine and, in the case of an owner-operated facility, revoke or deny a facility's license when a facility administrator fraudulently misrepresents action taken to correct a violation.
- (5) (6) A Any facility whose owner fails to apply for a change-of-ownership license in accordance with part II of chapter 408 and operates the facility under the new ownership is subject to a fine of \$5,000.
- (6) $\frac{(7)}{(7)}$ In addition to any administrative fines imposed, the agency may assess a survey fee, equal to the lesser of one half of the facility's biennial license and bed fee or \$500, to cover the cost of conducting initial complaint investigations that result in the finding of a violation that was the subject of the complaint or monitoring visits conducted under s. 429.28(3)(c) to verify the correction of the violations.
- (7) (8) During an inspection, the agency shall make a reasonable attempt to discuss each violation with the owner or administrator of the facility, before prior to written notification.
 - (8) (9) The agency shall develop and disseminate an annual

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list of all facilities sanctioned or fined for violations of state standards, the number and class of violations involved, the penalties imposed, and the current status of cases. The list shall be disseminated, at no charge, to the Department of Elderly Affairs, the Department of Health, the Department of Children and Families Family Services, the Agency for Persons with Disabilities, the area agencies on aging, the Florida Statewide Advocacy Council, and the state and local ombudsman councils. The Department of Children and Families Family Services shall disseminate the list to service providers under contract to the department who are responsible for referring persons to a facility for residency. The agency may charge a fee commensurate with the cost of printing and postage to other interested parties requesting a copy of this list. This information may be provided electronically or through the agency's website Internet site.

Section 33. Subsection (3) and paragraph (c) of subsection (4) of section 429.256, Florida Statutes, are amended to read: 429.256 Assistance with self-administration of medication.

- (3) Assistance with self-administration of medication includes:
- (a) Taking the medication, in its previously dispensed, properly labeled container, including an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident.
- (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.



708 (c) Placing an oral dosage in the resident's hand or 709 placing the dosage in another container and helping the resident by lifting the container to his or her mouth. 710 711 (d) Applying topical medications. 712 (e) Returning the medication container to proper storage. 713 (f) Keeping a record of when a resident receives assistance 714 with self-administration under this section. 715 (q) Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of 716 717 nebulizer solution, and pouring the prescribed premeasured dose 718 of medication into the dispensing cup of the nebulizer. 719 (h) Using a glucometer to perform blood-glucose level 720 checks. 721 (i) Assisting with putting on and taking off antiembolism 722 stockings. 723 (j) Assisting with applying and removing an oxygen cannula, 724 but not with titrating the prescribed oxygen settings. 725 (k) Assisting with the use of a continuous positive airway 726 pressure (CPAP) device, but not with titrating the prescribed 727 setting of the device. 728 (1) Assisting with measuring vital signs. 729 (m) Assisting with colostomy bags. 730 (4) Assistance with self-administration does not include: 731 (c) Administration of medications through intermittent 732 positive pressure breathing machines or a nebulizer. 733 Section 34. Subsections (2), (5), and (6) of section 734 429.28, Florida Statutes, are amended to read: 735 429.28 Resident bill of rights.-

(2) The administrator of a facility shall ensure that a

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

- (5) A No facility or employee of a facility may not serve notice upon a resident to leave the premises or take any other retaliatory action against any person who:
 - (a) Exercises any right set forth in this section.
- (b) Appears as a witness in any hearing, inside or outside the facility.
- (c) Files a civil action alleging a violation of the provisions of this part or notifies a state attorney or the Attorney General of a possible violation of such provisions.
 - (6) A Any facility that which terminates the residency of

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an individual who participated in activities specified in subsection (5) must shall show good cause in a court of competent jurisdiction. If good cause is not shown, the agency shall impose a fine of \$2,500 in addition to any other penalty assessed against the facility.

Section 35. Section 429.34, Florida Statutes, is amended to read:

429.34 Right of entry and inspection.

- (1) In addition to the requirements of s. 408.811, any duly designated officer or employee of the department, the Department of Children and Families Family Services, the Medicaid Fraud Control Unit of the Office of the Attorney General, the state or local fire marshal, or a member of the state or local long-term care ombudsman council has shall have the right to enter unannounced upon and into the premises of any facility licensed pursuant to this part in order to determine the state of compliance with the provisions of this part, part II of chapter 408, and applicable rules. Data collected by the state or local long-term care ombudsman councils or the state or local advocacy councils may be used by the agency in investigations involving violations of regulatory standards. A person specified in this section who knows or has reasonable cause to suspect that a vulnerable adult has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the central abuse hotline pursuant to chapter 415.
- (2) The agency shall inspect each licensed assisted living facility at least once every 24 months to determine compliance with this chapter and related rules. If an assisted living facility is cited for one or more class I violations or two or

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more class II violations arising from separate surveys within a 60-day period or due to unrelated circumstances during the same survey, the agency must conduct an additional licensure inspection within 6 months. In addition to any fines imposed on the facility under s. 429.19, the licensee shall pay a fee for the cost of the additional inspection equivalent to the standard assisted living facility license and per-bed fees, without exception for beds designated for recipients of optional state supplementation. The agency shall adjust the fee in accordance with s. 408.805.

Section 36. Subsection (2) of section 429.41, Florida Statutes, is amended to read:

429.41 Rules establishing standards.-

(2) In adopting any rules pursuant to this part, the department, in conjunction with the agency, shall make distinct standards for facilities based upon facility size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and the staffing characteristics of the facility. Rules developed pursuant to this section may shall not restrict the use of shared staffing and shared programming in facilities that are part of retirement communities that provide multiple levels of care and otherwise meet the requirements of law and rule. If a continuing care facility licensed under chapter 651 or a retirement community offering multiple levels of care obtains a license pursuant to this chapter for a building or part of a building designated for independent living, staffing requirements established in rule apply only to residents who receive personal services, limited nursing services, or extended

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congregate care services under this part. Such facilities shall retain a log listing the names and unit number for residents receiving these services. The log must be available to surveyors upon request. Except for uniform firesafety standards, the department shall adopt by rule separate and distinct standards for facilities with 16 or fewer beds and for facilities with 17 or more beds. The standards for facilities with 16 or fewer beds must shall be appropriate for a noninstitutional residential environment; phowever, provided that the structure may not be is no more than two stories in height and all persons who cannot exit the facility unassisted in an emergency must reside on the first floor. The department, in conjunction with the agency, may make other distinctions among types of facilities as necessary to enforce the provisions of this part. Where appropriate, the agency shall offer alternate solutions for complying with established standards, based on distinctions made by the department and the agency relative to the physical characteristics of facilities and the types of care offered therein.

Section 37. Present subsections (1) through (11) of section 429.52, Florida Statutes, are redesignated as subsections (2) through (12), respectively, a new subsection (1) is added to that section, and present subsections (5) and (9) of that section are amended, to read:

429.52 Staff training and educational programs; core educational requirement.-

(1) Effective October 1, 2014, each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility

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before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record.

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

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

Section 38. The Legislature finds that consistent regulation of assisted living facilities benefits residents and operators of such facilities. To determine whether surveys are consistent between surveys and surveyors, the Office of Program Policy Analysis and Government Accountability (OPPAGA) shall conduct a study of intersurveyor reliability for assisted living



882 facilities. By November 1, 2014, OPPAGA shall report its findings to the Governor, the President of the Senate, and the 883 Speaker of the House of Representatives and make any 884 885 recommendations for improving intersurveyor reliability. 886 Section 39. Section 429.55, Florida Statutes, is created to 887 read: 888 429.55 Public access to data; rating system and comment 889 page.-(1) The Legislature finds that consumers need additional 890 891 information on the quality of care and service in assisted living facilities in order to select the best facility for 892 893 themselves or their loved ones. 894 (2) By March 1, 2015, the agency shall implement a rating 895 system for assisted living facilities based on facility 896 inspections, violations, complaints, and agency visits to assist 897 consumers and residents. The agency may adopt rules to 898 administer this subsection. (3) By November 1, 2014, the agency shall provide, 899 900 maintain, and update at least quarterly, electronically 901 accessible data on assisted living facilities. Such data must be 902 searchable, downloadable, and available in generally accepted 903 formats. The agency shall include all content in its possession 904 on November 1, 2014, on the website and add additional content from facilities when the facility license is renewed. At a 905 906 minimum, such data must include: 907 (a) Information on each assisted living facility licensed 908 under this part, including: 909 1. The name and address of the facility.

2. The number and type of licensed beds in the facility.

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911	3. The types of licenses held by the facility.		
912	4. The facility's license expiration date and status.		
913	5. Proprietary or nonproprietary status of the licensee.		
914	6. Any affiliation with a company or other organization		
915	owning or managing more than one assisted living facility in		
916	this state.		
917	7. The total number of clients that the facility is		
918	licensed to serve and the most recently available occupancy		
919	<u>levels.</u>		
920	8. The number of private and semiprivate rooms offered.		
921	9. The bed-hold policy.		
922	10. The religious affiliation, if any, of the assisted		
923	living facility.		
924	11. The languages spoken by the staff.		
925	12. Availability of nurses.		
926	13. Forms of payment accepted, including, but not limited		
927	to, Medicaid, Medicaid long-term managed care, private		
928	insurance, health maintenance organization, United States		
929	Department of Veterans Affairs, CHAMPUS program, or workers'		
930	compensation coverage.		
931	14. Indication if the licensee is operating under		
932	bankruptcy protection.		
933	15. Recreational and other programs available.		
934	16. Special care units or programs offered.		
935	17. Whether the facility is a part of a retirement		
936	community that offers other services pursuant to this part or		
937	part III of this chapter, part II or part III of chapter 400, or		
938	chapter 651.		
939	18. Links to the State Long-Term Care Ombudsman Program		



940 website and the program's statewide toll-free telephone number. 941 19. Links to the websites of the providers or their 942 affiliates. 943 20. Other relevant information that the agency currently 944 collects. 945 (b) A list of the facility's violations, including, for 946 each violation: 947 1. A summary of the violation presented in a manner 948 understandable by the general public; 949 2. Any sanctions imposed by final order; and 950 3. The date the corrective action was confirmed by the 951 agency. 952 (c) Links to inspection reports on file with the agency. 953 (4) The agency shall provide a monitored comment webpage 954 that allows members of the public to comment on specific 955 assisted living facilities licensed to operate in this state. At 956 a minimum, the comment webpage must allow members of the public 957 to identify themselves, provide comments on their experiences 958 with, or observations of, an assisted living facility, and view others' comments. 959 960 (a) The agency shall review comments for profanities and 961 redact any profanities before posting the comments to the 962 webpage. After redacting any profanities, the agency shall post 963 all comments, and shall retain all comments as they were 964 originally submitted, which are subject to the requirements of 965 chapter 119 and which shall be retained by the agency for 966 inspection by the public without further redaction pursuant to 967 retention schedules and disposal processes for such records.

(b) A controlling interest, as defined in s. 408.803 in an

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assisted living facility, or an employee or owner of an assisted living facility, is prohibited from posting comments on the page. A controlling interest, employee, or owner may respond to comments on the page, and the agency shall ensure that such responses are identified as being from a representative of the facility.

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

Section 40. For the 2014-2015 fiscal year, the sums of \$156,943 in recurring funds and \$7,546 in nonrecurring funds from the Health Care Trust Fund and two full-time equivalent senior attorney positions with associated salary rate of 103,652 are appropriated to the Agency for Health Care Administration for the purpose of implementing the regulatory provisions of this act.

Section 41. For the 2014-2015 fiscal year, for the purpose of implementing and maintaining the public information website enhancements provided under this act:

- (1) The sums of \$72,435 in recurring funds and \$3,773 in nonrecurring funds from the Health Care Trust Fund and one fulltime equivalent health services and facilities consultant position with associated salary rate of 46,560 are appropriated to the Agency for Health Care Administration;
- (2) The sums of \$30,000 in recurring funds and \$15,000 in nonrecurring funds from the Health Care Trust Fund are appropriated to the Agency for Health Care Administration for software purchase, installation, and maintenance services; and



998 (3) The sums of \$2,474 in recurring funds and \$82,806 in 999 nonrecurring funds from the Health Care Trust Fund are 1000 appropriated to the Agency for Health Care Administration for 1001 contracted services.

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

1004 And the title is amended as follows:

Between lines 136 and 137

1006 insert:

> amending s. 394.4574, F.S.; providing that Medicaid managed care plans are responsible for enrolled mental health residents; providing that managing entities under contract with the Department of Children and Families are responsible for mental health residents who are not enrolled with a Medicaid managed care plan; deleting a provision to conform to changes made by the act; requiring that the community living support plan be completed and provided to the administrator of a facility after the mental health resident's admission; requiring the community living support plan to be updated when there is a significant change to the mental health resident's behavioral health; requiring the case manager assigned to a mental health resident of an assisted living facility that holds a limited mental health license to keep a record of the date and time of face-to-face interactions with the resident and to make the record available to the responsible entity for inspection; requiring that the record be maintained for a

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specified time; requiring the responsible entity to ensure that there is adequate and consistent monitoring and enforcement of community living support plans and cooperative agreements and that concerns are reported to the appropriate regulatory oversight organization under certain circumstances; amending s. 400.0074, F.S.; requiring that an administrative assessment conducted by a local council be comprehensive in nature and focus on factors affecting the rights, health, safety, and welfare of residents in the facilities; requiring a local council to conduct an exit consultation with the facility administrator or administrator designee to discuss issues and concerns in areas affecting the rights, health, safety, and welfare of residents and make recommendations for improvement; amending s. 400.0078, F.S.; requiring that a resident or a representative of a resident of a long-term care facility be informed that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right; amending s. 429.02, F.S.; revising the definition of the term "limited nursing services"; amending s. 429.07, F.S.; revising the requirement that an extended congregate care license be issued to certain facilities that have been licensed as assisted living facilities under certain circumstances and authorizing the issuance of such license if a specified condition is met; providing the purpose of an extended congregate care license;

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providing that the initial extended congregate care license of an assisted living facility is provisional under certain circumstances; requiring a licensee to notify the Agency for Health Care Administration if it accepts a resident who qualifies for extended congregate care services; requiring the agency to inspect the facility for compliance with the requirements of an extended congregate care license; requiring the issuance of an extended congregate care license under certain circumstances; requiring the licensee to immediately suspend extended congregate care services under certain circumstances; requiring a registered nurse representing the agency to visit the facility at least twice a year, rather than quarterly, to monitor residents who are receiving extended congregate care services; authorizing the agency to waive one of the required yearly monitoring visits under certain circumstances; authorizing the agency to deny or revoke a facility's extended congregate care license; requiring a registered nurse representing the agency to visit the facility at least annually, rather than twice a year, to monitor residents who are receiving limited nursing services; providing that such monitoring visits may be conducted in conjunction with other inspections by the agency; authorizing the agency to waive the required yearly monitoring visit for a facility that is licensed to provide limited nursing services under certain circumstances; amending s. 429.075, F.S.; requiring an assisted living

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facility that serves one or more mental health residents to obtain a limited mental health license; revising the methods employed by a limited mental health facility relating to placement requirements to include providing written evidence that a request for a community living support plan, a cooperative agreement, and assessment documentation was sent to the Department of Children and Families within 72 hours after admission; amending s. 429.14, F.S.; revising the circumstances under which the agency may deny, revoke, or suspend the license of an assisted living facility and impose an administrative fine; requiring the agency to deny or revoke the license of an assisted living facility under certain circumstances; requiring the agency to impose an immediate moratorium on the license of an assisted living facility under certain circumstances; deleting a provision requiring the agency to provide a list of facilities with denied, suspended, or revoked licenses to the Department of Business and Professional Regulation; exempting a facility from the 45-day notice requirement if it is required to relocate some or all of its residents; amending s. 429.178, F.S.; conforming cross-references; amending s. 429.19, F.S.; revising the amounts and uses of administrative fines; requiring the agency to levy a fine for violations that are corrected before an inspection if noncompliance occurred within a specified period of time; deleting factors that the agency is required to

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consider in determining penalties and fines; amending s. 429.256, F.S.; revising the term "assistance with self-administration of medication" as it relates to the Assisted Living Facilities Act; amending s. 429.28, F.S.; providing notice requirements to inform facility residents that the identity of the resident and complainant in any complaint made to the State Long-Term Care Ombudsman Program or a local long-term care ombudsman council is confidential and that retaliatory action may not be taken against a resident for presenting grievances or for exercising any other resident right; requiring that a facility that terminates an individual's residency after the filing of a complaint be fined if good cause is not shown for the termination; amending s. 429.34, F.S.; requiring certain persons to report elder abuse in assisted living facilities; requiring the agency to regularly inspect every licensed assisted living facility; requiring the agency to conduct more frequent inspections under certain circumstances; requiring the licensee to pay a fee for the cost of additional inspections; requiring the agency to annually adjust the fee; amending s. 429.41, F.S.; providing that certain staffing requirements apply only to residents in continuing care facilities who are receiving relevant services; amending s. 429.52, F.S.; requiring each newly hired employee of an assisted living facility to attend a preservice orientation provided by the assisted living facility; requiring the

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employee and administrator to sign a statement that the employee completed the required preservice orientation and keep the signed statement in the employee's personnel record; requiring 2 additional hours of training for assistance with medication; conforming a cross-reference; requiring the Office of Program Policy Analysis and Government Accountability to study the reliability of facility surveys and submit to the Governor and the Legislature its findings and recommendations; creating s. 429.55, F.S.; requiring the Agency for Health Care Administration to implement a rating system of assisted living facilities by a specified date; authorizing the agency to adopt rules; requiring the Agency for Health Care Administration to provide specified data on assisted living facilities by a certain date; requiring the agency to include all content in its possession on a specified date on the website; providing minimum requirements for the data; authorizing the agency to create a comment webpage regarding assisted living facilities; providing minimum requirements; authorizing the agency to provide links to certain third-party websites; providing appropriations and authorizing positions;