

1 A bill to be entitled

2 An act relating to transitional living facilities;  
3 creating part XI of chapter 400, F.S.; providing  
4 legislative intent; providing definitions; requiring  
5 the licensure of transitional living facilities;  
6 providing license fees and application requirements;  
7 requiring accreditation of licensed facilities;  
8 providing requirements for transitional living  
9 facility policies and procedures governing client  
10 admission, transfer, and discharge; requiring a  
11 comprehensive treatment plan to be developed for each  
12 client; providing plan and staffing requirements;  
13 requiring certain consent for continued treatment in a  
14 transitional living facility; providing licensee  
15 responsibilities; providing notice requirements;  
16 prohibiting a licensee or employee of a facility from  
17 serving notice upon a client to leave the premises or  
18 take other retaliatory action under certain  
19 circumstances; requiring the client and client's  
20 representative to be provided with certain  
21 information; requiring the licensee to develop and  
22 implement certain policies and procedures; providing  
23 licensee requirements relating to administration of  
24 medication; requiring maintenance of medication  
25 administration records; providing requirements for  
26 administration of medications by unlicensed staff;

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

27 specifying who may conduct training of staff;  
28 requiring licensees to adopt policies and procedures  
29 for administration of medications by trained staff;  
30 requiring the Agency for Health Care Administration to  
31 adopt rules; providing requirements for the screening  
32 of potential employees and training and monitoring of  
33 employees for the protection of clients; requiring  
34 licensees to implement certain policies and procedures  
35 to protect clients; providing conditions for  
36 investigating and reporting incidents of abuse,  
37 neglect, mistreatment, or exploitation of clients;  
38 providing requirements and limitations for the use of  
39 physical restraints, seclusion, and chemical restraint  
40 medication on clients; providing a limitation on the  
41 duration of an emergency treatment order; requiring  
42 notification of certain persons when restraint or  
43 seclusion is imposed; authorizing the agency to adopt  
44 rules; providing background screening requirements;  
45 requiring the licensee to maintain certain personnel  
46 records; providing administrative responsibilities for  
47 licensees; providing recordkeeping requirements;  
48 providing licensee responsibilities with respect to  
49 the property and personal affairs of clients;  
50 providing requirements for a licensee with respect to  
51 obtaining surety bonds; providing recordkeeping  
52 requirements relating to the safekeeping of personal

53 effects; providing requirements for trust funds or  
54 other property received by a licensee and credited to  
55 the client; providing a penalty for certain misuse of  
56 a client's personal funds, property, or personal needs  
57 allowance; providing criminal penalties for  
58 violations; providing for the disposition of property  
59 in the event of the death of a client; authorizing the  
60 agency to adopt rules; providing legislative intent;  
61 authorizing the agency to adopt and enforce rules  
62 establishing standards for transitional living  
63 facilities and personnel thereof; classifying  
64 violations and providing penalties therefor; providing  
65 administrative fines for specified classes of  
66 violations; authorizing the agency to apply certain  
67 provisions with regard to receivership proceedings;  
68 requiring the agency, the Department of Health, the  
69 Agency for Persons with Disabilities, and the  
70 Department of Children and Families to develop  
71 electronic information systems for certain purposes;  
72 repealing s. 400.805, F.S., relating to transitional  
73 living facilities; revising the title of part V of  
74 chapter 400, F.S.; amending s. 381.745, F.S.; revising  
75 the definition of the term "transitional living  
76 facility," to conform; amending s. 381.75, F.S.;  
77 revising the duties of the Department of Health and  
78 the agency relating to transitional living facilities;

79 amending ss. 381.78, 400.93, 408.802, and 408.820,  
 80 F.S.; conforming provisions to changes made by the  
 81 act; providing applicability with respect to  
 82 transitional living facilities licensed before a  
 83 specified date; providing effective dates.

84  
 85 Be It Enacted by the Legislature of the State of Florida:

86  
 87 Section 1. Part XI of chapter 400, Florida Statutes,  
 88 consisting of sections 400.997 through 400.9985, is created to  
 89 read:

90 PART XI

91 TRANSITIONAL LIVING FACILITIES

92 400.997 Legislative intent.—It is the intent of the  
 93 Legislature to provide for the licensure of transitional living  
 94 facilities and require the development, establishment, and  
 95 enforcement of basic standards by the Agency for Health Care  
 96 Administration to ensure quality of care and services to clients  
 97 in transitional living facilities. It is the policy of the state  
 98 that the least restrictive appropriate available treatment be  
 99 used based on the individual needs and best interest of the  
 100 client, consistent with optimum improvement of the client's  
 101 condition. The goal of a transitional living program for persons  
 102 who have brain or spinal cord injuries is to assist each person  
 103 who has such an injury to achieve a higher level of independent  
 104 functioning and to enable the person to reenter the community.

105 It is also the policy of the state that the restraint or  
106 seclusion of a client is justified only as an emergency safety  
107 measure used in response to danger to the client or others. It  
108 is therefore the intent of the Legislature to achieve an ongoing  
109 reduction in the use of restraint or seclusion in programs and  
110 facilities that serve persons who have brain or spinal cord  
111 injuries.

112 400.9971 Definitions.—As used in this part, the term:

113 (1) "Agency" means the Agency for Health Care  
114 Administration.

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

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

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

123 (5) "Physical restraint" means a manual method to restrict  
124 freedom of movement of or normal access to a person's body, or a  
125 physical or mechanical device, material, or equipment attached  
126 or adjacent to the person's body that the person cannot easily  
127 remove and that restricts freedom of movement of or normal  
128 access to the person's body, including, but not limited to, a  
129 half-bed rail, a full-bed rail, a geriatric chair, or a Posey  
130 restraint. The term includes any device that is not specifically

131 manufactured as a restraint but is altered, arranged, or  
132 otherwise used for this purpose. The term does not include  
133 bandage material used for the purpose of binding a wound or  
134 injury.

135 (6) "Seclusion" means the physical segregation of a person  
136 in any fashion or the involuntary isolation of a person in a  
137 room or area from which the person is prevented from leaving.  
138 Such prevention may be accomplished by imposition of a physical  
139 barrier or by action of a staff member to prevent the person  
140 from leaving the room or area. For purposes of this part, the  
141 term does not mean isolation due to a person's medical condition  
142 or symptoms.

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

148 400.9972 License required; fee; application.-

149 (1) The requirements of part II of chapter 408 apply to  
150 the provision of services that require licensure pursuant to  
151 this part and part II of chapter 408 and to entities licensed by  
152 or applying for licensure from the agency pursuant to this part.  
153 A license issued by the agency is required for the operation of  
154 a transitional living facility in this state. However, this part  
155 does not require a provider licensed by the agency to obtain a  
156 separate transitional living facility license to serve persons

157 who have brain or spinal cord injuries as long as the services  
158 provided are within the scope of the provider's license.

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

164 (3) An applicant for licensure must provide:

165 (a) The location of the facility for which the license is  
166 sought and documentation, signed by the appropriate local  
167 government official, which states that the applicant has met  
168 local zoning requirements.

169 (b) Proof of liability insurance as provided in s.  
170 624.605(1)(b).

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

174 (d) Proof that the facility has received a satisfactory  
175 firesafety inspection.

176 (e) Documentation that the facility has received a  
177 satisfactory sanitation inspection by the county health  
178 department.

179 (4) The applicant's proposed facility must attain and  
180 continuously maintain accreditation by an accrediting  
181 organization that specializes in evaluating rehabilitation  
182 facilities whose standards incorporate licensure regulations

183 comparable to those required by the state. An applicant for  
184 licensure as a transitional living facility must acquire  
185 accreditation within 12 months after issuance of an initial  
186 license. The agency shall accept the accreditation survey report  
187 of the accrediting organization in lieu of conducting a  
188 licensure inspection if the standards included in the survey  
189 report are determined by the agency to document that the  
190 facility substantially complies with state licensure  
191 requirements. Within 10 days after receiving the accreditation  
192 survey report, the applicant shall submit to the agency a copy  
193 of the report and evidence of the accreditation decision as a  
194 result of the report. The agency may conduct an inspection of a  
195 transitional living facility to ensure compliance with the  
196 licensure requirements of this part, to validate the inspection  
197 process of the accrediting organization, to respond to licensure  
198 complaints, or to protect the public health and safety.

199 400.9973 Client admission, transfer, and discharge.-

200 (1) A transitional living facility shall have written  
201 policies and procedures governing the admission, transfer, and  
202 discharge of clients.

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

206 (3) A client admitted to a transitional living facility  
207 must have a brain or spinal cord injury, such as a lesion to the  
208 spinal cord or cauda equina syndrome, with evidence of

209 significant involvement of at least two of the following  
 210 deficits or dysfunctions:  
 211 (a) A motor deficit.  
 212 (b) A sensory deficit.  
 213 (c) Bowel and bladder dysfunction.  
 214 (d) An acquired internal or external injury to the skull,  
 215 the brain, or the brain's covering, whether caused by a  
 216 traumatic or nontraumatic event, which produces an altered state  
 217 of consciousness or an anatomic motor, sensory, cognitive, or  
 218 behavioral deficit.  
 219 (4) A client whose medical condition and diagnosis do not  
 220 positively identify a cause of the client's condition, whose  
 221 symptoms are inconsistent with the known cause of injury, or  
 222 whose recovery is inconsistent with the known medical condition  
 223 may be admitted to a transitional living facility for evaluation  
 224 for a period not to exceed 90 days.  
 225 (5) A client admitted to a transitional living facility  
 226 must be admitted upon prescription by a licensed physician,  
 227 physician assistant, or advanced registered nurse practitioner  
 228 and must remain under the care of a licensed physician,  
 229 physician assistant, or advanced registered nurse practitioner  
 230 for the duration of the client's stay in the facility.  
 231 (6) A transitional living facility may not admit a person  
 232 whose primary admitting diagnosis is mental illness or an  
 233 intellectual or developmental disability.  
 234 (7) A person may not be admitted to a transitional living

235 facility if the person:

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

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

245 (c) Is bedridden; or

246 (d) Requires 24-hour nursing supervision.

247 (8) If the client meets the admission criteria, the  
248 medical or nursing director of the facility must complete an  
249 initial evaluation of the client's functional skills, behavioral  
250 status, cognitive status, educational or vocational potential,  
251 medical status, psychosocial status, sensorimotor capacity, and  
252 other related skills and abilities within the first 72 hours  
253 after the client's admission to the facility. An initial  
254 comprehensive treatment plan that delineates services to be  
255 provided and appropriate sources for such services must be  
256 implemented within the first 4 days after admission.

257 (9) A transitional living facility shall develop a  
258 discharge plan for each client before or upon admission to the  
259 facility. The discharge plan must identify the intended  
260 discharge site and possible alternative discharge sites. For

261 each discharge site identified, the discharge plan must identify  
262 the skills, behaviors, and other conditions that the client must  
263 achieve to be eligible for discharge. A discharge plan must be  
264 reviewed and updated as necessary but at least once monthly.

265 (10) A transitional living facility shall discharge a  
266 client as soon as practicable when the client no longer requires  
267 the specialized services described in s. 400.9971(7), when the  
268 client is not making measurable progress in accordance with the  
269 client's comprehensive treatment plan, or when the transitional  
270 living facility is no longer the most appropriate and least  
271 restrictive treatment option.

272 (11) A transitional living facility shall provide at least  
273 30 days' notice to a client of transfer or discharge plans,  
274 including the location of an acceptable transfer location if the  
275 client is unable to live independently. This subsection does not  
276 apply if a client voluntarily terminates residency.

277 400.9974 Client comprehensive treatment plans; client  
278 services.—

279 (1) A transitional living facility shall develop a  
280 comprehensive treatment plan for each client as soon as  
281 practicable but no later than 30 days after the initial  
282 comprehensive treatment plan is developed. The comprehensive  
283 treatment plan must be developed by an interdisciplinary team  
284 consisting of the case manager, the program director, the  
285 advanced registered nurse practitioner, and appropriate  
286 therapists. The client or, if appropriate, the client's

287 representative must be included in developing the comprehensive  
288 treatment plan. The comprehensive treatment plan must be  
289 reviewed and updated if the client fails to meet projected  
290 improvements outlined in the plan or if a significant change in  
291 the client's condition occurs. The comprehensive treatment plan  
292 must be reviewed and updated at least once monthly.

293 (2) The comprehensive treatment plan must include:

294 (a) Orders obtained from the physician, physician  
295 assistant, or advanced registered nurse practitioner and the  
296 client's diagnosis, medical history, physical examination, and  
297 rehabilitative or restorative needs.

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

302 (c) A comprehensive, accurate, reproducible, and  
303 standardized assessment of the client's functional capability;  
304 the treatments designed to achieve skills, behaviors, and other  
305 conditions necessary for the client to return to the community;  
306 and specific measurable goals.

307 (d) Steps necessary for the client to achieve transition  
308 into the community and estimated length of time to achieve those  
309 goals.

310 (3) The client or, if appropriate, the client's  
311 representative must consent to the continued treatment at the  
312 transitional living facility. Consent may be for a period of up

313 to 3 months. If such consent is not given, the transitional  
314 living facility shall discharge the client as soon as  
315 practicable.

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

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

323 (6) A client must receive a continuous treatment program  
324 that includes appropriate, consistent implementation of  
325 specialized and general training, treatment, health services,  
326 and related services and that is directed toward:

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

330 (b) The prevention or deceleration of regression or loss  
331 of current optimal functional status.

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

334 400.9975 Licensee responsibilities.-

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

336 (a) Lives in a safe environment free from abuse, neglect,  
337 and exploitation.

338 (b) Is treated with consideration and respect and with due

339 recognition of personal dignity, individuality, and the need for  
340 privacy.

341 (c) Retains and uses his or her own clothes and other  
342 personal property in his or her immediate living quarters to  
343 maintain individuality and personal dignity, except when the  
344 licensee demonstrates that such retention and use would be  
345 unsafe, impractical, or an infringement upon the rights of other  
346 clients.

347 (d) Has unrestricted private communication, including  
348 receiving and sending unopened correspondence, access to a  
349 telephone, and visits with any person of his or her choice. Upon  
350 request, the licensee shall modify visiting hours for caregivers  
351 and guests. The facility shall restrict communication in  
352 accordance with any court order or written instruction of a  
353 client's representative. Any restriction on a client's  
354 communication for therapeutic reasons shall be documented and  
355 reviewed at least weekly and shall be removed as soon as no  
356 longer clinically indicated. The basis for the restriction shall  
357 be explained to the client and, if applicable, the client's  
358 representative. The client shall retain the right to call the  
359 central abuse hotline, the agency, and Disability Rights Florida  
360 at any time.

361 (e) Has the opportunity to participate in and benefit from  
362 community services and activities to achieve the highest  
363 possible level of independence, autonomy, and interaction within  
364 the community.

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

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

372 (h) Has the opportunity to exercise civil and religious  
373 liberties, including the right to independent personal  
374 decisions. However, a religious belief or practice, including  
375 attendance at religious services, may not be imposed upon any  
376 client.

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

379 (j) Has the opportunity to present grievances and  
380 recommend changes in policies, procedures, and services to the  
381 staff of the licensee, governing officials, or any other person  
382 without restraint, interference, coercion, discrimination, or  
383 reprisal. A licensee shall establish a grievance procedure to  
384 facilitate a client's ability to present grievances, including a  
385 system for investigating, tracking, managing, and responding to  
386 complaints by a client or, if applicable, the client's  
387 representative and an appeals process. The appeals process must  
388 include access to Disability Rights Florida and other advocates  
389 and the right to be a member of, be active in, and associate  
390 with advocacy or special interest groups.

391 (2) The licensee shall:

392 (a) Promote participation of the client's representative  
393 in the process of providing treatment to the client unless the  
394 representative's participation is unobtainable or inappropriate.

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

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

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

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

409 (3) The administrator of a facility shall ensure that a  
410 written notice of licensee responsibilities is posted in a  
411 prominent place in each building where clients reside and is  
412 read or explained to clients who cannot read. This notice shall  
413 be provided to clients in a manner that is clearly legible,  
414 shall include the statewide toll-free telephone number for  
415 reporting complaints to the agency, and shall include the words:  
416 "To report a complaint regarding the services you receive,

417 please call toll-free ...[telephone number]... or Disability  
418 Rights Florida ...[telephone number]...." The statewide toll-  
419 free telephone number for the central abuse hotline shall be  
420 provided to clients in a manner that is clearly legible and  
421 shall include the words: "To report abuse, neglect, or  
422 exploitation, please call toll-free ...[telephone number]...."  
423 The licensee shall ensure a client's access to a telephone where  
424 telephone numbers are posted as required by this subsection.

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

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

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

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

437 (6) The licensee must develop and implement policies and  
438 procedures governing the release of client information,  
439 including consent necessary from the client or, if applicable,  
440 the client's representative.

441 400.9976 Administration of medication.—

442 (1) An individual medication administration record must be

443 maintained for each client. A dose of medication, including a  
444 self-administered dose, shall be properly recorded in the  
445 client's record. A client who self-administers medication shall  
446 be given a pill organizer. Medication must be placed in the pill  
447 organizer by a nurse. A nurse shall document the date and time  
448 that medication is placed into each client's pill organizer. All  
449 medications must be administered in compliance with orders of a  
450 physician, physician assistant, or advanced registered nurse  
451 practitioner.

452 (2) If an interdisciplinary team determines that self-  
453 administration of medication is an appropriate objective, and if  
454 the physician, physician assistant, or advanced registered nurse  
455 practitioner does not specify otherwise, the client must be  
456 instructed by the physician, physician assistant, or advanced  
457 registered nurse practitioner to self-administer his or her  
458 medication without the assistance of a staff person. All forms  
459 of self-administration of medication, including administration  
460 orally, by injection, and by suppository, shall be included in  
461 the training. The client's physician, physician assistant, or  
462 advanced registered nurse practitioner must be informed of the  
463 interdisciplinary team's decision that self-administration of  
464 medication is an objective for the client. A client may not  
465 self-administer medication until he or she demonstrates the  
466 competency to take the correct medication in the correct dosage  
467 at the correct time, to respond to missed doses, and to contact  
468 the appropriate person with questions.

469       (3) Medication administration discrepancies and adverse  
470 drug reactions must be recorded and reported immediately to a  
471 physician, physician assistant, or advanced registered nurse  
472 practitioner.

473       400.9977 Assistance with medication.-

474       (1) Notwithstanding any provision of part I of chapter  
475 464, the Nurse Practice Act, unlicensed direct care services  
476 staff who provide services to clients in a facility licensed  
477 under chapter 400 or chapter 429 may administer prescribed,  
478 prepackaged, and premeasured medications under the general  
479 supervision of a registered nurse as provided under this section  
480 and applicable rules.

481       (2) Training required by this section and applicable rules  
482 shall be conducted by a registered nurse licensed under chapter  
483 464, a physician licensed under chapter 458 or chapter 459, or a  
484 pharmacist licensed under chapter 465.

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

487       (a) Develop and implement policies and procedures that  
488 include a plan to ensure the safe handling, storage, and  
489 administration of prescription medications.

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

492       (c) Maintain a copy of the written prescription, including  
493 the name of the medication, the dosage, and the administration  
494 schedule and termination date.

495 (d) Maintain documentation of compliance with required  
496 training.

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

499 Section 2. Section 400.9978, Florida Statutes, is created  
500 to read:

501 400.9978 Protection of clients from abuse, neglect,  
502 mistreatment, and exploitation.—The licensee shall develop and  
503 implement policies and procedures for the screening and training  
504 of employees; the protection of clients; and the prevention,  
505 identification, investigation, and reporting of abuse, neglect,  
506 mistreatment, and exploitation. The licensee shall identify  
507 clients whose personal histories render them at risk for abusing  
508 other clients, develop intervention strategies to prevent  
509 occurrences of abuse, monitor clients for changes that would  
510 trigger abusive behavior, and reassess the interventions on a  
511 regular basis. A licensee shall:

512 (1) Screen each potential employee for a history of abuse,  
513 neglect, mistreatment, or exploitation of clients. The screening  
514 shall include an attempt to obtain information from previous and  
515 current employers and verification of screening information by  
516 the appropriate licensing boards.

517 (2) Train employees through orientation and ongoing  
518 sessions regarding issues related to abuse prohibition  
519 practices, including identification of abuse, neglect,  
520 mistreatment, and exploitation; appropriate interventions to

521 address aggressive or catastrophic reactions of clients; the  
522 process for reporting allegations without fear of reprisal; and  
523 recognition of signs of frustration and stress that may lead to  
524 abuse.

525 (3) Provide clients, families, and staff with information  
526 regarding how and to whom they may report concerns, incidents,  
527 and grievances without fear of retribution and provide feedback  
528 regarding the concerns that are expressed. A licensee shall  
529 identify, correct, and intervene in situations in which abuse,  
530 neglect, mistreatment, or exploitation is likely to occur,  
531 including:

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

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

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

542 (d) Assessing, monitoring, and planning care for clients  
543 with needs and behaviors that might lead to conflict or neglect,  
544 such as a history of aggressive behaviors including entering  
545 other clients' rooms without permission, exhibiting self-  
546 injurious behaviors or communication disorders, requiring

547 intensive nursing care, or being totally dependent on staff.

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

551 (5) Investigate alleged violations and different types of  
552 incidents, identify the staff member responsible for initial  
553 reporting, and report results to the proper authorities. The  
554 licensee shall analyze the incidents to determine whether  
555 policies and procedures need to be changed to prevent further  
556 incidents and take necessary corrective actions.

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

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

563 400.9979 Restraint and seclusion; client safety.—

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

568 (2) The use of physical restraints must be ordered and  
569 documented by a physician, physician assistant, or advanced  
570 registered nurse practitioner and must be consistent with the  
571 policies and procedures adopted by the facility. The client or,  
572 if applicable, the client's representative shall be informed of

573 the facility's physical restraint policies and procedures when  
574 the client is admitted.

575 (3) The use of chemical restraints shall be limited to  
576 prescribed dosages of medications as ordered by a physician,  
577 physician assistant, or advanced registered nurse practitioner  
578 and must be consistent with the client's diagnosis and the  
579 policies and procedures adopted by the facility. The client and,  
580 if applicable, the client's representative shall be informed of  
581 the facility's chemical restraint policies and procedures when  
582 the client is admitted.

583 (4) Based on the assessment by a physician, physician  
584 assistant, or advanced registered nurse practitioner, if a  
585 client exhibits symptoms that present an immediate risk of  
586 injury or death to himself or herself or others, a physician,  
587 physician assistant, or advanced registered nurse practitioner  
588 may issue an emergency treatment order to immediately administer  
589 rapid-response psychotropic medications or other chemical  
590 restraints. Each emergency treatment order must be documented  
591 and maintained in the client's record.

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

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

598 (5) A client who is prescribed and receives a medication

599 that can serve as a chemical restraint for a purpose other than  
600 an emergency treatment order must be evaluated by his or her  
601 physician, physician assistant, or advanced registered nurse  
602 practitioner at least monthly to assess:

603 (a) The continued need for the medication.

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

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

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

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

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

616 (9) A facility shall notify the parent, guardian, or, if  
617 applicable, the client's representative when restraint or  
618 seclusion is employed. The facility must provide the  
619 notification within 24 hours after the restraint or seclusion is  
620 employed. Reasonable efforts must be taken to notify the parent,  
621 guardian, or, if applicable, the client's representative by  
622 telephone or e-mail, or both, and these efforts must be  
623 documented.

624 (10) The agency may adopt rules that establish standards

625 and procedures for the use of restraints, restraint positioning,  
626 seclusion, and emergency treatment orders for psychotropic  
627 medications, restraint, and seclusion. These rules must include  
628 duration of restraint, staff training, observation of the client  
629 during restraint, and documentation and reporting standards.

630 400.998 Personnel background screening; administration and  
631 management procedures.-

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

635 (2) The licensee shall maintain personnel records for each  
636 staff member that contain, at a minimum, documentation of  
637 background screening, a job description, documentation of  
638 compliance with the training requirements of this part and  
639 applicable rules, the employment application, references, a copy  
640 of each job performance evaluation, and, for each staff member  
641 who performs services for which licensure or certification is  
642 required, a copy of all licenses or certification held by that  
643 staff member.

644 (3) The licensee must:

645 (a) Develop and implement infection control policies and  
646 procedures and include the policies and procedures in the  
647 licensee's policy manual.

648 (b) Maintain liability insurance as defined in s.  
649 624.605(1)(b).

650 (c) Designate one person as an administrator to be

651 responsible and accountable for the overall management of the  
652 facility.

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

656 (e) Designate in writing a program director to be  
657 responsible for supervising the therapeutic and behavioral  
658 staff, determining the levels of supervision, and determining  
659 room placement for each client.

660 (f) Designate in writing a person to be responsible when  
661 the program director is absent from the facility for more than  
662 24 hours.

663 (g) Obtain approval of the comprehensive emergency  
664 management plan, pursuant to s. 400.9982(2)(e), from the local  
665 emergency management agency. Pending the approval of the plan,  
666 the local emergency management agency shall ensure that the  
667 following agencies, at a minimum, are given the opportunity to  
668 review the plan: the Department of Health, the Agency for Health  
669 Care Administration, and the Division of Emergency Management.  
670 Appropriate volunteer organizations shall also be given the  
671 opportunity to review the plan. The local emergency management  
672 agency shall complete its review within 60 days after receipt of  
673 the plan and either approve the plan or advise the licensee of  
674 necessary revisions.

675 (h) Maintain written records in a form and system that  
676 comply with medical and business practices and make the records

677 available by the facility for review or submission to the agency  
678 upon request. The records shall include:

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

682 2. A record of each accident or unusual incident involving  
683 a client or staff member that caused, or had the potential to  
684 cause, injury or harm to any person or property within the  
685 facility. The record shall contain a clear description of each  
686 accident or incident; the names of the persons involved; a  
687 description of medical or other services provided to these  
688 persons, including the provider of the services; and the steps  
689 taken to prevent recurrence of such accident or incident.

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

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

695 400.9981 Property and personal affairs of clients.—

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

701 (2) The admission of a client to a facility and his or her  
702 presence therein does not confer on a licensee or administrator,

703 or an employee or representative thereof, any authority to  
704 manage, use, or dispose of the property of the client, and the  
705 admission or presence of a client does not confer on such person  
706 any authority or responsibility for the personal affairs of the  
707 client except that which may be necessary for the safe  
708 management of the facility or for the safety of the client.

709 (3) A licensee or administrator, or an employee or  
710 representative thereof, may:

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

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

719 (c) Act as the attorney in fact for a client if the  
720 licensee files a surety bond with the agency in an amount equal  
721 to twice the average monthly income of the client, plus the  
722 value of a client's property under the control of the attorney  
723 in fact.

724  
725 The surety bond required under paragraph (b) or paragraph (c)  
726 shall be executed by the licensee as principal and a licensed  
727 surety company. The bond shall be conditioned upon the faithful  
728 compliance of the licensee with the requirements of licensure

729 and is payable to the agency for the benefit of a client who  
730 suffers a financial loss as a result of the misuse or  
731 misappropriation of funds held pursuant to this subsection. A  
732 surety company that cancels or does not renew the bond of a  
733 licensee shall notify the agency in writing at least 30 days  
734 before the action, giving the reason for cancellation or  
735 nonrenewal. A licensee or administrator, or an employee or  
736 representative thereof, who is granted power of attorney for a  
737 client of the facility shall, on a monthly basis, notify the  
738 client in writing of any transaction made on behalf of the  
739 client pursuant to this subsection, and a copy of the  
740 notification given to the client shall be retained in the  
741 client's file and available for agency inspection.

742 (4) A licensee, with the consent of the client, shall  
743 provide for safekeeping in the facility of the client's personal  
744 effects of a value not in excess of \$1,000 and the client's  
745 funds not in excess of \$500 cash and shall keep complete and  
746 accurate records of the funds and personal effects received. If  
747 a client is absent from a facility for 24 hours or more, the  
748 licensee may provide for safekeeping of the client's personal  
749 effects of a value in excess of \$1,000.

750 (5) Funds or other property belonging to or due to a  
751 client or expendable for the client's account that are received  
752 by a licensee shall be regarded as funds held in trust and shall  
753 be kept separate from the funds and property of the licensee and  
754 other clients or shall be specifically credited to the client.

755 The funds held in trust shall be used or otherwise expended only  
756 for the account of the client. At least once every month, except  
757 pursuant to an order of a court of competent jurisdiction, the  
758 licensee shall furnish the client and, if applicable, the  
759 client's representative with a complete and verified statement  
760 of all funds and other property to which this subsection  
761 applies, detailing the amount and items received, together with  
762 their sources and disposition. The licensee shall furnish the  
763 statement annually and upon discharge or transfer of a client. A  
764 governmental agency or private charitable agency contributing  
765 funds or other property to the account of a client is also  
766 entitled to receive a statement monthly and upon the discharge  
767 or transfer of the client.

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

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

772 2. Demands, beneficially receives, or contracts for  
773 payment of all or any part of a client's personal property or  
774 personal needs allowance in satisfaction of the facility rate  
775 for supplies and services; or

776 3. Borrows from or pledges any personal funds of a client,  
777 other than the amount agreed to by written contract under s.  
778 429.24,

779  
780 commits a misdemeanor of the first degree, punishable as

781 provided in s. 775.082 or s. 775.083.

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

787 (7) In the event of the death of a client, a licensee  
788 shall return all refunds, funds, and property held in trust to  
789 the client's personal representative, if one has been appointed  
790 at the time the licensee disburses such funds, or, if not, to  
791 the client's spouse or adult next of kin named in a beneficiary  
792 designation form provided by the licensee to the client. If the  
793 client does not have a spouse or adult next of kin or such  
794 person cannot be located, funds due to be returned to the client  
795 shall be placed in an interest-bearing account, and all property  
796 held in trust by the licensee shall be safeguarded until such  
797 time as the funds and property are disbursed pursuant to the  
798 Florida Probate Code. The funds shall be kept separate from the  
799 funds and property of the licensee and other clients of the  
800 facility. If the funds of the deceased client are not disbursed  
801 pursuant to the Florida Probate Code within 2 years after the  
802 client's death, the funds shall be deposited in the Health Care  
803 Trust Fund administered by the agency.

804 (8) The agency, by rule, may clarify terms and specify  
805 procedures and documentation necessary to administer the  
806 provisions of this section relating to the proper management of

807 clients' funds and personal property and the execution of surety  
808 bonds.

809 400.9982 Rules establishing standards.—

810 (1) It is the intent of the Legislature that rules adopted  
811 and enforced pursuant to this part and part II of chapter 408  
812 include criteria to ensure reasonable and consistent quality of  
813 care and client safety. The rules should make reasonable efforts  
814 to accommodate the needs and preferences of the client to  
815 enhance the client's quality of life while residing in a  
816 transitional living facility.

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

820 (a) The location of transitional living facilities.

821 (b) The qualifications of personnel, including management,  
822 medical, nursing, and other professional personnel and nursing  
823 assistants and support staff, who are responsible for client  
824 care. The licensee must employ enough qualified professional  
825 staff to carry out and monitor interventions in accordance with  
826 the stated goals and objectives of each comprehensive treatment  
827 plan.

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

830 (d) Services provided to clients of transitional living  
831 facilities.

832 (e) The preparation and annual update of a comprehensive

833 emergency management plan in consultation with the Division of  
834 Emergency Management. At a minimum, the rules must provide for  
835 plan components that address emergency evacuation  
836 transportation; adequate sheltering arrangements; postdisaster  
837 activities, including provision of emergency power, food, and  
838 water; postdisaster transportation; supplies; staffing;  
839 emergency equipment; individual identification of clients and  
840 transfer of records; communication with families; and responses  
841 to family inquiries.

842 400.9983 Violations; penalties.—A violation of this part  
843 or any rule adopted pursuant thereto shall be classified  
844 according to the nature of the violation and the gravity of its  
845 probable effect on facility clients. The agency shall indicate  
846 the classification on the written notice of the violation as  
847 follows:

848 (1) Class "I" violations are defined in s. 408.813. The  
849 agency shall issue a citation regardless of correction and  
850 impose an administrative fine of \$5,000 for an isolated  
851 violation, \$7,500 for a patterned violation, or \$10,000 for a  
852 widespread violation. Violations may be identified, and a fine  
853 must be levied, notwithstanding the correction of the deficiency  
854 giving rise to the violation.

855 (2) Class "II" violations are defined in s. 408.813. The  
856 agency shall impose an administrative fine of \$1,000 for an  
857 isolated violation, \$2,500 for a patterned violation, or \$5,000  
858 for a widespread violation. A fine must be levied

859 notwithstanding the correction of the deficiency giving rise to  
860 the violation.

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

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

873 400.9984 Receivership proceedings.—The agency may apply s.  
874 429.22 with regard to receivership proceedings for transitional  
875 living facilities.

876 400.9985 Interagency communication.—The agency, the  
877 department, the Agency for Persons with Disabilities, and the  
878 Department of Children and Families shall develop electronic  
879 systems to ensure that relevant information pertaining to the  
880 regulation of transitional living facilities and clients is  
881 timely and effectively communicated among agencies in order to  
882 facilitate the protection of clients. Electronic sharing of  
883 information shall include, at a minimum, a brain and spinal cord  
884 injury registry and a client abuse registry.

885           Section 3. Section 400.805, Florida Statutes, is repealed.

886           Section 4. The title of part V of chapter 400, Florida  
 887 Statutes, consisting of sections 400.701 and 400.801, is  
 888 redesignated as "INTERMEDIATE CARE FACILITIES."

889           Section 5. Subsection (9) of section 381.745, Florida  
 890 Statutes, is amended to read:

891           381.745 Definitions; ss. 381.739-381.79.—As used in ss.  
 892 381.739-381.79, the term:

893           (9) "Transitional living facility" means a state-approved  
 894 facility, ~~as defined and licensed under chapter 400 or chapter~~  
 895 ~~429, or a facility approved by the brain and spinal cord injury~~  
 896 ~~program in accordance with this chapter.~~

897           Section 6. Section 381.75, Florida Statutes, is amended to  
 898 read:

899           381.75 Duties and responsibilities of the department, ~~of~~  
 900 ~~transitional living facilities, and of residents.~~—Consistent  
 901 with the mandate of s. 381.7395, the department shall develop  
 902 and administer a multilevel treatment program for individuals  
 903 who sustain brain or spinal cord injuries and who are referred  
 904 to the brain and spinal cord injury program.

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

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

911 or spinal cord injuries to other state agencies to ensure ~~assure~~  
 912 that rehabilitative services, if desired, are obtained by that  
 913 individual.

914 (3) The department, in consultation with emergency medical  
 915 service, shall develop standards for an emergency medical  
 916 evacuation system that will ensure that all individuals who  
 917 sustain traumatic brain or spinal cord injuries are transported  
 918 to a department-approved trauma center that meets the standards  
 919 and criteria established by the emergency medical service and  
 920 the acute-care standards of the brain and spinal cord injury  
 921 program.

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

925 (5) The department shall determine the appropriate number  
 926 of designated acute-care facilities, inpatient rehabilitation  
 927 centers, and outpatient rehabilitation centers, needed based on  
 928 incidence, volume of admissions, and other appropriate criteria.

929 (6) The department shall develop standards for designation  
 930 of transitional living facilities to provide transitional living  
 931 services for individuals who participate in the brain and spinal  
 932 cord injury program ~~the opportunity to adjust to their~~  
 933 ~~disabilities and to develop physical and functional skills in a~~  
 934 ~~supported living environment.~~

935 ~~(a) The Agency for Health Care Administration, in~~  
 936 ~~consultation with the department, shall develop rules for the~~

937 ~~licensure of transitional living facilities for individuals who~~  
938 ~~have brain or spinal cord injuries.~~

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

945 ~~(c) A transitional living facility for an individual who~~  
946 ~~has a brain or spinal cord injury shall provide to such~~  
947 ~~individual, in a residential setting, a goal-oriented treatment~~  
948 ~~program designed to improve the individual's physical,~~  
949 ~~cognitive, communicative, behavioral, psychological, and social~~  
950 ~~functioning, as well as to provide necessary support and~~  
951 ~~supervision. A transitional living facility shall offer at least~~  
952 ~~the following therapies: physical, occupational, speech,~~  
953 ~~neuropsychology, independent living skills training, behavior~~  
954 ~~analysis for programs serving brain-injured individuals, health~~  
955 ~~education, and recreation.~~

956 ~~(d) All residents shall use the transitional living~~  
957 ~~facility as a temporary measure and not as a permanent home or~~  
958 ~~domicile. The transitional living facility shall develop an~~  
959 ~~initial treatment plan for each resident within 3 days after the~~  
960 ~~resident's admission. The transitional living facility shall~~  
961 ~~develop a comprehensive plan of treatment and a discharge plan~~  
962 ~~for each resident as soon as practical, but no later than 30~~

963 ~~days after the resident's admission. Each comprehensive~~  
964 ~~treatment plan and discharge plan must be reviewed and updated~~  
965 ~~as necessary, but no less often than quarterly. This subsection~~  
966 ~~does not require the discharge of an individual who continues to~~  
967 ~~require any of the specialized services described in paragraph~~  
968 ~~(c) or who is making measurable progress in accordance with that~~  
969 ~~individual's comprehensive treatment plan. The transitional~~  
970 ~~living facility shall discharge any individual who has an~~  
971 ~~appropriate discharge site and who has achieved the goals of his~~  
972 ~~or her discharge plan or who is no longer making progress toward~~  
973 ~~the goals established in the comprehensive treatment plan and~~  
974 ~~the discharge plan. The discharge location must be the least~~  
975 ~~restrictive environment in which an individual's health, well-~~  
976 ~~being, and safety is preserved.~~

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

980 Section 7. Subsection (4) of section 381.78, Florida  
981 Statutes, is amended to read:

982 381.78 Advisory council on brain and spinal cord  
983 injuries.—

984 (4) The council shall:

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

988 ~~(b) Annually appoint a five-member committee composed of~~

989 ~~one individual who has a brain injury or has a family member~~  
990 ~~with a brain injury, one individual who has a spinal cord injury~~  
991 ~~or has a family member with a spinal cord injury, and three~~  
992 ~~members who shall be chosen from among these representative~~  
993 ~~groups: physicians, other allied health professionals,~~  
994 ~~administrators of brain and spinal cord injury programs, and~~  
995 ~~representatives from support groups with expertise in areas~~  
996 ~~related to the rehabilitation of individuals who have brain or~~  
997 ~~spinal cord injuries, except that one and only one member of the~~  
998 ~~committee shall be an administrator of a transitional living~~  
999 ~~facility. Membership on the council is not a prerequisite for~~  
1000 ~~membership on this committee.~~

1001 ~~1. The committee shall perform onsite visits to those~~  
1002 ~~transitional living facilities identified by the Agency for~~  
1003 ~~Health Care Administration as being in possible violation of the~~  
1004 ~~statutes and rules regulating such facilities. The committee~~  
1005 ~~members have the same rights of entry and inspection granted~~  
1006 ~~under s. 400.805(4) to designated representatives of the agency.~~

1007 ~~2. Factual findings of the committee resulting from an~~  
1008 ~~onsite investigation of a facility pursuant to subparagraph 1.~~  
1009 ~~shall be adopted by the agency in developing its administrative~~  
1010 ~~response regarding enforcement of statutes and rules regulating~~  
1011 ~~the operation of the facility.~~

1012 ~~3. Onsite investigations by the committee shall be funded~~  
1013 ~~by the Health Care Trust Fund.~~

1014 ~~4. Travel expenses for committee members shall be~~

1015 ~~reimbursed in accordance with s. 112.061.~~

1016 ~~5. Members of the committee shall recuse themselves from~~  
 1017 ~~participating in any investigation that would create a conflict~~  
 1018 ~~of interest under state law, and the council shall replace the~~  
 1019 ~~member, either temporarily or permanently.~~

1020 Section 8. Subsection (5) of section 400.93, Florida  
 1021 Statutes, is amended to read:

1022 400.93 Licensure required; exemptions; unlawful acts;  
 1023 penalties.—

1024 (5) The following are exempt from home medical equipment  
 1025 provider licensure, unless they have a separate company,  
 1026 corporation, or division that is in the business of providing  
 1027 home medical equipment and services for sale or rent to  
 1028 consumers at their regular or temporary place of residence  
 1029 pursuant to the provisions of this part:

1030 (a) Providers operated by the Department of Health or  
 1031 Federal Government.

1032 (b) Nursing homes licensed under part II.

1033 (c) Assisted living facilities licensed under chapter 429,  
 1034 when serving their residents.

1035 (d) Home health agencies licensed under part III.

1036 (e) Hospices licensed under part IV.

1037 (f) Intermediate care facilities and, homes for special  
 1038 services, ~~and transitional living facilities~~ licensed under part  
 1039 V.

1040 (g) Transitional living facilities licensed under part XI.

1041 (h)~~(g)~~ Hospitals and ambulatory surgical centers licensed  
 1042 under chapter 395.

1043 (i)~~(h)~~ Manufacturers and wholesale distributors when not  
 1044 selling directly to consumers.

1045 (j)~~(i)~~ Licensed health care practitioners who use ~~utilize~~  
 1046 home medical equipment in the course of their practice, but do  
 1047 not sell or rent home medical equipment to their patients.

1048 (k)~~(j)~~ Pharmacies licensed under chapter 465.

1049 Section 9. Subsection (21) of section 408.802, Florida  
 1050 Statutes, is amended to read:

1051 408.802 Applicability.—The provisions of this part apply  
 1052 to the provision of services that require licensure as defined  
 1053 in this part and to the following entities licensed, registered,  
 1054 or certified by the agency, as described in chapters 112, 383,  
 1055 390, 394, 395, 400, 429, 440, 483, and 765:

1056 (21) Transitional living facilities, as provided under  
 1057 part XI ~~∅~~ of chapter 400.

1058 Section 10. Subsection (20) of section 408.820, Florida  
 1059 Statutes, is amended to read:

1060 408.820 Exemptions.—Except as prescribed in authorizing  
 1061 statutes, the following exemptions shall apply to specified  
 1062 requirements of this part:

1063 (20) Transitional living facilities, as provided under  
 1064 part XI ~~∅~~ of chapter 400, are exempt from s. 408.810(10).

1065 Section 11. Effective July 1, 2015, a transitional living  
 1066 facility licensed before the effective date of this act pursuant

HB 799

2014

1067 | to s. 400.805, Florida Statutes, must be licensed under part XI  
1068 | of chapter 400, Florida Statutes, as created by this act.

1069 |       Section 12. Except as otherwise expressly provided in this  
1070 | act, this act shall take effect July 1, 2014.