

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.

499 400.9978 Protection of clients from abuse, neglect,
 500 mistreatment, and exploitation.—The licensee shall develop and
 501 implement policies and procedures for the screening and training
 502 of employees; the protection of clients; and the prevention,
 503 identification, investigation, and reporting of abuse, neglect,
 504 mistreatment, and exploitation. The licensee shall identify
 505 clients whose personal histories render them at risk for abusing
 506 other clients, develop intervention strategies to prevent
 507 occurrences of abuse, monitor clients for changes that would
 508 trigger abusive behavior, and reassess the interventions on a
 509 regular basis. A licensee shall:

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

515 (2) Train employees through orientation and ongoing
 516 sessions regarding issues related to abuse prohibition
 517 practices, including identification of abuse, neglect,
 518 mistreatment, and exploitation; appropriate interventions to
 519 address aggressive or catastrophic reactions of clients; the
 520 process for reporting allegations without fear of reprisal; and

521 recognition of signs of frustration and stress that may lead to
522 abuse.

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

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

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

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

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

546 (4) Identify events, such as suspicious bruising of

547 clients, occurrences, patterns, and trends that may constitute
548 abuse and determine the direction of the investigation.

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

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

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

561 400.9979 Restraint and seclusion; client safety.—

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

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

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

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

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

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

596 (5) A client who is prescribed and receives a medication
597 that can serve as a chemical restraint for a purpose other than
598 an emergency treatment order must be evaluated by his or her

599 physician, physician assistant, or advanced registered nurse
600 practitioner at least monthly to assess:

601 (a) The continued need for the medication.
602 (b) The level of the medication in the client's blood.
603 (c) The need for adjustments to the prescription.
604 (6) The licensee shall ensure that clients are free from
605 unnecessary drugs and physical restraints and are provided
606 treatment to reduce dependency on drugs and physical restraints.
607 (7) The licensee may only employ physical restraints and
608 seclusion as authorized by the facility's written policies,
609 which shall comply with this section and applicable rules.
610 (8) Interventions to manage dangerous client behavior
611 shall be employed with sufficient safeguards and supervision to
612 ensure that the safety, welfare, and civil and human rights of a
613 client are adequately protected.
614 (9) A facility shall notify the parent, guardian, or, if
615 applicable, the client's representative when restraint or
616 seclusion is employed. The facility must provide the
617 notification within 24 hours after the restraint or seclusion is
618 employed. Reasonable efforts must be taken to notify the parent,
619 guardian, or, if applicable, the client's representative by
620 telephone or e-mail, or both, and these efforts must be
621 documented.
622 (10) The agency may adopt rules that establish standards
623 and procedures for the use of restraints, restraint positioning,
624 seclusion, and emergency treatment orders for psychotropic

625 medications, restraint, and seclusion. These rules must include
626 duration of restraint, staff training, observation of the client
627 during restraint, and documentation and reporting standards.

628 400.998 Personnel background screening; administration and
629 management procedures.-

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

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

642 (3) The licensee must:

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

646 (b) Maintain liability insurance as defined in s.
647 624.605(1)(b).

648 (c) Designate one person as an administrator to be
649 responsible and accountable for the overall management of the
650 facility.

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

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

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

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

673 (h) Maintain written records in a form and system that
674 comply with medical and business practices and make the records
675 available by the facility for review or submission to the agency
676 upon request. The records shall include:

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

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

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

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

693 400.9981 Property and personal affairs of clients.-

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

699 (2) The admission of a client to a facility and his or her
 700 presence therein does not confer on a licensee or administrator,
 701 or an employee or representative thereof, any authority to
 702 manage, use, or dispose of the property of the client, and the

703 admission or presence of a client does not confer on such person
704 any authority or responsibility for the personal affairs of the
705 client except that which may be necessary for the safe
706 management of the facility or for the safety of the client.

707 (3) A licensee or administrator, or an employee or
708 representative thereof, may:

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

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

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

722
723 The surety bond required under paragraph (b) or paragraph (c)
724 shall be executed by the licensee as principal and a licensed
725 surety company. The bond shall be conditioned upon the faithful
726 compliance of the licensee with the requirements of licensure
727 and is payable to the agency for the benefit of a client who
728 suffers a financial loss as a result of the misuse or

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

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

748 (5) Funds or other property belonging to or due to a
749 client or expendable for the client's account that are received
750 by a licensee shall be regarded as funds held in trust and shall
751 be kept separate from the funds and property of the licensee and
752 other clients or shall be specifically credited to the client.
753 The funds held in trust shall be used or otherwise expended only
754 for the account of the client. At least once every month, except

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

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

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

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

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

777
778 commits a misdemeanor of the first degree, punishable as
779 provided in s. 775.082 or s. 775.083.

780 (b) A licensee or administrator, or an employee, or

781 representative thereof, who is granted power of attorney for a
782 client and who misuses or misappropriates funds obtained through
783 this power commits a felony of the third degree, punishable as
784 provided in s. 775.082, s. 775.083, or s. 775.084.

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

802 (8) The agency, by rule, may clarify terms and specify
803 procedures and documentation necessary to administer the
804 provisions of this section relating to the proper management of
805 clients' funds and personal property and the execution of surety
806 bonds.

807 400.9982 Rules establishing standards.—

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

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

818 (a) The location of transitional living facilities.

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

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

828 (d) Services provided to clients of transitional living
829 facilities.

830 (e) The preparation and annual update of a comprehensive
831 emergency management plan in consultation with the Division of
832 Emergency Management. At a minimum, the rules must provide for

833 plan components that address emergency evacuation
834 transportation; adequate sheltering arrangements; postdisaster
835 activities, including provision of emergency power, food, and
836 water; postdisaster transportation; supplies; staffing;
837 emergency equipment; individual identification of clients and
838 transfer of records; communication with families; and responses
839 to family inquiries.

840 400.9983 Violations; penalties.—A violation of this part
841 or any rule adopted pursuant thereto shall be classified
842 according to the nature of the violation and the gravity of its
843 probable effect on facility clients. The agency shall indicate
844 the classification on the written notice of the violation as
845 follows:

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

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

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

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

871 400.9984 Receivership proceedings.—The agency may apply s.
872 429.22 with regard to receivership proceedings for transitional
873 living facilities.

874 400.9985 Interagency communication.—The agency, the
875 department, the Agency for Persons with Disabilities, and the
876 Department of Children and Families shall develop electronic
877 systems to ensure that relevant information pertaining to the
878 regulation of transitional living facilities and clients is
879 timely and effectively communicated among agencies in order to
880 facilitate the protection of clients. Electronic sharing of
881 information shall include, at a minimum, a brain and spinal cord
882 injury registry and a client abuse registry.

883 Section 2. Section 400.805, Florida Statutes, is repealed.

884 Section 3. The title of part V of chapter 400, Florida

885 Statutes, consisting of sections 400.701 and 400.801, is
 886 redesignated as "INTERMEDIATE CARE FACILITIES."

887 Section 4. Subsection (9) of section 381.745, Florida
 888 Statutes, is amended to read:

889 381.745 Definitions; ss. 381.739-381.79.—As used in ss.
 890 381.739-381.79, the term:

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

895 Section 5. Section 381.75, Florida Statutes, is amended to
 896 read:

897 381.75 Duties and responsibilities of the department, ~~of~~
 898 ~~transitional living facilities, and of residents.~~—Consistent
 899 with the mandate of s. 381.7395, the department shall develop
 900 and administer a multilevel treatment program for individuals
 901 who sustain brain or spinal cord injuries and who are referred
 902 to the brain and spinal cord injury program.

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

908 (2) The department shall refer individuals who have brain
 909 or spinal cord injuries to other state agencies to ensure ~~assure~~
 910 that rehabilitative services, if desired, are obtained by that

911 individual.

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

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

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

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

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

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

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

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

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

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

978 Section 6. Subsection (4) of section 381.78, Florida
979 Statutes, is amended to read:

980 381.78 Advisory council on brain and spinal cord
981 injuries.-

982 (4) The council shall:

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

986 ~~(b) Annually appoint a five-member committee composed of~~
987 ~~one individual who has a brain injury or has a family member~~
988 ~~with a brain injury, one individual who has a spinal cord injury~~

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

999 ~~1. The committee shall perform onsite visits to those~~
 1000 ~~transitional living facilities identified by the Agency for~~
 1001 ~~Health Care Administration as being in possible violation of the~~
 1002 ~~statutes and rules regulating such facilities. The committee~~
 1003 ~~members have the same rights of entry and inspection granted~~
 1004 ~~under s. 400.805(4) to designated representatives of the agency.~~

1005 ~~2. Factual findings of the committee resulting from an~~
 1006 ~~onsite investigation of a facility pursuant to subparagraph 1.~~
 1007 ~~shall be adopted by the agency in developing its administrative~~
 1008 ~~response regarding enforcement of statutes and rules regulating~~
 1009 ~~the operation of the facility.~~

1010 ~~3. Onsite investigations by the committee shall be funded~~
 1011 ~~by the Health Care Trust Fund.~~

1012 ~~4. Travel expenses for committee members shall be~~
 1013 ~~reimbursed in accordance with s. 112.061.~~

1014 ~~5. Members of the committee shall recuse themselves from~~

1015 ~~participating in any investigation that would create a conflict~~
 1016 ~~of interest under state law, and the council shall replace the~~
 1017 ~~member, either temporarily or permanently.~~

1018 Section 7. Subsection (5) of section 400.93, Florida
 1019 Statutes, is amended to read:

1020 400.93 Licensure required; exemptions; unlawful acts;
 1021 penalties.—

1022 (5) The following are exempt from home medical equipment
 1023 provider licensure, unless they have a separate company,
 1024 corporation, or division that is in the business of providing
 1025 home medical equipment and services for sale or rent to
 1026 consumers at their regular or temporary place of residence
 1027 pursuant to the provisions of this part:

1028 (a) Providers operated by the Department of Health or
 1029 Federal Government.

1030 (b) Nursing homes licensed under part II.

1031 (c) Assisted living facilities licensed under chapter 429,
 1032 when serving their residents.

1033 (d) Home health agencies licensed under part III.

1034 (e) Hospices licensed under part IV.

1035 (f) Intermediate care facilities and~~7~~ homes for special
 1036 services, ~~and transitional living facilities~~ licensed under part
 1037 V.

1038 (g) Transitional living facilities licensed under part XI.

1039 (h)~~(g)~~ Hospitals and ambulatory surgical centers licensed
 1040 under chapter 395.

1041 (i)~~(h)~~ Manufacturers and wholesale distributors when not
 1042 selling directly to consumers.

1043 (j)~~(i)~~ Licensed health care practitioners who use ~~utilize~~
 1044 home medical equipment in the course of their practice~~7~~, but do
 1045 not sell or rent home medical equipment to their patients.

1046 (k)~~(j)~~ Pharmacies licensed under chapter 465.

1047 Section 8. Subsection (21) of section 408.802, Florida
 1048 Statutes, is amended to read:

1049 408.802 Applicability.—The provisions of this part apply
 1050 to the provision of services that require licensure as defined
 1051 in this part and to the following entities licensed, registered,
 1052 or certified by the agency, as described in chapters 112, 383,
 1053 390, 394, 395, 400, 429, 440, 483, and 765:

1054 (21) Transitional living facilities, as provided under
 1055 part XI ~~∅~~ of chapter 400.

1056 Section 9. Subsection (20) of section 408.820, Florida
 1057 Statutes, is amended to read:

1058 408.820 Exemptions.—Except as prescribed in authorizing
 1059 statutes, the following exemptions shall apply to specified
 1060 requirements of this part:

1061 (20) Transitional living facilities, as provided under
 1062 part XI ~~∅~~ of chapter 400, are exempt from s. 408.810(10).

1063 Section 10. Effective July 1, 2016, a transitional living
 1064 facility licensed before the effective date of this act pursuant
 1065 to s. 400.805, Florida Statutes, must be licensed under part XI
 1066 of chapter 400, Florida Statutes, as created by this act.

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1067 Section 11. Except as otherwise expressly provided in this
1068 act, this act shall take effect July 1, 2015.