

By Senator Sobel

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1 A bill to be entitled
2 An act relating to assisted living facilities;
3 amending s. 394.4574, F.S.; providing that Medicaid
4 managed care plans are responsible for mental health
5 residents enrolled in Medicaid; specifying that
6 managing entities under contract with the Department
7 of Children and Families are responsible for mental
8 health residents who are not enrolled in a Medicaid
9 managed care plan; deleting a provision to conform to
10 changes made by the act; requiring that the community
11 living support plan be completed and provided to the
12 administrator of a facility upon the mental health
13 resident's admission; requiring the community living
14 support plan to be updated when there is a significant
15 change to the mental health resident's behavioral
16 health status; requiring the case manager assigned to
17 a mental health resident for whom the mental health
18 services provider is responsible to keep a record of
19 the date and time of face-to-face interactions with
20 the resident and to make the record available to the
21 entity responsible for inspection; requiring that the
22 record be maintained for a specified time; requiring
23 the responsible entity to ensure that there is
24 adequate and consistent monitoring and enforcement of
25 community living support plans and cooperative
26 agreements and that concerns are reported to the
27 appropriate regulatory oversight organization under
28 certain circumstances; amending s. 400.0074, F.S.;
29 requiring that an administrative assessment conducted

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30 by a local council be comprehensive in nature;
31 requiring a local council to conduct an exit
32 consultation with the facility administrator or
33 administrator designee to discuss issues and concerns
34 in areas affecting residents' rights, health, safety,
35 and welfare and make recommendations for any needed
36 improvements; amending s. 400.0078, F.S.; requiring
37 that a resident of a long-term care facility, or his
38 or her representative, be informed that retaliatory
39 action cannot be taken against a resident for
40 presenting grievances or for exercising any other
41 resident right; amending s. 429.07, F.S.; revising the
42 requirement that an extended congregate care license
43 be issued to certain facilities that have been
44 licensed as assisted living facilities under certain
45 circumstances and authorizing the issuance of such
46 license if a specified condition is met; providing the
47 purpose of an extended congregate care license;
48 specifying that the initial extended congregate care
49 license of an assisted living facility is provisional
50 under certain circumstances; requiring a licensee to
51 notify the Agency for Health Care Administration if it
52 accepts a resident who qualifies for extended
53 congregate care services; requiring the agency to
54 inspect the facility for compliance with the
55 requirements of an extended congregate care license;
56 requiring the issuance of an extended congregate care
57 license under certain circumstances; requiring the
58 licensee to immediately suspend extended congregate

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59 care services under certain circumstances; requiring a
60 registered nurse representing the agency to visit the
61 facility at least twice a year, rather than quarterly,
62 to monitor residents who are receiving extended
63 congregate care services; authorizing the agency to
64 waive one of the required yearly monitoring visits
65 under certain circumstances; authorizing the agency to
66 deny or revoke a facility's extended congregate care
67 license; requiring a registered nurse representing the
68 agency to visit the facility at least annually, rather
69 than twice a year, to monitor residents who are
70 receiving limited nursing services; providing that
71 such monitoring visits may be conducted in conjunction
72 with other inspections by the agency; authorizing the
73 agency to waive the required yearly monitoring visit
74 for a facility that is licensed to provide limited
75 nursing services under certain circumstances; amending
76 s. 429.075, F.S.; requiring that an assisted living
77 facility that serves one or more mental health
78 residents, rather than three or more such residents,
79 obtain a limited mental health license; amending s.
80 429.14, F.S.; revising the circumstances under which
81 the agency may deny, revoke, or suspend the license of
82 an assisted living facility and impose an
83 administrative fine; requiring the agency to deny or
84 revoke the license of an assisted living facility
85 under certain circumstances; requiring the agency to
86 impose an immediate moratorium on the license of an
87 assisted living facility under certain circumstances;

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88 prohibiting a licensee from restricting agency staff
89 from accessing and copying certain records or
90 conducting certain interviews; deleting a provision
91 requiring the agency to provide a list of facilities
92 with denied, suspended, or revoked licenses to the
93 Department of Business and Professional Regulation;
94 exempting a facility from the 45-day notice
95 requirement if it is required to relocate some or all
96 of its residents; specifying that the exemption does
97 not exempt a facility from any deadlines for
98 corrective action set by the agency; amending s.
99 429.178, F.S.; conforming cross-references; amending
100 s. 429.19, F.S.; revising the amounts and uses of
101 administrative fines; requiring the agency to levy a
102 fine for violations that are corrected before an
103 inspection if noncompliance occurred within a
104 specified period of time; deleting factors that the
105 agency is required to consider in determining
106 penalties and fines; amending s. 429.256, F.S.;;
107 revising the term "assistance with self-administration
108 of medication" as it relates to the Assisted Living
109 Facilities Act; amending s. 429.28, F.S.; providing
110 notice requirements for informing facility residents
111 that the name and identity of the resident and
112 complainant in any complaint made to the State Long-
113 Term Care Ombudsman Program or a local long-term care
114 ombudsman council is confidential and that retaliatory
115 action may not be taken against a resident for
116 presenting grievances or for exercising any other

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117 resident right; requiring that a facility that
118 terminates an individual's residency after the filing
119 of a complaint be fined if good cause is not shown for
120 the termination; amending s. 429.34, F.S.; requiring
121 certain persons to report elder abuse in assisted
122 living facilities; requiring the agency to regularly
123 inspect each licensed assisted living facility;
124 requiring the agency to conduct more frequent
125 inspections under certain circumstances; requiring the
126 licensee to pay a fee for the cost of additional
127 inspections; requiring the agency to annually adjust
128 the fee; amending s. 429.41, F.S.; providing that
129 certain staffing requirements apply only to residents
130 in continuing care facilities who are receiving
131 relevant services; amending s. 429.52, F.S.; requiring
132 each newly hired employee of an assisted living
133 facility to attend a preservice orientation provided
134 by the assisted living facility; requiring the
135 employee and administrator to sign a statement that
136 the employee completed the required preservice
137 orientation and keep the signed statement in the
138 employee's personnel record; requiring 2 additional
139 hours of training for assistance with medication;
140 conforming a cross-reference; requiring the Office of
141 Program Policy Analysis and Government Accountability
142 to study the reliability of facility surveys and
143 submit to the Governor and the Legislature its
144 findings and recommendations; requiring the agency to
145 implement a rating system for assisted living

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146 facilities by a specified date, adopt rules, and
147 create content for the agency's website by a specified
148 date which provides consumers information regarding
149 assisted living facilities; providing criteria for the
150 content; providing appropriations; providing an
151 effective date.

152
153 Be It Enacted by the Legislature of the State of Florida:

154
155 Section 1. Section 394.4574, Florida Statutes, is amended
156 to read:

157 394.4574 ~~Department~~ Responsibilities for coordination of
158 services for a mental health resident who resides in an assisted
159 living facility that holds a limited mental health license.—

160 (1) As used in this section, the term "mental health
161 resident" ~~"mental health resident," for purposes of this~~
162 ~~section,~~ means an individual who receives social security
163 disability income due to a mental disorder as determined by the
164 Social Security Administration or receives supplemental security
165 income due to a mental disorder as determined by the Social
166 Security Administration and receives optional state
167 supplementation.

168 (2) Medicaid managed care plans are responsible for
169 Medicaid-enrolled mental health residents, and managing entities
170 under contract with the department are responsible for mental
171 health residents who are not enrolled in a Medicaid health plan.
172 A Medicaid managed care plan or a managing entity, as
173 appropriate, shall ~~The department must~~ ensure that:

174 (a) A mental health resident has been assessed by a

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175 psychiatrist, clinical psychologist, clinical social worker, or
176 psychiatric nurse, or an individual who is supervised by one of
177 these professionals, and determined to be appropriate to reside
178 in an assisted living facility. The documentation must be
179 provided to the administrator of the facility within 30 days
180 after the mental health resident has been admitted to the
181 facility. An evaluation completed upon discharge from a state
182 mental hospital meets the requirements of this subsection
183 related to appropriateness for placement as a mental health
184 resident if it was completed within 90 days before ~~prior to~~
185 admission to the facility.

186 (b) A cooperative agreement, as required in s. 429.075, is
187 developed by ~~between~~ the mental health care services provider
188 that serves a mental health resident and the administrator of
189 the assisted living facility with a limited mental health
190 license in which the mental health resident is living. ~~Any~~
191 ~~entity that provides Medicaid prepaid health plan services shall~~
192 ~~ensure the appropriate coordination of health care services with~~
193 ~~an assisted living facility in cases where a Medicaid recipient~~
194 ~~is both a member of the entity's prepaid health plan and a~~
195 ~~resident of the assisted living facility. If the entity is at~~
196 ~~risk for Medicaid targeted case management and behavioral health~~
197 ~~services, the entity shall inform the assisted living facility~~
198 ~~of the procedures to follow should an emergent condition arise.~~

199 (c) The community living support plan, as defined in s.
200 429.02, has been prepared by a mental health resident and his or
201 her a mental health case manager ~~of that resident~~ in
202 consultation with the administrator of the facility or the
203 administrator's designee. The plan must be completed and

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204 provided to the administrator of the assisted living facility
205 with a limited mental health license in which the mental health
206 resident lives upon the resident's admission. The support plan
207 and the agreement may be in one document.

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

211 (e) The mental health services provider assigns a case
212 manager to each mental health resident for whom the entity is
213 responsible ~~who lives in an assisted living facility with a~~
214 ~~limited mental health license~~. The case manager shall coordinate
215 ~~is responsible for coordinating~~ the development ~~of~~ and
216 implementation of the community living support plan defined in
217 s. 429.02. The plan must be updated at least annually, or when
218 there is a significant change in the resident's behavioral
219 health status, such as an inpatient admission or a change in
220 medication, level of service, or residence. Each case manager
221 shall keep a record of the date and time of any face-to-face
222 interaction with the resident and make the record available to
223 the responsible entity for inspection. The record must be
224 retained for at least 2 years after the date of the most recent
225 interaction.

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

229 (g) Concerns are reported to the appropriate regulatory
230 oversight organization if a regulated provider fails to deliver
231 appropriate services or otherwise acts in a manner that has the
232 potential to result in harm to the resident.

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233 (3) The Secretary of Children and Families, in consultation
234 with the Agency for Health Care Administration, shall ~~annually~~
235 require each district administrator to develop, with community
236 input, a detailed annual plan that demonstrates ~~detailed plans~~
237 ~~that demonstrate~~ how the district will ensure the provision of
238 state-funded mental health and substance abuse treatment
239 services to residents of assisted living facilities that hold a
240 limited mental health license. This plan ~~These plans~~ must be
241 consistent with the substance abuse and mental health district
242 plan developed pursuant to s. 394.75 and must address case
243 management services; access to consumer-operated drop-in
244 centers; access to services during evenings, weekends, and
245 holidays; supervision of the clinical needs of the residents;
246 and access to emergency psychiatric care.

247 Section 2. Subsection (1) of section 400.0074, Florida
248 Statutes, is amended, and paragraph (h) is added to subsection
249 (2) of that section, to read:

250 400.0074 Local ombudsman council onsite administrative
251 assessments.—

252 (1) In addition to any specific investigation conducted
253 pursuant to a complaint, the local council shall conduct, at
254 least annually, an onsite administrative assessment of each
255 nursing home, assisted living facility, and adult family-care
256 home within its jurisdiction. This administrative assessment
257 must be comprehensive in nature and must ~~shall~~ focus on factors
258 affecting residents' ~~the~~ rights, health, safety, and welfare ~~of~~
259 ~~the residents~~. Each local council is encouraged to conduct a
260 similar onsite administrative assessment of each additional
261 long-term care facility within its jurisdiction.

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

264 (h) The local council shall conduct an exit consultation
265 with the facility administrator or administrator's designee to
266 discuss issues and concerns in areas affecting residents'
267 rights, health, safety, and welfare and, if needed, make
268 recommendations for improvement.

269 Section 3. Subsection (2) of section 400.0078, Florida
270 Statutes, is amended to read:

271 400.0078 Citizen access to State Long-Term Care Ombudsman
272 Program services.—

273 (2) ~~Every resident or representative of a resident shall~~
274 ~~receive,~~ Upon admission to a long-term care facility, each
275 resident or representative of a resident must receive
276 information regarding the purpose of the State Long-Term Care
277 Ombudsman Program, the statewide toll-free telephone number for
278 receiving complaints, information that retaliatory action cannot
279 be taken against a resident for presenting grievances or for
280 exercising any other resident right, and other relevant
281 information regarding how to contact the program. Each resident
282 or his or her representative ~~Residents or their representatives~~
283 must be furnished additional copies of this information upon
284 request.

285 Section 4. Paragraphs (b) and (c) of subsection (3) of
286 section 429.07, Florida Statutes, are amended to read:

287 429.07 License required; fee.—

288 (3) In addition to the requirements of s. 408.806, each
289 license granted by the agency must state the type of care for
290 which the license is granted. Licenses shall be issued for one

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291 or more of the following categories of care: standard, extended
292 congregate care, limited nursing services, or limited mental
293 health.

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

314 1. In order for extended congregate care services to be
315 provided, the agency must first determine that all requirements
316 established in law and rule are met and must specifically
317 designate, on the facility's license, that such services may be
318 provided and whether the designation applies to all or part of
319 the facility. This ~~Such~~ designation may be made at the time of

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320 initial licensure or licensure renewal ~~relicensure~~, or upon
321 request in writing by a licensee under this part and part II of
322 chapter 408. The notification of approval or the denial of the
323 request shall be made in accordance with part II of chapter 408.
324 Each existing facility that qualifies ~~facilities qualifying~~ to
325 provide extended congregate care services must have maintained a
326 standard license and may not have been subject to administrative
327 sanctions during the previous 2 years, or since initial
328 licensure if the facility has been licensed for less than 2
329 years, for any of the following reasons:

330 a. A class I or class II violation;

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

334 c. Three or more class III violations that were not
335 corrected in accordance with the corrective action plan approved
336 by the agency;

337 d. Violation of resident care standards which results in
338 requiring the facility to employ the services of a consultant
339 pharmacist or consultant dietitian;

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

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

346

347 The agency may deny or revoke a facility's extended congregate
348 care license if it fails to meet the criteria for an extended

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349 congregate care license as provided in this subparagraph.

350 2. If an assisted living facility has been licensed for
351 less than 2 years, the initial extended congregate care license
352 must be provisional and may not exceed 6 months. Within the
353 first 3 months after the provisional license is issued, the
354 licensee shall notify the agency, in writing, when it admits at
355 least one extended congregate care resident, after which an
356 unannounced inspection shall be made to determine compliance
357 with requirements of an extended congregate care license.
358 Failure to admit an extended congregate care resident within the
359 first 3 months renders the extended congregate care license
360 void. A licensee that has a provisional extended congregate care
361 license which demonstrates compliance with all of the
362 requirements of an extended congregate care license during the
363 inspection shall be issued an extended congregate care license.
364 In addition to sanctions authorized under this part, if
365 violations are found during the inspection and the licensee
366 fails to demonstrate compliance with all assisted living
367 requirements during a followup inspection, the licensee shall
368 immediately suspend extended congregate care services, and the
369 provisional extended congregate care license expires. The agency
370 may extend the provisional license for not more than 1 month in
371 order to complete a followup visit.

372 3.2. A facility that is licensed to provide extended
373 congregate care services shall maintain a written progress
374 report on each person who receives services which describes the
375 type, amount, duration, scope, and outcome of services that are
376 rendered and the general status of the resident's health. A
377 registered nurse, or appropriate designee, representing the

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378 agency shall visit the facility at least twice a year ~~quarterly~~
379 to monitor residents who are receiving extended congregate care
380 services and to determine if the facility is in compliance with
381 this part, part II of chapter 408, and relevant rules. One of
382 the visits may be in conjunction with the regular survey. The
383 monitoring visits may be provided through contractual
384 arrangements with appropriate community agencies. A registered
385 nurse shall serve as part of the team that inspects the
386 facility. The agency may waive one of the required yearly
387 monitoring visits for a facility that has:

388 a. Held an extended congregate care license for at least 24
389 months; been licensed for at least 24 months to provide extended
390 congregate care services, if, during the inspection, the
391 registered nurse determines that extended congregate care
392 services are being provided appropriately, and if the facility
393 has

394 b. No class I or class II violations and no uncorrected
395 class III violations; and-

396 c. No ombudsman council complaints that resulted in a
397 citation for licensure ~~The agency must first consult with the~~
398 ~~long term care ombudsman council for the area in which the~~
399 ~~facility is located to determine if any complaints have been~~
400 ~~made and substantiated about the quality of services or care.~~
401 ~~The agency may not waive one of the required yearly monitoring~~
402 ~~visits if complaints have been made and substantiated.~~

403 4.3- A facility that is licensed to provide extended
404 congregate care services must:

405 a. Demonstrate the capability to meet unanticipated
406 resident service needs.

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407 b. Offer a physical environment that promotes a homelike
408 setting, provides for resident privacy, promotes resident
409 independence, and allows sufficient congregate space as defined
410 by rule.

411 c. Have sufficient staff available, taking into account the
412 physical plant and firesafety features of the building, to
413 assist with the evacuation of residents in an emergency.

414 d. Adopt and follow policies and procedures that maximize
415 resident independence, dignity, choice, and decisionmaking to
416 permit residents to age in place, so that moves due to changes
417 in functional status are minimized or avoided.

418 e. Allow residents or, if applicable, a resident's
419 representative, designee, surrogate, guardian, or attorney in
420 fact to make a variety of personal choices, participate in
421 developing service plans, and share responsibility in
422 decisionmaking.

423 f. Implement the concept of managed risk.

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

426 h. In addition to the training mandated in s. 429.52,
427 provide specialized training as defined by rule for facility
428 staff.

429 5.4. A facility that is licensed to provide extended
430 congregate care services is exempt from the criteria for
431 continued residency set forth in rules adopted under s. 429.41.
432 A licensed facility must adopt its own requirements within
433 guidelines for continued residency set forth by rule. However,
434 the facility may not serve residents who require 24-hour nursing
435 supervision. A licensed facility that provides extended

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436 congregate care services must also provide each resident with a
437 written copy of facility policies governing admission and
438 retention.

439 ~~5. The primary purpose of extended congregate care services~~
440 ~~is to allow residents, as they become more impaired, the option~~
441 ~~of remaining in a familiar setting from which they would~~
442 ~~otherwise be disqualified for continued residency. A facility~~
443 ~~licensed to provide extended congregate care services may also~~
444 ~~admit an individual who exceeds the admission criteria for a~~
445 ~~facility with a standard license, if the individual is~~
446 ~~determined appropriate for admission to the extended congregate~~
447 ~~care facility.~~

448 6. Before the admission of an individual to a facility
449 licensed to provide extended congregate care services, the
450 individual must undergo a medical examination as provided in s.
451 429.26(4) and the facility must develop a preliminary service
452 plan for the individual.

453 7. If ~~When~~ a facility can no longer provide or arrange for
454 services in accordance with the resident's service plan and
455 needs and the facility's policy, the facility must ~~shall~~ make
456 arrangements for relocating the person in accordance with s.
457 429.28(1)(k).

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

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

463 1. In order for limited nursing services to be provided in
464 a facility licensed under this part, the agency must first

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465 determine that all requirements established in law and rule are
466 met and must specifically designate, on the facility's license,
467 that such services may be provided. This ~~Such~~ designation may be
468 made at the time of initial licensure or licensure renewal
469 ~~relicensure~~, or upon request in writing by a licensee under this
470 part and part II of chapter 408. Notification of approval or
471 denial of such request shall be made in accordance with part II
472 of chapter 408. An existing facility that qualifies ~~facilities~~
473 ~~qualifying~~ to provide limited nursing services must ~~shall~~ have
474 maintained a standard license and may not have been subject to
475 administrative sanctions that affect the health, safety, and
476 welfare of residents for the previous 2 years or since initial
477 licensure if the facility has been licensed for less than 2
478 years.

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

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494 the required yearly monitoring visit for a facility that has:

495 a. Had a limited nursing services license for at least 24
496 months;

497 b. No class I or class II violations and no uncorrected
498 class III violations; and

499 c. No ombudsman council complaints that resulted in a
500 citation for licensure.

501 3. A person who receives limited nursing services under
502 this part must meet the admission criteria established by the
503 agency for assisted living facilities. When a resident no longer
504 meets the admission criteria for a facility licensed under this
505 part, arrangements for relocating the person shall be made in
506 accordance with s. 429.28(1)(k), unless the facility is licensed
507 to provide extended congregate care services.

508 Section 5. Section 429.075, Florida Statutes, is amended to
509 read:

510 429.075 Limited mental health license.—An assisted living
511 facility that serves one ~~three~~ or more mental health residents
512 must obtain a limited mental health license.

513 (1) To obtain a limited mental health license, a facility
514 must hold a standard license as an assisted living facility,
515 must not have any current uncorrected ~~deficiencies or~~
516 violations, and must ensure that, within 6 months after
517 receiving a limited mental health license, the facility
518 administrator and the staff of the facility who are in direct
519 contact with mental health residents must complete training of
520 no less than 6 hours related to their duties. This ~~Such~~
521 designation may be made at the time of initial licensure or
522 licensure renewal ~~relicensure~~ or upon request in writing by a

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523 licensee under this part and part II of chapter 408.
524 Notification of approval or denial of such request shall be made
525 in accordance with this part, part II of chapter 408, and
526 applicable rules. This training must ~~will~~ be provided by or
527 approved by the Department of Children and Families.

528 (2) A facility that is ~~Facilities~~ licensed to provide
529 services to mental health residents must ~~shall~~ provide
530 appropriate supervision and staffing to provide for the health,
531 safety, and welfare of such residents.

532 (3) A facility that has a limited mental health license
533 must:

534 (a) Have a copy of each mental health resident's community
535 living support plan and the cooperative agreement with the
536 mental health care services provider. The support plan and the
537 agreement may be combined.

538 (b) Have documentation ~~that is~~ provided by the Department
539 of Children and Families that each mental health resident has
540 been assessed and determined to be able to live in the community
541 in an assisted living facility that has ~~with~~ a limited mental
542 health license.

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

547 (d) Assist the mental health resident in carrying out the
548 activities identified in the individual's community living
549 support plan.

550 (4) A facility that has ~~with~~ a limited mental health
551 license may enter into a cooperative agreement with a private

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552 mental health provider. For purposes of the limited mental
553 health license, the private mental health provider may act as
554 the case manager.

555 Section 6. Section 429.14, Florida Statutes, is amended to
556 read:

557 429.14 Administrative penalties.—

558 (1) In addition to the requirements of part II of chapter
559 408, the agency may deny, revoke, and suspend any license issued
560 under this part and impose an administrative fine in the manner
561 provided in chapter 120 against a licensee for a violation of
562 ~~any provision of~~ this part, part II of chapter 408, or
563 applicable rules, or for any of the following actions by a
564 licensee, ~~for the actions of~~ any person subject to level 2
565 background screening under s. 408.809, or ~~for the actions of~~ any
566 facility staff ~~employee~~:

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

569 (b) A ~~The~~ determination by the agency that the owner lacks
570 the financial ability to provide continuing adequate care to
571 residents.

572 (c) Misappropriation or conversion of the property of a
573 resident of the facility.

574 (d) Failure to follow the criteria and procedures provided
575 under part I of chapter 394 relating to the transportation,
576 voluntary admission, and involuntary examination of a facility
577 resident.

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

580 1. One or more cited class I violations ~~deficiencies~~.

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581 2. Three or more cited class II violations ~~deficiencies~~.

582 3. Five or more cited class III violations ~~deficiencies~~
583 that have been cited on a single survey and have not been
584 corrected within the times specified.

585 (f) Failure to comply with the background screening
586 standards of this part, s. 408.809(1), or chapter 435.

587 (g) Violation of a moratorium.

588 (h) Failure of the license applicant, the licensee during
589 licensure renewal ~~relicensure~~, or a licensee that holds a
590 provisional license to meet the minimum license requirements of
591 this part, or related rules, at the time of license application
592 or renewal.

593 (i) An intentional or negligent life-threatening act in
594 violation of the uniform firesafety standards for assisted
595 living facilities or other firesafety standards which ~~that~~
596 threatens the health, safety, or welfare of a resident of a
597 facility, as communicated to the agency by the local authority
598 having jurisdiction or the State Fire Marshal.

599 (j) Knowingly operating any unlicensed facility or
600 providing without a license any service that must be licensed
601 under this chapter or chapter 400.

602 (k) Any act constituting a ground upon which application
603 for a license may be denied.

604 (2) Upon notification by the local authority having
605 jurisdiction or by the State Fire Marshal, the agency may deny
606 or revoke the license of an assisted living facility that fails
607 to correct cited fire code violations that affect or threaten
608 the health, safety, or welfare of a resident of a facility.

609 (3) The agency may deny or revoke a license of an ~~to any~~

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610 applicant or controlling interest as defined in part II of
611 chapter 408 which has or had a 25 percent ~~25 percent~~ or greater
612 financial or ownership interest in any other facility that is
613 licensed under this part, or in any entity licensed by this
614 state or another state to provide health or residential care, if
615 that ~~which~~ facility or entity during the 5 years before ~~prior to~~
616 the application for a license closed due to financial inability
617 to operate; had a receiver appointed or a license denied,
618 suspended, or revoked; was subject to a moratorium; or had an
619 injunctive proceeding initiated against it.

620 (4) The agency shall deny or revoke the license of an
621 assisted living facility if any of the following apply:

622 (a) There are two moratoria, issued pursuant to this part
623 or part II of chapter 408, within a 2-year period which are
624 imposed by final order.

625 (b) The facility is cited for two or more class I
626 violations arising from unrelated circumstances during the same
627 survey or investigation.

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

634 (5) An action taken by the agency to suspend, deny, or
635 revoke a facility's license under this part or part II of
636 chapter 408, in which the agency claims that the facility owner
637 or an employee of the facility has threatened the health,
638 safety, or welfare of a resident of the facility, shall be heard

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639 by the Division of Administrative Hearings of the Department of
640 Management Services within 120 days after receipt of the
641 facility's request for a hearing, unless that time limitation is
642 waived by both parties. The administrative law judge shall ~~must~~
643 render a decision within 30 days after receipt of a proposed
644 recommended order.

645 (6) As provided under s. 408.814, the agency shall impose
646 an immediate moratorium on an assisted living facility that
647 fails to provide the agency access to the facility or prohibits
648 the agency from conducting a regulatory inspection. The licensee
649 may not restrict agency staff in accessing and copying records
650 or in conducting confidential interviews with facility staff or
651 any individual who receives services from the facility provide
652 to the Division of Hotels and Restaurants of the Department of
653 Business and Professional Regulation, on a monthly basis, a list
654 of those assisted living facilities that have had their licenses
655 denied, suspended, or revoked or that are involved in an
656 appellate proceeding pursuant to s. 120.60 related to the
657 denial, suspension, or revocation of a license.

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

661 (8) If a facility is required to relocate some or all of
662 its residents due to agency action, that facility is exempt from
663 the 45 days' notice requirement imposed under s. 429.28(1)(k).
664 This subsection does not exempt the facility from any deadline
665 for corrective action set by the agency.

666 Section 7. Paragraphs (a) and (b) of subsection (2) of
667 section 429.178, Florida Statutes, are amended to read:

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668 429.178 Special care for persons with Alzheimer's disease
669 or other related disorders.-

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

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

686 Section 8. Section 429.19, Florida Statutes, is amended to
687 read:

688 429.19 Violations; imposition of administrative fines;
689 grounds.-

690 (1) In addition to the requirements of part II of chapter
691 408, the agency shall impose an administrative fine in the
692 manner provided in chapter 120 for the violation of any
693 provision of this part, part II of chapter 408, and applicable
694 rules by an assisted living facility, for the actions of any
695 person subject to level 2 background screening under s. 408.809,
696 for the actions of any facility employee, or for an intentional

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697 or negligent act seriously affecting the health, safety, or
698 welfare of a resident of the facility.

699 (2) Each violation of this part and adopted rules shall be
700 classified according to the nature of the violation and the
701 gravity of its probable effect on facility residents.

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

704 1.(a) Class "I" violations are defined in s. 408.813. The
705 agency shall impose an administrative fine of \$7,500 for each a
706 cited class I violation in a facility that is licensed for fewer
707 than 100 beds at the time of the in an amount not less than
708 \$5,000 and not exceeding \$10,000 for each violation. The agency
709 shall impose an administrative fine of \$11,250 for each cited
710 class I violation in a facility that is licensed for 100 or more
711 beds at the time of the violation. If the agency has knowledge
712 of a class I violation that occurred within 12 months before an
713 inspection, a fine must be levied for that violation regardless
714 of whether the noncompliance was corrected before the
715 inspection.

716 2.(b) Class "II" violations are defined in s. 408.813. The
717 agency shall impose an administrative fine of \$3,000 for each a
718 cited class II violation in a facility that is licensed for
719 fewer than 100 beds at the time of the in an amount not less
720 than \$1,000 and not exceeding \$5,000 for each violation. The
721 agency shall impose an administrative fine of \$4,500 for each
722 cited class II violation in a facility that is licensed for 100
723 or more beds at the time of the violation.

724 3.(c) Class "III" violations are defined in s. 408.813. The
725 agency shall impose an administrative fine of \$750 for each a

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726 cited class III violation in a facility that is licensed for
727 fewer than 100 beds at the time of the ~~in an amount not less~~
728 ~~than \$500 and not exceeding \$1,000 for each~~ violation. The
729 agency shall impose an administrative fine of \$1,125 for each
730 cited class III violation in a facility that is licensed for 100
731 or more beds at the time of the violation.

732 4.(d) Class "IV" violations are defined in s. 408.813. The
733 agency shall impose an administrative fine of \$150 for each a
734 cited class IV violation in a facility that is licensed for
735 fewer than 100 beds at the time of the ~~in an amount not less~~
736 ~~than \$100 and not exceeding \$200 for each~~ violation. The agency
737 shall impose an administrative fine of \$225 for each cited class
738 IV violation in a facility that is licensed for 100 or more beds
739 at the time of the violation.

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

745 (c) Notwithstanding s. 408.813(2)(c) and (d) and s.
746 408.832, a fine must be imposed for each class III or class IV
747 violation, regardless of correction, if a facility was
748 previously cited for one or more class III or class IV
749 violations during the agency's last licensure inspection or any
750 inspection or complaint investigation since the last licensure
751 inspection for the same regulatory violation. A fine imposed for
752 a class III or a class IV violation must be doubled if a
753 facility was previously cited for one or more class III or class
754 IV violations during the agency's last two licensure inspections

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755 for the same regulatory violation.

756 (d) Regardless of the class of violation cited, instead of
757 the fine amounts listed in subparagraphs (a)1.-4., the agency
758 shall impose an administrative fine of \$500 if a facility is
759 found not to be in compliance with the background screening
760 requirements as provided in s. 408.809.

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

764 ~~(a) The gravity of the violation, including the probability~~
765 ~~that death or serious physical or emotional harm to a resident~~
766 ~~will result or has resulted, the severity of the action or~~
767 ~~potential harm, and the extent to which the provisions of the~~
768 ~~applicable laws or rules were violated.~~

769 ~~(b) Actions taken by the owner or administrator to correct~~
770 ~~violations.~~

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

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

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

775 (3)(4) Each day of continuing violation after the date
776 established by the agency ~~fixed~~ for correction termination of
777 the violation, ~~as ordered by the agency,~~ constitutes an
778 additional, separate, and distinct violation.

779 (4)(5) An Any action taken to correct a violation shall be
780 documented in writing by the owner or administrator of the
781 facility and verified through followup visits by agency
782 personnel. The agency may impose a fine and, in the case of an
783 owner-operated facility, revoke or deny a facility's license

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784 when a facility administrator fraudulently misrepresents action
785 taken to correct a violation.

786 (5)~~(6)~~ A Any facility whose owner fails to apply for a
787 change-of-ownership license in accordance with part II of
788 chapter 408 and operates the facility under the new ownership is
789 subject to a fine of \$5,000.

790 (6)~~(7)~~ In addition to any administrative fines imposed, the
791 agency may assess a survey fee, equal to the lesser of one half
792 of the facility's biennial license and bed fee or \$500, to cover
793 the cost of conducting initial complaint investigations that
794 result in the finding of a violation that was the subject of the
795 complaint or monitoring visits conducted under s. 429.28(3)(c)
796 to verify the correction of the violations.

797 (7)~~(8)~~ During an inspection, the agency shall make a
798 reasonable attempt to discuss each violation with the owner or
799 administrator of the facility, before ~~prior to~~ written
800 notification.

801 (8)~~(9)~~ The agency shall develop and disseminate an annual
802 list of all facilities sanctioned or fined for violations of
803 state standards, the number and class of violations involved,
804 the penalties imposed, and the current status of cases. The list
805 shall be disseminated, at no charge, to the Department of
806 Elderly Affairs, the Department of Health, the Department of
807 Children and Families, the Agency for Persons with Disabilities,
808 the area agencies on aging, the Florida Statewide Advocacy
809 Council, and the state and local ombudsman councils. The
810 Department of Children and Families shall disseminate the list
811 to service providers under contract to the department who are
812 responsible for referring persons to a facility for residency.

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813 The agency may charge a fee commensurate with the cost of
814 printing and postage to other interested parties requesting a
815 copy of this list. This information may be provided
816 electronically or through the agency's website ~~Internet site~~.

817 Section 9. Subsection (3) and paragraph (c) of subsection
818 (4) of section 429.256, Florida Statutes, are amended to read:

819 429.256 Assistance with self-administration of medication.—

820 (3) Assistance with self-administration of medication
821 includes:

822 (a) Taking the medication, in its previously dispensed,
823 properly labeled container, including an insulin syringe that is
824 prefilled with the proper dosage by a pharmacist and an insulin
825 pen that is prefilled by the manufacturer, from where it is
826 stored, and bringing it to the resident.

827 (b) In the presence of the resident, reading the label,
828 opening the container, removing a prescribed amount of
829 medication from the container, and closing the container.

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

833 (d) Applying topical medications.

834 (e) Returning the medication container to proper storage.

835 (f) Keeping a record of when a resident receives assistance
836 with self-administration under this section.

837 (g) Assisting with the use of a nebulizer, including
838 removing the cap of a nebulizer, opening the unit dose of
839 nebulizer solution, and pouring the prescribed premeasured dose
840 of medication into the dispensing cup of the nebulizer.

841 (h) Using a glucometer to perform blood-glucose level

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842 checks.

843 (i) Assisting with putting on and taking off antiembolism
844 stockings.

845 (j) Assisting with applying and removing an oxygen cannula,
846 but not with titrating the prescribed oxygen settings.

847 (k) Assisting with the use of a continuous positive airway
848 pressure (CPAP) device, but not with titrating the prescribed
849 setting of the device.

850 (l) Assisting with measuring vital signs.

851 (m) Assisting with colostomy bags.

852 (4) Assistance with self-administration does not include:

853 ~~(c) Administration of medications through intermittent~~
854 ~~positive pressure breathing machines or a nebulizer.~~

855 Section 10. Subsections (2), (5), and (6) of section
856 429.28, Florida Statutes, are amended to read:

857 429.28 Resident bill of rights.—

858 (2) The administrator of a facility shall ensure that a
859 written notice of the rights, obligations, and prohibitions set
860 forth in this part is posted in a prominent place in each
861 facility and read or explained to residents who cannot read. The
862 ~~This~~ notice must ~~shall~~ include the name, address, and telephone
863 numbers of the local ombudsman council, the ~~and~~ central abuse
864 hotline, and, if when applicable, Disability Rights Florida the
865 ~~Advocacy Center for Persons with Disabilities, Inc., and the~~
866 ~~Florida local advocacy council~~, where complaints may be lodged.
867 The notice must state that a complaint made to the Office of
868 State Long-Term Care Ombudsman or a local long-term care
869 ombudsman council, the names and identities of the residents
870 involved in the complaint, and the identity of complainants are

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871 kept confidential pursuant to s. 400.0077 and that retaliatory
 872 action cannot be taken against a resident for presenting
 873 grievances or for exercising any other resident right. The
 874 facility must ensure a resident's access to a telephone to call
 875 the local ombudsman council, central abuse hotline, and
 876 Disability Rights Florida Advocacy Center for Persons with
 877 Disabilities, Inc., and the Florida local advocacy council.

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

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

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

884 (c) Files a civil action alleging a violation of the
 885 provisions of this part or notifies a state attorney or the
 886 Attorney General of a possible violation of such provisions.

887 (6) A ~~Any~~ facility that ~~which~~ terminates the residency of
 888 an individual who participated in activities specified in
 889 subsection (5) must ~~shall~~ show good cause in a court of
 890 competent jurisdiction. If good cause is not shown, the agency
 891 shall impose a fine of \$2,500 in addition to any other penalty
 892 assessed against the facility.

893 Section 11. Section 429.34, Florida Statutes, is amended to
 894 read:

895 429.34 Right of entry and inspection.—

896 (1) In addition to the requirements of s. 408.811, any duly
 897 designated officer or employee of the department, the Department
 898 of Children and Families, the Medicaid Fraud Control Unit of the
 899 Office of the Attorney General, the state or local fire marshal,

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900 or a member of the state or local long-term care ombudsman
901 council has ~~shall have~~ the right to enter unannounced upon and
902 into the premises of any facility licensed pursuant to this part
903 in order to determine the state of compliance with ~~the~~
904 ~~provisions of~~ this part, part II of chapter 408, and applicable
905 rules. Data collected by the state or local long-term care
906 ombudsman councils or the state or local advocacy councils may
907 be used by the agency in investigations involving violations of
908 regulatory standards. A person specified in this section who
909 knows or has reasonable cause to suspect that a vulnerable adult
910 has been or is being abused, neglected, or exploited shall
911 immediately report such knowledge or suspicion to the central
912 abuse hotline pursuant to chapter 415.

913 (2) The agency shall inspect each licensed assisted living
914 facility at least once every 24 months to determine compliance
915 with this chapter and related rules. If an assisted living
916 facility is cited for one or more class I violations or two or
917 more class II violations arising from separate surveys within a
918 60-day period or due to unrelated circumstances during the same
919 survey, the agency must conduct an additional licensure
920 inspection within 6 months. In addition to any fine imposed on
921 the facility under s. 429.19, the licensee shall pay a fee for
922 the cost of the additional inspection equivalent to the standard
923 assisted living facility license and per-bed fees, without
924 exception for beds designated for recipients of optional state
925 supplementation. The agency shall adjust the fee in accordance
926 with s. 408.805.

927 Section 12. Subsection (2) of section 429.41, Florida
928 Statutes, is amended to read:

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929 429.41 Rules establishing standards.—

930 (2) In adopting any rules pursuant to this part, the

931 department, in conjunction with the agency, shall make distinct

932 standards for facilities based upon facility size; the types of

933 care provided; the physical and mental capabilities and needs of

934 residents; the type, frequency, and amount of services and care

935 offered; and the staffing characteristics of the facility. Rules

936 developed pursuant to this section may ~~shall~~ not restrict the

937 use of shared staffing and shared programming in facilities that

938 are part of retirement communities that provide multiple levels

939 of care and otherwise meet the requirements of law and rule. If

940 a continuing care facility licensed under chapter 651 or a

941 retirement community offering multiple levels of care obtains a

942 license pursuant to this chapter for a building or part of a

943 building designated for independent living, staffing

944 requirements established in rule apply only to residents who

945 receive personal services, limited nursing services, or extended

946 congregate care services under this part. Such facilities shall

947 retain a log listing the names and unit number for residents

948 receiving these services. The log must be available to surveyors

949 upon request. Except for uniform firesafety standards, the

950 department shall adopt by rule separate and distinct standards

951 for facilities with 16 or fewer beds and for facilities with 17

952 or more beds. The standards for facilities with 16 or fewer beds

953 must ~~shall~~ be appropriate for a noninstitutional residential

954 environment; however, provided that the structure may not be ~~is~~

955 ~~ne~~ more than two stories in height and all persons who cannot

956 exit the facility unassisted in an emergency must reside on the

957 first floor. The department, in conjunction with the agency, may

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958 make other distinctions among types of facilities as necessary
959 to enforce the provisions of this part. Where appropriate, the
960 agency shall offer alternate solutions for complying with
961 established standards, based on distinctions made by the
962 department and the agency relative to the physical
963 characteristics of facilities and the types of care offered
964 therein.

965 Section 13. Present subsections (1) through (11) of section
966 429.52, Florida Statutes, are redesignated as subsections (2)
967 through (12), respectively, a new subsection (1) is added to
968 that section, and present subsections (5) and (9) of that
969 section are amended, to read:

970 429.52 Staff training and educational programs; core
971 educational requirement.—

972 (1) Effective October 1, 2015, each new assisted living
973 facility employee who has not previously completed core training
974 must attend a preservice orientation provided by the facility
975 before interacting with residents. The preservice orientation
976 must be at least 2 hours in duration and cover topics that help
977 the employee provide responsible care and respond to the needs
978 of facility residents. Upon completion, the employee and the
979 administrator of the facility must sign a statement that the
980 employee completed the required preservice orientation. The
981 facility must keep the signed statement in the employee's
982 personnel record.

983 (6)~~(5)~~ Staff involved with the management of medications
984 and assisting with the self-administration of medications under
985 s. 429.256 must complete a minimum of 6 4 additional hours of
986 training provided by a registered nurse, licensed pharmacist, or

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987 department staff. The department shall establish by rule the
988 minimum requirements of this additional training.

989 (10)~~(9)~~ The training required by this section other than
990 the preservice orientation must ~~shall~~ be conducted by persons
991 registered with the department as having the requisite
992 experience and credentials to conduct the training. A person
993 seeking to register as a trainer must provide the department
994 with proof of completion of the minimum core training education
995 requirements, successful passage of the competency test
996 established under this section, and proof of compliance with the
997 continuing education requirement in subsection (5)~~(4)~~.

998 Section 14. The Legislature finds that consistent
999 regulation of assisted living facilities benefits residents and
1000 operators of such facilities. To determine whether surveys are
1001 consistent between surveys and surveyors, the Office of Program
1002 Policy Analysis and Government Accountability (OPPAGA) shall
1003 conduct a study of intersurveyor reliability for assisted living
1004 facilities. By November 1, 2015, OPPAGA shall report its
1005 findings to the Governor, the President of the Senate, and the
1006 Speaker of the House of Representatives and make any
1007 recommendations for improving intersurveyor reliability.

1008 Section 15. The Legislature finds that consumers need
1009 additional information on the quality of care and service in
1010 assisted living facilities in order to select the best facility
1011 for themselves or their loved ones. Therefore, the Agency for
1012 Health Care Administration shall:

1013 (1) Implement a rating system for assisted living
1014 facilities by March 1, 2016. The agency shall adopt rules to
1015 administer this subsection.

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1016 (2) By November 1, 2015, create content that is easily
1017 accessible through the front page of the agency's website. At a
1018 minimum, the content must include:

1019 (a) Information on each licensed assisted living facility,
1020 including, but not limited to:

1021 1. The name and address of the facility.

1022 2. The number and type of licensed beds in the facility.

1023 3. The types of licenses held by the facility.

1024 4. The facility's license expiration date and status.

1025 5. Other relevant information that the agency currently
1026 collects.

1027 (b) A list of the facility's violations, including, for
1028 each violation:

1029 1. A summary of the violation which is presented in a
1030 manner understandable by the general public;

1031 2. Any sanctions imposed by final order; and

1032 3. The date the corrective action was confirmed by the
1033 agency.

1034 (c) Links to inspection reports that the agency has on
1035 file.

1036 (d) A monitored comment page, maintained by the agency,
1037 which allows members of the public to anonymously comment on
1038 assisted living facilities that are licensed to operate in this
1039 state. This comment page must, at a minimum, allow members of
1040 the public to post comments on their experiences with, or
1041 observations of, an assisted living facility and to review other
1042 people's comments. Comments posted to the agency's comment page
1043 may not contain profanity and are intended to provide meaningful
1044 feedback about the assisted living facility. The agency shall

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1045 review comments for profane content before the comments are
1046 posted to the page. A controlling interest, as defined in s.
1047 408.803, Florida Statutes, in an assisted living facility, or an
1048 employee or owner of an assisted living facility, is prohibited
1049 from posting comments on the page, except that a controlling
1050 interest, employee, or owner may respond to comments on the
1051 page. The agency shall ensure that such responses are identified
1052 as being those of a representative of the facility.

1053 Section 16. For the 2015-2016 fiscal year, the sums of
1054 \$156,943 in recurring funds and \$7,546 in nonrecurring funds are
1055 appropriated from the Health Care Trust Fund and two full-time
1056 equivalent senior attorney positions with associated salary rate
1057 of 103,652 are authorized in the Agency for Health Care
1058 Administration for the purpose of implementing the regulatory
1059 provisions of this act.

1060 Section 17. For the 2015-2016 fiscal year, for the purpose
1061 of implementing and maintaining the public information website
1062 enhancements provided under this act:

1063 (1) The sums of \$72,435 in recurring funds and \$3,773 in
1064 nonrecurring funds are appropriated from the Health Care Trust
1065 Fund and one full-time equivalent health services and facilities
1066 consultant position with associated salary rate of 46,560 is
1067 authorized in the Agency for Health Care Administration;

1068 (2) The sums of \$30,000 in recurring funds and \$15,000 in
1069 nonrecurring funds are appropriated from the Health Care Trust
1070 Fund to the Agency for Health Care Administration for software
1071 purchase, installation, and maintenance services; and

1072 (3) The sums of \$2,474 in recurring funds and \$82,806 in
1073 nonrecurring funds are appropriated from the Health Care Trust

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1074 Fund to the Agency for Health Care Administration for contracted
1075 services.

1076 Section 18. This act shall take effect July 1, 2015.