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1  
2 An act relating to transitional living facilities;  
3 creating part XI of ch. 400, F.S.; creating s.  
4 400.997, F.S.; providing legislative intent; creating  
5 s. 400.9971, F.S.; providing definitions; creating s.  
6 400.9972, F.S.; requiring the licensure of  
7 transitional living facilities; providing license fees  
8 and application requirements; requiring accreditation  
9 of licensed facilities; creating s. 400.9973, F.S.;  
10 providing requirements for transitional living  
11 facility policies and procedures governing client  
12 admission, transfer, and discharge; creating s.  
13 400.9974, F.S.; requiring a comprehensive treatment  
14 plan to be developed for each client; providing plan  
15 and staffing requirements; requiring certain consent  
16 for continued treatment in a transitional living  
17 facility; creating s. 400.9975, F.S.; providing  
18 licensee responsibilities with respect to each client  
19 and specified others and requiring written notice of  
20 such responsibilities to be provided; prohibiting a  
21 licensee or employee of a facility from serving notice  
22 upon a client to leave the premises or taking other  
23 retaliatory action under certain circumstances;  
24 requiring the client and client's representative to be  
25 provided with certain information; requiring the  
26 licensee to develop and implement certain policies and  
27 procedures governing the release of client  
28 information; creating s. 400.9976, F.S.; providing  
29 licensee requirements relating to administration of

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30 medication; requiring maintenance of medication  
31 administration records; providing requirements for the  
32 self-administration of medication by clients; creating  
33 s. 400.9977, F.S.; providing training and supervision  
34 requirements for the administration of medications by  
35 unlicensed staff; specifying who may conduct the  
36 training; requiring licensees to adopt certain  
37 policies and procedures and maintain specified records  
38 with respect to the administration of medications by  
39 unlicensed staff; requiring the Agency for Health Care  
40 Administration to adopt rules; creating s. 400.9978,  
41 F.S.; providing requirements for the screening of  
42 potential employees and training and monitoring of  
43 employees for the protection of clients; requiring  
44 licensees to implement certain policies and procedures  
45 to protect clients; providing conditions for  
46 investigating and reporting incidents of abuse,  
47 neglect, mistreatment, or exploitation of clients;  
48 creating s. 400.9979, F.S.; providing requirements and  
49 limitations for the use of physical restraints,  
50 seclusion, and chemical restraint medication on  
51 clients; providing a limitation on the duration of an  
52 emergency treatment order; requiring notification of  
53 certain persons when restraint or seclusion is  
54 imposed; authorizing the agency to adopt rules;  
55 creating s. 400.998, F.S.; providing background  
56 screening requirements for licensee personnel;  
57 requiring the licensee to maintain certain personnel  
58 records; providing administrative responsibilities for

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59 | licensees; providing recordkeeping requirements;  
60 | creating s. 400.9981, F.S.; providing licensee  
61 | responsibilities with respect to the property and  
62 | personal affairs of clients; providing requirements  
63 | for a licensee with respect to obtaining surety bonds;  
64 | providing recordkeeping requirements relating to the  
65 | safekeeping of personal effects; providing  
66 | requirements for trust funds or other property  
67 | received by a licensee and credited to the client;  
68 | providing a penalty for certain misuse of a client's  
69 | personal funds, property, or personal needs allowance;  
70 | providing criminal penalties for violations; providing  
71 | for the disposition of property in the event of the  
72 | death of a client; authorizing the agency to adopt  
73 | rules; creating s. 400.9982, F.S.; providing  
74 | legislative intent; authorizing the agency to adopt  
75 | and enforce rules establishing specified standards for  
76 | transitional living facilities and personnel thereof;  
77 | creating s. 400.9983, F.S.; classifying certain  
78 | violations and providing penalties therefor; providing  
79 | administrative fines for specified classes of  
80 | violations; creating s. 400.9984, F.S.; authorizing  
81 | the agency to apply certain provisions with regard to  
82 | receivership proceedings; creating s. 400.9985, F.S.;  
83 | requiring the agency, the Department of Health, the  
84 | Agency for Persons with Disabilities, and the  
85 | Department of Children and Families to develop  
86 | electronic information systems for certain purposes;  
87 | transferring and renumbering s. 400.805, F.S., as s.

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88 400.9986, F.S.; repealing s. 400.9986, F.S., relating  
89 to transitional living facilities, on a specified  
90 date; revising the title of part V of ch. 400, F.S.;  
91 amending s. 381.745, F.S.; revising the definition of  
92 the term "transitional living facility," to conform to  
93 changes made by the act; amending s. 381.75, F.S.;  
94 revising the duties of the Department of Health and  
95 the agency relating to transitional living facilities;  
96 amending ss. 381.78, 400.93, 408.802, and 408.820,  
97 F.S.; conforming provisions to changes made by the  
98 act; reenacting s. 381.79(1), F.S., relating to the  
99 Brain and Spinal Cord Injury Program Trust Fund, to  
100 incorporate the amendment made by the act to s.  
101 381.75, F.S., in a reference thereto; providing for  
102 the act's applicability to licensed transitional  
103 living facilities licensed on specified dates;  
104 providing effective dates.

105  
106 Be It Enacted by the Legislature of the State of Florida:

107  
108 Section 1. Part XI of chapter 400, Florida Statutes,  
109 consisting of sections 400.997 through 400.9986, is created to  
110 read:

111 PART XI

112 TRANSITIONAL LIVING FACILITIES

113 400.997 Legislative intent.—It is the intent of the  
114 Legislature to provide for the licensure of transitional living  
115 facilities and require the development, establishment, and  
116 enforcement of basic standards by the Agency for Health Care

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117 Administration to ensure quality of care and services to clients  
118 in transitional living facilities. It is the policy of the state  
119 that the least restrictive appropriate available treatment be  
120 used based on the individual needs and best interest of the  
121 client, consistent with optimum improvement of the client's  
122 condition. The goal of a transitional living program for persons  
123 who have brain or spinal cord injuries is to assist each person  
124 who has such an injury to achieve a higher level of independent  
125 functioning and to enable the person to reenter the community.  
126 It is also the policy of the state that the restraint or  
127 seclusion of a client is justified only as an emergency safety  
128 measure used in response to danger to the client or others. It  
129 is therefore the intent of the Legislature to achieve an ongoing  
130 reduction in the use of restraint or seclusion in programs and  
131 facilities that serve persons who have brain or spinal cord  
132 injuries.

133 400.9971 Definitions.—As used in this part, the term:

134 (1) "Agency" means the Agency for Health Care  
135 Administration.

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

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

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

144 (5) "Physical restraint" means a manual method to restrict  
145 freedom of movement of or normal access to a person's body, or a

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146 physical or mechanical device, material, or equipment attached  
147 or adjacent to the person's body that the person cannot easily  
148 remove and that restricts freedom of movement of or normal  
149 access to the person's body, including, but not limited to, a  
150 half-bed rail, a full-bed rail, a geriatric chair, or a Posey  
151 restraint. The term includes any device that is not specifically  
152 manufactured as a restraint but is altered, arranged, or  
153 otherwise used for this purpose. The term does not include  
154 bandage material used for the purpose of binding a wound or  
155 injury.

156 (6) "Seclusion" means the physical segregation of a person  
157 in any fashion or the involuntary isolation of a person in a  
158 room or area from which the person is prevented from leaving.  
159 Such prevention may be accomplished by imposition of a physical  
160 barrier or by action of a staff member to prevent the person  
161 from leaving the room or area. For purposes of this part, the  
162 term does not mean isolation due to a person's medical condition  
163 or symptoms.

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

169 400.9972 License required; fee; application.—

170 (1) The requirements of part II of chapter 408 apply to the  
171 provision of services that require licensure pursuant to this  
172 part and part II of chapter 408 and to entities licensed by or  
173 applying for licensure from the agency pursuant to this part. A  
174 license issued by the agency is required for the operation of a

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175 transitional living facility in this state. However, this part  
176 does not require a provider licensed by the agency to obtain a  
177 separate transitional living facility license to serve persons  
178 who have brain or spinal cord injuries as long as the services  
179 provided are within the scope of the provider's license.

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

185 (3) An applicant for licensure must provide:

186 (a) The location of the facility for which the license is  
187 sought and documentation, signed by the appropriate local  
188 government official, which states that the applicant has met  
189 local zoning requirements.

190 (b) Proof of liability insurance as provided in s.  
191 624.605(1)(b).

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

195 (d) Proof that the facility has received a satisfactory  
196 firesafety inspection.

197 (e) Documentation that the facility has received a  
198 satisfactory sanitation inspection by the county health  
199 department.

200 (4) The applicant's proposed facility must attain and  
201 continuously maintain accreditation by an accrediting  
202 organization that specializes in evaluating rehabilitation  
203 facilities whose standards incorporate licensure regulations

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204 comparable to those required by the state. An applicant for  
205 licensure as a transitional living facility must acquire  
206 accreditation within 12 months after issuance of an initial  
207 license. The agency shall accept the accreditation survey report  
208 of the accrediting organization in lieu of conducting a  
209 licensure inspection if the standards included in the survey  
210 report are determined by the agency to document that the  
211 facility substantially complies with state licensure  
212 requirements. Within 10 days after receiving the accreditation  
213 survey report, the applicant shall submit to the agency a copy  
214 of the report and evidence of the accreditation decision as a  
215 result of the report. The agency may conduct an inspection of a  
216 transitional living facility to ensure compliance with the  
217 licensure requirements of this part, to validate the inspection  
218 process of the accrediting organization, to respond to licensure  
219 complaints, or to protect the public health and safety.

220 400.9973 Client admission, transfer, and discharge.-

221 (1) A transitional living facility shall have written  
222 policies and procedures governing the admission, transfer, and  
223 discharge of clients.

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

227 (3) To be admitted to a transitional living facility, an  
228 individual must have an acquired internal or external injury to  
229 the skull, the brain, or the brain's covering, caused by a  
230 traumatic or nontraumatic event, which produces an altered state  
231 of consciousness, or a spinal cord injury, such as a lesion to  
232 the spinal cord or cauda equina syndrome, with evidence of



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233 significant involvement of at least two of the following  
234 deficits or dysfunctions:  
235 (a) A motor deficit.  
236 (b) A sensory deficit.  
237 (c) A cognitive deficit.  
238 (d) A behavioral deficit.  
239 (e) Bowel and bladder dysfunction.  
240 (4) A client whose medical condition and diagnosis do not  
241 positively identify a cause of the client's condition, whose  
242 symptoms are inconsistent with the known cause of injury, or  
243 whose recovery is inconsistent with the known medical condition  
244 may be admitted to a transitional living facility for evaluation  
245 for a period not to exceed 90 days.  
246 (5) A client admitted to a transitional living facility  
247 must be admitted upon prescription by a licensed physician,  
248 physician assistant, or advanced registered nurse practitioner  
249 and must remain under the care of a licensed physician,  
250 physician assistant, or advanced registered nurse practitioner  
251 for the duration of the client's stay in the facility.  
252 (6) A transitional living facility may not admit a person  
253 whose primary admitting diagnosis is mental illness or an  
254 intellectual or developmental disability.  
255 (7) A person may not be admitted to a transitional living  
256 facility if the person:  
257 (a) Presents significant risk of infection to other clients  
258 or personnel. A health care practitioner must provide  
259 documentation that the person is free of apparent signs and  
260 symptoms of communicable disease;  
261 (b) Is a danger to himself or herself or others as

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262 determined by a physician, physician assistant, or advanced  
263 registered nurse practitioner or a mental health practitioner  
264 licensed under chapter 490 or chapter 491, unless the facility  
265 provides adequate staffing and support to ensure patient safety;

266 (c) Is bedridden; or

267 (d) Requires 24-hour nursing supervision.

268 (8) If the client meets the admission criteria, the medical  
269 or nursing director of the facility must complete an initial  
270 evaluation of the client's functional skills, behavioral status,  
271 cognitive status, educational or vocational potential, medical  
272 status, psychosocial status, sensorimotor capacity, and other  
273 related skills and abilities within the first 72 hours after the  
274 client's admission to the facility. An initial comprehensive  
275 treatment plan that delineates services to be provided and  
276 appropriate sources for such services must be implemented within  
277 the first 4 days after admission.

278 (9) A transitional living facility shall develop a  
279 discharge plan for each client before or upon admission to the  
280 facility. The discharge plan must identify the intended  
281 discharge site and possible alternative discharge sites. For  
282 each discharge site identified, the discharge plan must identify  
283 the skills, behaviors, and other conditions that the client must  
284 achieve to be eligible for discharge. A discharge plan must be  
285 reviewed and updated as necessary but at least once monthly.

286 (10) A transitional living facility shall discharge a  
287 client as soon as practicable when the client no longer requires  
288 the specialized services described in s. 400.9971(7), when the  
289 client is not making measurable progress in accordance with the  
290 client's comprehensive treatment plan, or when the transitional

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291 living facility is no longer the most appropriate and least  
292 restrictive treatment option.

293 (11) A transitional living facility shall provide at least  
294 30 days' notice to a client of transfer or discharge plans,  
295 including the location of an acceptable transfer location if the  
296 client is unable to live independently. This subsection does not  
297 apply if a client voluntarily terminates residency.

298 400.9974 Client comprehensive treatment plans; client  
299 services.-

300 (1) A transitional living facility shall develop a  
301 comprehensive treatment plan for each client as soon as  
302 practicable but no later than 30 days after the initial  
303 comprehensive treatment plan is developed. The comprehensive  
304 treatment plan must be developed by an interdisciplinary team  
305 consisting of the case manager, the program director, the  
306 advanced registered nurse practitioner, and appropriate  
307 therapists. The client or, if appropriate, the client's  
308 representative must be included in developing the comprehensive  
309 treatment plan. The comprehensive treatment plan must be  
310 reviewed and updated if the client fails to meet projected  
311 improvements outlined in the plan or if a significant change in  
312 the client's condition occurs. The comprehensive treatment plan  
313 must be reviewed and updated at least once monthly.

314 (2) The comprehensive treatment plan must include:

315 (a) Orders obtained from the physician, physician  
316 assistant, or advanced registered nurse practitioner and the  
317 client's diagnosis, medical history, physical examination, and  
318 rehabilitative or restorative needs.

319 (b) A preliminary nursing evaluation, including orders for

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320 immediate care provided by the physician, physician assistant,  
321 or advanced registered nurse practitioner, which shall be  
322 completed when the client is admitted.

323 (c) A comprehensive, accurate, reproducible, and  
324 standardized assessment of the client's functional capability;  
325 the treatments designed to achieve skills, behaviors, and other  
326 conditions necessary for the client to return to the community;  
327 and specific measurable goals.

328 (d) Steps necessary for the client to achieve transition  
329 into the community and estimated length of time to achieve those  
330 goals.

331 (3) The client or, if appropriate, the client's  
332 representative must consent to the continued treatment at the  
333 transitional living facility. Consent may be for a period of up  
334 to 6 months. If such consent is not given, the transitional  
335 living facility shall discharge the client as soon as  
336 practicable.

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

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

343 (6) A client must receive a continuous treatment program  
344 that includes appropriate, consistent implementation of  
345 specialized and general training, treatment, health services,  
346 and related services and that is directed toward:

347 (a) The acquisition of the behaviors and skills necessary  
348 for the client to function with as much self-determination and

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349 independence as possible.

350 (b) The prevention or deceleration of regression or loss of  
351 current optimal functional status.

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

354 400.9975 Licensee responsibilities.—

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

356 (a) Lives in a safe environment free from abuse, neglect,  
357 and exploitation.

358 (b) Is treated with consideration and respect and with due  
359 recognition of personal dignity, individuality, and the need for  
360 privacy.

361 (c) Retains and uses his or her own clothes and other  
362 personal property in his or her immediate living quarters to  
363 maintain individuality and personal dignity, except when the  
364 licensee demonstrates that such retention and use would be  
365 unsafe, impractical, or an infringement upon the rights of other  
366 clients.

367 (d) Has unrestricted private communication, including  
368 receiving and sending unopened correspondence, access to a  
369 telephone, and visits with any person of his or her choice. Upon  
370 request, the licensee shall modify visiting hours for caregivers  
371 and guests. The facility shall restrict communication in  
372 accordance with any court order or written instruction of a  
373 client's representative. Any restriction on a client's  
374 communication for therapeutic reasons shall be documented and  
375 reviewed at least weekly and shall be removed as soon as no  
376 longer clinically indicated. The basis for the restriction shall  
377 be explained to the client and, if applicable, the client's

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378 representative. The client shall retain the right to call the  
379 central abuse hotline, the agency, and Disability Rights Florida  
380 at any time.

381 (e) Has the opportunity to participate in and benefit from  
382 community services and activities to achieve the highest  
383 possible level of independence, autonomy, and interaction within  
384 the community.

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

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

392 (h) Has the opportunity to exercise civil and religious  
393 liberties, including the right to independent personal  
394 decisions. However, a religious belief or practice, including  
395 attendance at religious services, may not be imposed upon any  
396 client.

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

399 (j) Has the opportunity to present grievances and recommend  
400 changes in policies, procedures, and services to the staff of  
401 the licensee, governing officials, or any other person without  
402 restraint, interference, coercion, discrimination, or reprisal.  
403 A licensee shall establish a grievance procedure to facilitate a  
404 client's ability to present grievances, including a system for  
405 investigating, tracking, managing, and responding to complaints  
406 by a client or, if applicable, the client's representative and

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407 an appeals process. The appeals process must include access to  
408 Disability Rights Florida and other advocates and the right to  
409 be a member of, be active in, and associate with advocacy or  
410 special interest groups.

411 (2) The licensee shall:

412 (a) Promote participation of the client's representative in  
413 the process of providing treatment to the client unless the  
414 representative's participation is unobtainable or inappropriate.

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

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

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

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

429 (3) The administrator of a facility shall ensure that a  
430 written notice of licensee responsibilities is posted in a  
431 prominent place in each building where clients reside and is  
432 read or explained to clients who cannot read. This notice shall  
433 be provided to clients in a manner that is clearly legible,  
434 shall include the statewide toll-free telephone number for  
435 reporting complaints to the agency, and shall include the words:

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436 "To report a complaint regarding the services you receive,  
437 please call toll-free ...[telephone number]... or Disability  
438 Rights Florida ...[telephone number]...." The statewide toll-  
439 free telephone number for the central abuse hotline shall be  
440 provided to clients in a manner that is clearly legible and  
441 shall include the words: "To report abuse, neglect, or  
442 exploitation, please call toll-free ...[telephone number]...."  
443 The licensee shall ensure a client's access to a telephone where  
444 telephone numbers are posted as required by this subsection.

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

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

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

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

457 (6) The licensee must develop and implement policies and  
458 procedures governing the release of client information,  
459 including consent necessary from the client or, if applicable,  
460 the client's representative.

461 400.9976 Administration of medication.—

462 (1) An individual medication administration record must be  
463 maintained for each client. A dose of medication, including a  
464 self-administered dose, shall be properly recorded in the



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465 client's record. A client who self-administers medication shall  
466 be given a pill organizer. Medication must be placed in the pill  
467 organizer by a nurse. A nurse shall document the date and time  
468 that medication is placed into each client's pill organizer. All  
469 medications must be administered in compliance with orders of a  
470 physician, physician assistant, or advanced registered nurse  
471 practitioner.

472 (2) If an interdisciplinary team determines that self-  
473 administration of medication is an appropriate objective, and if  
474 the physician, physician assistant, or advanced registered nurse  
475 practitioner does not specify otherwise, the client must be  
476 instructed by the physician, physician assistant, or advanced  
477 registered nurse practitioner to self-administer his or her  
478 medication without the assistance of a staff person. All forms  
479 of self-administration of medication, including administration  
480 orally, by injection, and by suppository, shall be included in  
481 the training. The client's physician, physician assistant, or  
482 advanced registered nurse practitioner must be informed of the  
483 interdisciplinary team's decision that self-administration of  
484 medication is an objective for the client. A client may not  
485 self-administer medication until he or she demonstrates the  
486 competency to take the correct medication in the correct dosage  
487 at the correct time, to respond to missed doses, and to contact  
488 the appropriate person with questions.

489 (3) Medication administration discrepancies and adverse  
490 drug reactions must be recorded and reported immediately to a  
491 physician, physician assistant, or advanced registered nurse  
492 practitioner.

493 400.9977 Assistance with medication.-

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494       (1) Notwithstanding any provision of part I of chapter  
495 464, the Nurse Practice Act, unlicensed direct care services  
496 staff who provide services to clients in a facility licensed  
497 under this part may administer prescribed, prepackaged, and  
498 premeasured medications after the completion of training in  
499 medication administration and under the general supervision of a  
500 registered nurse as provided under this section and applicable  
501 rules.

502       (2) Training required by this section and applicable rules  
503 shall be conducted by a registered nurse licensed under chapter  
504 464, a physician licensed under chapter 458 or chapter 459, or a  
505 pharmacist licensed under chapter 465.

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

508       (a) Develop and implement policies and procedures that  
509 include a plan to ensure the safe handling, storage, and  
510 administration of prescription medications.

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

513       (c) Maintain a copy of the written prescription, including  
514 the name of the medication, the dosage, and the administration  
515 schedule and termination date.

516       (d) Maintain documentation of compliance with required  
517 training.

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

519       400.9978 Protection of clients from abuse, neglect,  
520 mistreatment, and exploitation.—The licensee shall develop and  
521 implement policies and procedures for the screening and training  
522 of employees; the protection of clients; and the prevention,

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523 identification, investigation, and reporting of abuse, neglect,  
524 mistreatment, and exploitation. The licensee shall identify  
525 clients whose personal histories render them at risk for abusing  
526 other clients, develop intervention strategies to prevent  
527 occurrences of abuse, monitor clients for changes that would  
528 trigger abusive behavior, and reassess the interventions on a  
529 regular basis. A licensee shall:

530 (1) Screen each potential employee for a history of abuse,  
531 neglect, mistreatment, or exploitation of clients. The screening  
532 shall include an attempt to obtain information from previous and  
533 current employers and verification of screening information by  
534 the appropriate licensing boards.

535 (2) Train employees through orientation and ongoing  
536 sessions regarding issues related to abuse prohibition  
537 practices, including identification of abuse, neglect,  
538 mistreatment, and exploitation; appropriate interventions to  
539 address aggressive or catastrophic reactions of clients; the  
540 process for reporting allegations without fear of reprisal; and  
541 recognition of signs of frustration and stress that may lead to  
542 abuse.

543 (3) Provide clients, families, and staff with information  
544 regarding how and to whom they may report concerns, incidents,  
545 and grievances without fear of retribution and provide feedback  
546 regarding the concerns that are expressed. A licensee shall  
547 identify, correct, and intervene in situations in which abuse,  
548 neglect, mistreatment, or exploitation is likely to occur,  
549 including:

550 (a) Evaluating the physical environment of the facility to  
551 identify characteristics that may make abuse or neglect more

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552 likely to occur, such as secluded areas.

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

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

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

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

569 (5) Investigate alleged violations and different types of  
570 incidents, identify the staff member responsible for initial  
571 reporting, and report results to the proper authorities. The  
572 licensee shall analyze the incidents to determine whether  
573 policies and procedures need to be changed to prevent further  
574 incidents and take necessary corrective actions.

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

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

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581 400.9979 Restraint and seclusion; client safety.-

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

586 (2) The use of physical restraints must be ordered and  
587 documented by a physician, physician assistant, or advanced  
588 registered nurse practitioner and must be consistent with the  
589 policies and procedures adopted by the facility. The client or,  
590 if applicable, the client's representative shall be informed of  
591 the facility's physical restraint policies and procedures when  
592 the client is admitted.

593 (3) The use of chemical restraints shall be limited to  
594 prescribed dosages of medications as ordered by a physician,  
595 physician assistant, or advanced registered nurse practitioner  
596 and must be consistent with the client's diagnosis and the  
597 policies and procedures adopted by the facility. The client and,  
598 if applicable, the client's representative shall be informed of  
599 the facility's chemical restraint policies and procedures when  
600 the client is admitted.

601 (4) Based on the assessment by a physician, physician  
602 assistant, or advanced registered nurse practitioner, if a  
603 client exhibits symptoms that present an immediate risk of  
604 injury or death to himself or herself or others, a physician,  
605 physician assistant, or advanced registered nurse practitioner  
606 may issue an emergency treatment order to immediately administer  
607 rapid-response psychotropic medications or other chemical  
608 restraints. Each emergency treatment order must be documented  
609 and maintained in the client's record.

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

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

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

621 (a) The continued need for the medication.

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

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

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

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

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

634 (9) A facility shall notify the parent, guardian, or, if  
635 applicable, the client's representative when restraint or  
636 seclusion is employed. The facility must provide the  
637 notification within 24 hours after the restraint or seclusion is  
638 employed. Reasonable efforts must be taken to notify the parent,

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639 guardian, or, if applicable, the client's representative by  
640 telephone or e-mail, or both, and these efforts must be  
641 documented.

642 (10) The agency may adopt rules that establish standards  
643 and procedures for the use of restraints, restraint positioning,  
644 seclusion, and emergency treatment orders for psychotropic  
645 medications, restraint, and seclusion. If rules are adopted, the  
646 rules must include duration of restraint, staff training,  
647 observation of the client during restraint, and documentation  
648 and reporting standards.

649 400.998 Personnel background screening; administration and  
650 management procedures.-

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

654 (2) The licensee shall maintain personnel records for each  
655 staff member that contain, at a minimum, documentation of  
656 background screening, a job description, documentation of  
657 compliance with the training requirements of this part and  
658 applicable rules, the employment application, references, a copy  
659 of each job performance evaluation, and, for each staff member  
660 who performs services for which licensure or certification is  
661 required, a copy of all licenses or certification held by that  
662 staff member.

663 (3) The licensee must:

664 (a) Develop and implement infection control policies and  
665 procedures and include the policies and procedures in the  
666 licensee's policy manual.

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

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668 624.605(1)(b).

669 (c) Designate one person as an administrator to be  
670 responsible and accountable for the overall management of the  
671 facility.

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

675 (e) Designate in writing a program director to be  
676 responsible for supervising the therapeutic and behavioral  
677 staff, determining the levels of supervision, and determining  
678 room placement for each client.

679 (f) Designate in writing a person to be responsible when  
680 the program director is absent from the facility for more than  
681 24 hours.

682 (g) Obtain approval of the comprehensive emergency  
683 management plan, pursuant to s. 400.9982(2)(e), from the local  
684 emergency management agency. Pending the approval of the plan,  
685 the local emergency management agency shall ensure that the  
686 following agencies, at a minimum, are given the opportunity to  
687 review the plan: the Department of Health, the Agency for Health  
688 Care Administration, and the Division of Emergency Management.  
689 Appropriate volunteer organizations shall also be given the  
690 opportunity to review the plan. The local emergency management  
691 agency shall complete its review within 60 days after receipt of  
692 the plan and either approve the plan or advise the licensee of  
693 necessary revisions.

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



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697 upon request. The records shall include:

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

701 2. A record of each accident or unusual incident involving  
702 a client or staff member that caused, or had the potential to  
703 cause, injury or harm to any person or property within the  
704 facility. The record shall contain a clear description of each  
705 accident or incident; the names of the persons involved; a  
706 description of medical or other services provided to these  
707 persons, including the provider of the services; and the steps  
708 taken to prevent recurrence of such accident or incident.

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

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

713 400.9981 Property and personal affairs of clients.—

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

719 (2) The admission of a client to a facility and his or her  
720 presence therein does not confer on a licensee or administrator,  
721 or an employee or representative thereof, any authority to  
722 manage, use, or dispose of the property of the client, and the  
723 admission or presence of a client does not confer on such person  
724 any authority or responsibility for the personal affairs of the  
725 client except that which may be necessary for the safe

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

727 (3) A licensee or administrator, or an employee or  
728 representative thereof, may:

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

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

737 (c) Act as the attorney in fact for a client if the  
738 licensee files a surety bond with the agency in an amount equal  
739 to twice the average monthly income of the client, plus the  
740 value of a client's property under the control of the attorney  
741 in fact.

742  
743 The surety bond required under paragraph (b) or paragraph (c)  
744 shall be executed by the licensee as principal and a licensed  
745 surety company. The bond shall be conditioned upon the faithful  
746 compliance of the licensee with the requirements of licensure  
747 and is payable to the agency for the benefit of a client who  
748 suffers a financial loss as a result of the misuse or  
749 misappropriation of funds held pursuant to this subsection. A  
750 surety company that cancels or does not renew the bond of a  
751 licensee shall notify the agency in writing at least 30 days  
752 before the action, giving the reason for cancellation or  
753 nonrenewal. A licensee or administrator, or an employee or  
754 representative thereof, who is granted power of attorney for a

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755 client of the facility shall, on a monthly basis, notify the  
756 client in writing of any transaction made on behalf of the  
757 client pursuant to this subsection, and a copy of the  
758 notification given to the client shall be retained in the  
759 client's file and available for agency inspection.

760 (4) A licensee, with the consent of the client, shall  
761 provide for safekeeping in the facility of the client's personal  
762 effects of a value not in excess of \$1,000 and the client's  
763 funds not in excess of \$500 cash and shall keep complete and  
764 accurate records of the funds and personal effects received. If  
765 a client is absent from a facility for 24 hours or more, the  
766 licensee may provide for safekeeping of the client's personal  
767 effects of a value in excess of \$1,000.

768 (5) Funds or other property belonging to or due to a client  
769 or expendable for the client's account that are received by a  
770 licensee shall be regarded as funds held in trust and shall be  
771 kept separate from the funds and property of the licensee and  
772 other clients or shall be specifically credited to the client.  
773 The funds held in trust shall be used or otherwise expended only  
774 for the account of the client. At least once every month, except  
775 pursuant to an order of a court of competent jurisdiction, the  
776 licensee shall furnish the client and, if applicable, the  
777 client's representative with a complete and verified statement  
778 of all funds and other property to which this subsection  
779 applies, detailing the amount and items received, together with  
780 their sources and disposition. The licensee shall furnish the  
781 statement annually and upon discharge or transfer of a client. A  
782 governmental agency or private charitable agency contributing  
783 funds or other property to the account of a client is also

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784 entitled to receive a statement monthly and upon the discharge  
785 or transfer of the client.

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

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

790 2. Demands, beneficially receives, or contracts for payment  
791 of all or any part of a client's personal property or personal  
792 needs allowance in satisfaction of the facility rate for  
793 supplies and services; or

794 3. Borrows from or pledges any personal funds of a client,  
795 other than the amount agreed to by written contract under s.  
796 429.24,

797  
798 commits a misdemeanor of the first degree, punishable as  
799 provided in s. 775.082 or s. 775.083.

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

805 (7) In the event of the death of a client, a licensee shall  
806 return all refunds, funds, and property held in trust to the  
807 client's personal representative, if one has been appointed at  
808 the time the licensee disburses such funds, or, if not, to the  
809 client's spouse or adult next of kin named in a beneficiary  
810 designation form provided by the licensee to the client. If the  
811 client does not have a spouse or adult next of kin or such  
812 person cannot be located, funds due to be returned to the client

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813 shall be placed in an interest-bearing account, and all property  
814 held in trust by the licensee shall be safeguarded until such  
815 time as the funds and property are disbursed pursuant to the  
816 Florida Probate Code. The funds shall be kept separate from the  
817 funds and property of the licensee and other clients of the  
818 facility. If the funds of the deceased client are not disbursed  
819 pursuant to the Florida Probate Code within 2 years after the  
820 client's death, the funds shall be deposited in the Health Care  
821 Trust Fund administered by the agency.

822 (8) The agency, by rule, may clarify terms and specify  
823 procedures and documentation necessary to administer the  
824 provisions of this section relating to the proper management of  
825 clients' funds and personal property and the execution of surety  
826 bonds.

827 400.9982 Rules establishing standards.-

828 (1) It is the intent of the Legislature that rules adopted  
829 and enforced pursuant to this part and part II of chapter 408  
830 include criteria to ensure reasonable and consistent quality of  
831 care and client safety. The rules should make reasonable efforts  
832 to accommodate the needs and preferences of the client to  
833 enhance the client's quality of life while residing in a  
834 transitional living facility.

835 (2) The agency may adopt and enforce rules to implement  
836 this part and part II of chapter 408, which may include  
837 reasonable and fair criteria with respect to:

838 (a) The location of transitional living facilities.

839 (b) The qualifications of personnel, including management,  
840 medical, nursing, and other professional personnel and nursing  
841 assistants and support staff, who are responsible for client

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842 care. The licensee must employ enough qualified professional  
843 staff to carry out and monitor interventions in accordance with  
844 the stated goals and objectives of each comprehensive treatment  
845 plan.

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

848 (d) Services provided to clients of transitional living  
849 facilities.

850 (e) The preparation and annual update of a comprehensive  
851 emergency management plan in consultation with the Division of  
852 Emergency Management. At a minimum, the rules must provide for  
853 plan components that address emergency evacuation  
854 transportation; adequate sheltering arrangements; postdisaster  
855 activities, including provision of emergency power, food, and  
856 water; postdisaster transportation; supplies; staffing;  
857 emergency equipment; individual identification of clients and  
858 transfer of records; communication with families; and responses  
859 to family inquiries.

860 400.9983 Violations; penalties.—A violation of this part or  
861 any rule adopted pursuant thereto shall be classified according  
862 to the nature of the violation and the gravity of its probable  
863 effect on facility clients. The agency shall indicate the  
864 classification on the written notice of the violation as  
865 follows:

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

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871 must be levied, notwithstanding the correction of the deficiency  
872 giving rise to the violation.

873 (2) Class "II" violations are defined in s. 408.813. The  
874 agency shall impose an administrative fine of \$1,000 for an  
875 isolated violation, \$2,500 for a patterned violation, or \$5,000  
876 for a widespread violation. A fine must be levied  
877 notwithstanding the correction of the deficiency giving rise to  
878 the violation.

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

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

891 400.9984 Receivership proceedings.—The agency may apply s.  
892 429.22 with regard to receivership proceedings for transitional  
893 living facilities.

894 400.9985 Interagency communication.—The agency, the  
895 department, the Agency for Persons with Disabilities, and the  
896 Department of Children and Families shall develop electronic  
897 systems to ensure that relevant information pertaining to the  
898 regulation of transitional living facilities and clients is  
899 timely and effectively communicated among agencies in order to

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900 facilitate the protection of clients. Electronic sharing of  
901 information shall include, at a minimum, a brain and spinal cord  
902 injury registry and a client abuse registry.

903 Section 2. Section 400.805, Florida Statutes, is  
904 transferred and renumbered as s. 400.9986, Florida Statutes.

905 Section 3. Effective July 1, 2016, s. 400.9986, Florida  
906 Statutes, is repealed.

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

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

912 381.745 Definitions; ss. 381.739-381.79.—As used in ss.  
913 381.739-381.79, the term:

914 (9) "Transitional living facility" means a state-approved  
915 facility, ~~as defined and licensed under chapter 400 or chapter~~  
916 ~~429, or a facility approved by the brain and spinal cord injury~~  
917 ~~program in accordance with this chapter.~~

918 Section 6. Section 381.75, Florida Statutes, is amended to  
919 read:

920 381.75 Duties and responsibilities of the department, ~~of~~  
921 ~~transitional living facilities, and of residents.~~—Consistent  
922 with the mandate of s. 381.7395, the department shall develop  
923 and administer a multilevel treatment program for individuals  
924 who sustain brain or spinal cord injuries and who are referred  
925 to the brain and spinal cord injury program.

926 (1) Within 15 days after any report of an individual who  
927 has sustained a brain or spinal cord injury, the department  
928 shall notify the individual or the most immediate available



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929 family members of their right to assistance from the state, the  
930 services available, and the eligibility requirements.

931 (2) The department shall refer individuals who have brain  
932 or spinal cord injuries to other state agencies to ensure ~~assure~~  
933 that rehabilitative services, if desired, are obtained by that  
934 individual.

935 (3) The department, in consultation with emergency medical  
936 service, shall develop standards for an emergency medical  
937 evacuation system that will ensure that all individuals who  
938 sustain traumatic brain or spinal cord injuries are transported  
939 to a department-approved trauma center that meets the standards  
940 and criteria established by the emergency medical service and  
941 the acute-care standards of the brain and spinal cord injury  
942 program.

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

946 (5) The department shall determine the appropriate number  
947 of designated acute-care facilities, inpatient rehabilitation  
948 centers, and outpatient rehabilitation centers, needed based on  
949 incidence, volume of admissions, and other appropriate criteria.

950 (6) The department shall develop standards for designation  
951 of transitional living facilities to provide transitional living  
952 services for individuals who participate in the brain and spinal  
953 cord injury program ~~the opportunity to adjust to their~~  
954 ~~disabilities and to develop physical and functional skills in a~~  
955 ~~supported living environment.~~

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

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

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

966 ~~(c) A transitional living facility for an individual who~~  
967 ~~has a brain or spinal cord injury shall provide to such~~  
968 ~~individual, in a residential setting, a goal-oriented treatment~~  
969 ~~program designed to improve the individual's physical,~~  
970 ~~cognitive, communicative, behavioral, psychological, and social~~  
971 ~~functioning, as well as to provide necessary support and~~  
972 ~~supervision. A transitional living facility shall offer at least~~  
973 ~~the following therapies: physical, occupational, speech,~~  
974 ~~neuropsychology, independent living skills training, behavior~~  
975 ~~analysis for programs serving brain-injured individuals, health~~  
976 ~~education, and recreation.~~

977 ~~(d) All residents shall use the transitional living~~  
978 ~~facility as a temporary measure and not as a permanent home or~~  
979 ~~domicile. The transitional living facility shall develop an~~  
980 ~~initial treatment plan for each resident within 3 days after the~~  
981 ~~resident's admission. The transitional living facility shall~~  
982 ~~develop a comprehensive plan of treatment and a discharge plan~~  
983 ~~for each resident as soon as practical, but no later than 30~~  
984 ~~days after the resident's admission. Each comprehensive~~  
985 ~~treatment plan and discharge plan must be reviewed and updated~~  
986 ~~as necessary, but no less often than quarterly. This subsection~~

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987 ~~does not require the discharge of an individual who continues to~~  
988 ~~require any of the specialized services described in paragraph~~  
989 ~~(c) or who is making measurable progress in accordance with that~~  
990 ~~individual's comprehensive treatment plan. The transitional~~  
991 ~~living facility shall discharge any individual who has an~~  
992 ~~appropriate discharge site and who has achieved the goals of his~~  
993 ~~or her discharge plan or who is no longer making progress toward~~  
994 ~~the goals established in the comprehensive treatment plan and~~  
995 ~~the discharge plan. The discharge location must be the least~~  
996 ~~restrictive environment in which an individual's health, well-~~  
997 ~~being, and safety is preserved.~~

998 ~~(7) Recipients of services, under this section, from any of~~  
999 ~~the facilities referred to in this section shall pay a fee based~~  
1000 ~~on ability to pay.~~

1001 Section 7. Subsection (4) of section 381.78, Florida  
1002 Statutes, is amended to read:

1003 381.78 Advisory council on brain and spinal cord injuries.-

1004 (4) The council shall:

1005 ~~(a)~~ provide advice and expertise to the department in the  
1006 preparation, implementation, and periodic review of the brain  
1007 and spinal cord injury program.

1008 ~~(b) Annually appoint a five-member committee composed of~~  
1009 ~~one individual who has a brain injury or has a family member~~  
1010 ~~with a brain injury, one individual who has a spinal cord injury~~  
1011 ~~or has a family member with a spinal cord injury, and three~~  
1012 ~~members who shall be chosen from among these representative~~  
1013 ~~groups: physicians, other allied health professionals,~~  
1014 ~~administrators of brain and spinal cord injury programs, and~~  
1015 ~~representatives from support groups with expertise in areas~~

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1016 ~~related to the rehabilitation of individuals who have brain or~~  
1017 ~~spinal cord injuries, except that one and only one member of the~~  
1018 ~~committee shall be an administrator of a transitional living~~  
1019 ~~facility. Membership on the council is not a prerequisite for~~  
1020 ~~membership on this committee.~~

1021 ~~1. The committee shall perform onsite visits to those~~  
1022 ~~transitional living facilities identified by the Agency for~~  
1023 ~~Health Care Administration as being in possible violation of the~~  
1024 ~~statutes and rules regulating such facilities. The committee~~  
1025 ~~members have the same rights of entry and inspection granted~~  
1026 ~~under s. 400.805(4) to designated representatives of the agency.~~

1027 ~~2. Factual findings of the committee resulting from an~~  
1028 ~~onsite investigation of a facility pursuant to subparagraph 1.~~  
1029 ~~shall be adopted by the agency in developing its administrative~~  
1030 ~~response regarding enforcement of statutes and rules regulating~~  
1031 ~~the operation of the facility.~~

1032 ~~3. Onsite investigations by the committee shall be funded~~  
1033 ~~by the Health Care Trust Fund.~~

1034 ~~4. Travel expenses for committee members shall be~~  
1035 ~~reimbursed in accordance with s. 112.061.~~

1036 ~~5. Members of the committee shall recuse themselves from~~  
1037 ~~participating in any investigation that would create a conflict~~  
1038 ~~of interest under state law, and the council shall replace the~~  
1039 ~~member, either temporarily or permanently.~~

1040 Section 8. Subsection (5) of section 400.93, Florida  
1041 Statutes, is amended to read:

1042 400.93 Licensure required; exemptions; unlawful acts;  
1043 penalties.—

1044 (5) The following are exempt from home medical equipment

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1045 provider licensure, unless they have a separate company,  
1046 corporation, or division that is in the business of providing  
1047 home medical equipment and services for sale or rent to  
1048 consumers at their regular or temporary place of residence  
1049 pursuant to the provisions of this part:

1050 (a) Providers operated by the Department of Health or  
1051 Federal Government.

1052 (b) Nursing homes licensed under part II.

1053 (c) Assisted living facilities licensed under chapter 429,  
1054 when serving their residents.

1055 (d) Home health agencies licensed under part III.

1056 (e) Hospices licensed under part IV.

1057 (f) Intermediate care facilities and homes for special  
1058 services, ~~and transitional living facilities~~ licensed under part  
1059 V.

1060 (g) Transitional living facilities licensed under part XI.

1061 (h) ~~(g)~~ Hospitals and ambulatory surgical centers licensed  
1062 under chapter 395.

1063 (i) ~~(h)~~ Manufacturers and wholesale distributors when not  
1064 selling directly to consumers.

1065 (j) ~~(i)~~ Licensed health care practitioners who use ~~utilize~~  
1066 home medical equipment in the course of their practice, but do  
1067 not sell or rent home medical equipment to their patients.

1068 (k) ~~(j)~~ Pharmacies licensed under chapter 465.

1069 Section 9. Subsection (21) of section 408.802, Florida  
1070 Statutes, is amended to read:

1071 408.802 Applicability.—The provisions of this part apply to  
1072 the provision of services that require licensure as defined in  
1073 this part and to the following entities licensed, registered, or

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1074 certified by the agency, as described in chapters 112, 383, 390,  
1075 394, 395, 400, 429, 440, 483, and 765:

1076 (21) Transitional living facilities, as provided under part  
1077 XI ~~∅~~ of chapter 400.

1078 Section 10. Subsection (20) of section 408.820, Florida  
1079 Statutes, is amended to read:

1080 408.820 Exemptions.—Except as prescribed in authorizing  
1081 statutes, the following exemptions shall apply to specified  
1082 requirements of this part:

1083 (20) Transitional living facilities, as provided under part  
1084 XI ~~∅~~ of chapter 400, are exempt from s. 408.810(10).

1085 Section 11. For the purpose of incorporating the amendment  
1086 made by this act to section 381.75, Florida Statutes, in a  
1087 reference thereto, subsection (1) of section 381.79, Florida  
1088 Statutes, is reenacted to read:

1089 381.79 Brain and Spinal Cord Injury Program Trust Fund.—

1090 (1) There is created in the State Treasury the Brain and  
1091 Spinal Cord Injury Program Trust Fund. Moneys in the fund shall  
1092 be appropriated to the department for the purpose of providing  
1093 the cost of care for brain or spinal cord injuries as a payor of  
1094 last resort to residents of this state, for multilevel programs  
1095 of care established pursuant to s. 381.75.

1096 (a) Authorization of expenditures for brain or spinal cord  
1097 injury care shall be made only by the department.

1098 (b) Authorized expenditures include acute care,  
1099 rehabilitation, transitional living, equipment and supplies  
1100 necessary for activities of daily living, public information,  
1101 prevention, education, and research. In addition, the department  
1102 may provide matching funds for public or private assistance

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1103 provided under the brain and spinal cord injury program and may  
1104 provide funds for any approved expansion of services for  
1105 treating individuals who have sustained a brain or spinal cord  
1106 injury.

1107       Section 12. (1) A transitional living facility that is  
1108 licensed under s. 400.805, Florida Statutes, on June 30, 2015,  
1109 must be licensed under and in compliance with s. 400.9986,  
1110 Florida Statutes, until the licensee becomes licensed under and  
1111 in compliance with part XI of ch. 400, Florida Statutes, as  
1112 created by this act. Such licensees must be licensed under and  
1113 in compliance with part XI of chapter 400, Florida Statutes, as  
1114 created by this act, on or before July 1, 2016.

1115       (2) A transitional living facility that is licensed on or  
1116 after July 1, 2015, must be licensed under and in compliance  
1117 with part XI of ch. 400, Florida Statutes, as created by this  
1118 act.

1119       Section 13. Except as otherwise expressly provided in this  
1120 act, this act shall take effect July 1, 2015.