

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1349 Assisted Living Facilities
SPONSOR(S): Health Market Reform Subcommittee, Good
TIED BILLS: **IDEN./SIM. BILLS:** SB 1592

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Market Reform Subcommittee	13 Y, 0 N, As CS	Royal	Crosier
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

An assisted living facility (ALF) is a residential establishment, or part of a residential establishment, that provides housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator. ALFs are licensed and regulated by the Agency for Health Care Administration (AHCA) under part I of ch. 429, F.S., and part II of ch. 408, F.S. The Department of Elder Affairs (DOEA), in consultation with AHCA, is responsible for rulemaking while AHCA enforces the rulemaking through inspections and administrative actions. The bill amends various provisions in Ch. 429 regulating ALFs. Specifically the bill:

- Allows ALFs to admit or retain residents that require the use of assistive devices, which are defined as any device designed or adapted to help a resident perform an action, task, an activity of daily living, a transfer, prevention of a fall, or recovery from a fall.
- Specifies information that must be included in the medical examination form used by the ALF to determine the appropriateness of placement of a resident.
- Amends ALF requirements for arrangement of care for resident's with dementia or cognitive impairment.
- Allows rules governing ALF facilities address rules technological advances in the provision of care, safety, and security, including the use of devices, equipment and other security measures for wander management, emergency response, staff risk management, and for the general safety and security of residents, staff, and the facility.
- Amends requirements for rules governing ALFs by requiring that address the sanitary condition of the facilities, including the furnishings for resident bedrooms or sleeping areas, locking devices, linens, laundry services and similar physical plant standards.
- Removes rule authority for standards for plumbing, heating, cooling, lighting, ventilation, living space and other housing conditions and that address moratoriums, classification of deficiencies, levying of penalties and the use of income from fees and fines.
- Allows the use of physical restraints that the resident chooses to use and is able to remove or avoid or that is ordered by a physician and consented to by the resident that the physician confirms the resident is able to remove or avoid.
- Amends training and education requirements for ALF staff.
- Allows an ALF resident to contract with a third party for services and requires the third party to comply with the ALF's safety and security procedures and communicate to the ALF regarding the resident's condition and services provided and requires ALFs to document such communication.

The bill has an insignificant fiscal impact on AHCA and DOEA. The bill does not have a fiscal impact on local governments.

The bill provides an effective date of July 1, 2019.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h1349a.HMR

DATE: 3/25/2019

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Assisted Living Facilities

Licensure

An assisted living facility (ALF) is a residential establishment, or part of a residential establishment, that provides housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.¹ A personal service is direct physical assistance with, or supervision of, the activities of daily living and the self-administration of medication.² Activities of daily living include ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks.³

ALFs are licensed and regulated by AHCA under part I of ch. 429, F.S., and part II of ch. 408, F.S.⁴ In addition to a standard license, an ALF may have one or more specialty licenses that allow the ALF to provide additional care. These specialty licenses include limited nursing services,⁵ limited mental health services,⁶ and extended congregate care services.⁷

The Department of Elder Affairs (DOEA), in consultation with AHCA, is responsible for rulemaking while AHCA enforces the rulemaking through inspections and administrative actions. Current law also requires rules governing ALFs promote a safe and sanitary environment that is residential and non-institutional in design or nature.⁸ Current law also requires rules set requirements for and maintenance of facilities relating to plumbing, heating, cooling, lighting, ventilation, living space and other housing conditions that are not in conflict with Ch. 553 governing building construction standards. Current law also requires that key quality-of-care standards for ALFs be developed in rule with input from the State Long-Term Care Ombudsman Council and representatives of provider groups. Rules must also address moratoriums, classification of deficiencies, the levying of penalties and the use of income from fees and fines.

Current law prohibits a municipality or county from issuing an occupational license to a facility prior to determining whether the facility is licensed as an ALF.⁹

¹ S. 429.02(5), F.S. An ALF does not include an adult family-care home or a non-transient public lodging establishment.

² S. 429.02(16), F.S.

³ S. 429.02(1), F.S.

⁴ Under s. 429.04, F.S., the following are exempt from licensure: ALFs operated by an agency of the federal government; facilities licensed under ch. 393, F.S., relating to individuals with developmental disabilities; facilities licensed under ch. 394, F.S., relating to mental health; licensed adult family care homes; a person providing housing, meals, and one or more personal services on a 24-basis in the person's own home to no more than 2 adults; certain facilities that have been incorporated in this state for 50 years or more on or before July 1, 1983; certain continuing care facilities; certain retirement facilities; and residential units located within a community care facility or co-located with a nursing home or ALF in which services are provided on an outpatient basis.

⁵ S. 429.07(3)(c), F.S. Limited nursing services include acts that may be performed by a person licensed nurse but are not complex enough to require 24-hour nursing supervision and may include such services as the application and care of routine dressings, and care of casts, braces, and splints (s. 429.02(13), F.S.)

⁶ S. 429.075, F.S. A facility that serves one or mental health residents must obtain a licensed mental health license. A limited mental health ALF must assist a mental health patient in carrying out activities identified in the resident's community support living plan. A community support plan is written document that includes information about the supports, services, and special needs of the resident to live in the ALF and a method by which facility staff can recognize and respond to the signs and symptoms particular to that resident which indicate the need for professional services (s. 429.02(7), F.S.)

⁷ S. 429.07(3)(b), F.S. Extended congregate care facilities provide services to an individual that would otherwise be ineligible for continued care in an ALF. The primary purpose is to allow a resident the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency as they become more impaired.

⁸ S. 429.41, F.S.

⁹ S. 429.11, F.S.

As of February 4, 2019, there were 3,083 licensed ALFs.¹⁰

ALF Administrators

An ALF administrator is responsible for the operation and maintenance of an ALF.¹¹ Administrators must meet minimum training and education requirements established by DOEA. The training and education requirements allow administrators to assist ALFs to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements.¹² The required training and education must cover, at least, the following topics:

- State law and rules applicable to ALFs;
- Resident rights and identifying and reporting abuse, neglect, and exploitation;
- Special needs of elderly persons, persons with mental illness, and persons with developmental disabilities, and how to meet those needs;
- Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food;
- Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication;
- Fire safety requirements, including fire evacuation drill procedures and other emergency procedures; and
- Care of persons with Alzheimer's disease and related disorders.¹³

All ALF administrators and managers must successfully complete ALF core training course and pass a competency test within 90 days of the date of employment at an ALF from the date of becoming an ALF administrator.¹⁴ Administrators must complete at least 12 contact hours of continuing education every 2 years.¹⁵ A facility may not operate for more than 120 consecutive days without an administrator who has completed core educational requirements.¹⁶

Effective October 1, 2015, each new ALF administrator or manager, who has not previously completed core training, must attend a preservice orientation provided by the ALF before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of ALF residents.¹⁷

ALF Admission

An ALF must provide appropriate care and services to meet the needs of the residents admitted to the facility.¹⁸ The owner or facility administrator determines whether an individual is appropriate for admission to the facility based on certain criteria.¹⁹ If possible, each resident must be examined by a licensed physician or licensed nurse practitioner within 60 days before admission to the ALF.²⁰ If an examination has not been completed prior to admission, an examination must be made within 30 days of admission.²¹ The owner or facility administrator must use the information contained in the medical examination report to determine the appropriateness of the resident's admission.

¹⁰ AGENCY FOR HEALTH CARE ADMINISTRATION, *Facility/Provider Search Results – Assisted Living Facilities*, <http://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx> (last visited February 4, 2019).

¹¹ S. 429.02(2), F.S.

¹² S. 429.52(2), F.S.

¹³ S. 429.52(3), F.S.

¹⁴ S. 429.52, F.S.; Rule 58A-5.0191(a), F.A.C.

¹⁵ S. 429.52(5), F.S.

¹⁶ S. 429.176, F.S.

¹⁷ S. 429.52(1), F.S.

¹⁸ For specific minimum standards, see Rule 58A-5.0182, F.A.C.

¹⁹ S. 429.26, F.S., and Rule 58A-5.0181, F.A.C.

²⁰ S. 429.26(4), F.S.

²¹ S. 429.26(5), F.S.

If a resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or a health care provider, the resident must be discharged in accordance with the Resident Bill of Rights.²² However, a terminally ill resident who no longer meets the criteria for continued residency may remain in the facility if the following conditions are met:²³

- The arrangement is mutually agreeable to the resident and the facility,
- Additional care is rendered through a licensed hospice, and
- The resident is under the care of a physician who agrees that the physical needs of the resident are being met.

Assistance to Residents

Under the Resident Bill of Rights, the ALF must provide a safe and decent living environment and provide its residents with access to adequate and appropriate health care. An ALF may not be able to provide all health care needed for a resident but may facilitate the provision of such health care services.

Currently, the Resident Bill of Rights states that a resident has the right to assistance from the ALF in obtaining access to adequate and appropriate health care. Such assistance includes the management of medication, assistance in making appointments for health care services, providing transportation to health care appointments, and performing certain other health care services by appropriately licensed personnel or volunteers, including:

- Taking resident vital signs;
- Managing pill organizers for residents who self-administer medication;
- Give prepackaged enemas ordered by a physician;
- Observe and document residents and report such observations to the resident's physician;
- In an emergency, exercise professional duties until emergency medical personnel assume responsibility for care; and
- For facilities with 17 or more beds, have a functioning automated external defibrillator on the premises at all times.

An ALF may provide assistance to a resident who is medically stable with self-administration of a routine, regularly scheduled medication that is intended to be self-administered if there is a documented request by and the written informed consent of the resident.²⁴ This assistance includes, among other things:

- Taking a medication from where it is stored and bring it to the resident;
- In the presence of the resident, reading the label, opening the container, removing the prescribed amount from the container, and closing the container;
- Placing the dosage in the resident's hand or in another container and lifting the container to the resident's mouth;
- Returning medication to proper storage; and
- Maintaining a record of when a resident receives assistance with self-administration.²⁵

²² S. 429.28, F.S.

²³ S. 429.26(9), F.S.

²⁴ S. 429.256(2), F.S.

²⁵ S. 429.256(3)(a), F.S. A resident may also receive assistance with applying topical medications, using a nebulizer, using a glucometer to perform blood-glucose level checks, putting on and taking off anti-embolism stockings, applying and removing an oxygen cannula, the use of a continuous airway pressure device, measuring vital signs, and colostomy bags.

Current law governing assistance with self-administered medications requires the ALF employee to read the medication label every time the assistance is provided, however, an ALF resident may decline the reading of a label at each time of assistance.

Current law requires ALFs to notify a licensed physician when a resident exhibits signs of dementia or cognitive impairment or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such dementia or impairment.²⁶ If an underlying condition is determined to exist, ALF must arrange, with the appropriate health care provider, the necessary care and services to treat the condition.²⁷

Inspections, Surveys and Monitoring Visits

Current law authorizes AHCA to inspect each licensed ALF to determine compliance with statutes and rules. The Resident Bill of Rights requires AHCA to perform a biennial survey to determine whether a facility is adequately protecting residents' rights.²⁸

Section 408.813, F.S. categorizes violations into four classes according to the nature and gravity of its probable effect on residents. If an ALF is cited for a class I violation or three or more class II violations arising from separate surveys within a 60-day period or due to unrelated circumstances during the same survey, AHCA must conduct an additional licensure inspection within six months.²⁹

Current law authorizes AHCA to use an abbreviated biennial licensure inspection if the facility has a good record of past performance. Current law requires a full inspection if a facility has a history of class I or class II violations, uncorrected class II violations, confirmed ombudsman complaints or confirmed licensure complaints.

During any calendar year in which no survey is performed, AHCA may conduct at least one monitoring visit of a facility, as necessary, to ensure compliance of a facility with a history of certain violations that threaten the health, safety, or security of residents. If warranted, AHCA will perform an inspection as a part of a complaint investigation of alleged noncompliance with the Resident Bill of Rights.³⁰

Penalties

Under s. 408.813, F.S., ALFs are subject to administrative fines imposed by AHCA for certain types of violations. In addition, AHCA can take other actions against a facility. AHCA may deny, revoke, or suspend any license for any of the actions listed in s. 429.14(1)(a)-(k), F.S., such as an intentional or negligent act seriously affecting the health, safety, or welfare of a resident of the facility or a determination by AHCA that the owner lacks the financial responsibility to provide continuing adequate care to residents. AHCA must deny or revoke the license of an ALF with two or more class I violations that are similar to violations identified during a survey, inspection, monitoring visit, or complaint investigation occurring within the previous 2 years.³¹ AHCA may also impose an immediate moratorium or emergency suspension on any provider if it determines that any condition presents a threat to the health, safety, or welfare of a client.³² AHCA is required to publicly post notification of a license suspension or revocation, or denial of a license renewal, at the facility.³³ Finally, ch. 825, F.S., provides criminal penalties for the abuse, neglect, and exploitation of elderly persons³⁴ and disabled adults.³⁵

²⁶ S. 429.26(7), F.S.

²⁷ Id.

²⁸ S. 429.28(3), F.S.

²⁹ S. 429.34(2), F.S.

³⁰ Id.

³¹ S. 429.14(4), F.S.

³² S. 408.814(1), F.S.

³³ S. 429.14(7), F.S.

³⁴ "Elderly person" means a person 60 years of age or older who is suffering from the infirmities of aging as manifested by advanced age or organic brain damage, or other physical, mental, or emotional dysfunction, to the extent that the ability of the person to provide adequately for the person's own care or protection is impaired. S. 825.101(5), F.S. It does not constitute a defense to a prosecution for any violation of ch. 825, F.S., that the accused did not know the age of the victim. S. 825.104, F.S.

Effect of the bill

The bill amends the criteria for admission to an ALF and allows an ALF to admit or retain the following residents:

- Residents that receive a health care service or treatment designed to be provided within a private residential setting if all requirements for providing the service or treatment are met by the ALF or a third party.
- Requires the use of assistive devices, which the bill defines as any device designed or adapted to help a resident perform an action, task, an activity of daily living, a transfer, prevention of a fall, or recovery from a fall.
- Receives hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility.

The bill allows an ALF to retain a resident that requires 24-hour nursing care if the resident is enrolled in hospice services and the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility.

The bill allows an ALF to retain a bedridden resident if the resident is bedridden for no more than 7 days or for an ALF licensed as extended congregate care, no more than 14 days. The bill defines bedridden to include residents that are confined to a bed because their inability to ambulate; residents unable to transition to a wheelchair without assistance; or residents unable to sit safely in a chair or wheelchair without personal assistance or the assistance of a physical restraint.

The bill a resident to undergo a medical examination within 60 days of admission or within 30 days after admission and requires the examination form medical examination form include the following information relating to the resident:

- Height, weight, and known allergies.
- Significant medical history and diagnoses.
- Physical or sensory limitations.
- Cognitive or behavioral status.
- Nursing, treatment, or therapy service requirements.
- Whether assistance or total care is needed for the activities of ambulating, eating, and transferring.
- Special diet instructions.
- The existence of communicable diseases.
- Bedridden and pressure sore status.
- Whether the resident needs 24-hour nursing or psychiatric care.
- A list of current prescribed medications which identifies each medication by name and describes the dosage; directions for use; route; prescription quantity; and whether the resident can self-administer medications, needs assistance, or needs medication administration

The bill allows the use of physical restraints the resident chooses to use that the resident is able to remove or avoid and physical restraints is ordered by a physician and consented to by the resident that the physician confirms the resident is able to remove or avoid.

³⁵ “Disabled adult” means a person 18 years of age or older who suffers from a condition of physical or mental incapacitation due to a developmental disability, organic brain damage, or mental illness, or who has one or more physical or mental limitations that restrict the person’s ability to perform the normal activities of daily living. S. 825.101(4), F.S.

The bill removes the requirement that an ALF make arrangements with a health care provider for services to treat an underlying condition that contributes to a resident's dementia or cognitive impairment and replaces it with the requirement for an ALF to notify the resident's representative or designee in writing of the need for health care services. The bill allows an ALF to assist with the arrangement of such services.

The bill requires an ALF to initiate and investigation of an adverse incident within 24 hours of the incident and provide AHCA with a report within 15 days of completing the investigation.

The bill allows an ALF resident to contract with a third party for services and requires the third party to comply with the ALF's safety and security procedures and communicate to the ALF regarding the resident's condition and services provided. The bill requires the ALF to document any communication from a third party regarding the resident's condition and services provided.

The bill removes requirement for ALF staff assisting with the self-administration of medication to read the label of the medication to the resident and replaces it with the requirement for the staff to, in the presence of the resident, confirm the medication is correct and advise the resident of the medication name and purpose.

When relocating a resident, the bill requires ALF to provide the reason for relocation to the resident or resident' legal representative in writing and a copy of the notice of relocation to be provided to the Long-Term Care Ombudsman if the resident consents.

The bill allows rules governing ALFs to allow for technological advances in the provision of care, safety, and security, including the use of devices, equipment and other security measures for wander management, emergency response, staff risk management, and for the general safety and security of residents, staff, and the facility. The bill also requires rules regulating ALFs address the sanitary condition of the facilities, furnishings for resident bedrooms or sleeping areas, locking devices, linens, laundry services and similar physical plant standards.

The bill removes the authority for rules that set standards for plumbing, heating, cooling, lighting, ventilation, living space and other housing conditions. The bill removes the authority for rules that address moratoriums, classification of deficiencies, levying of penalties and the use of income from fees and fines. The bill removes the requirement that key quality-of-care standards be developed with input from the ombudsman and representatives of provider groups as the rulemaking process allows for public participation.

The bill requires AHCA to use an abbreviated biennial licensure inspection if the facility has a good record of past performance.

The bill amends the core training and competency test requirements for administrators by requiring administrators to score at least 75% on the competency test. The bill allows DOEA to contract with another entity to administer the competency test. The bill also requires DOEA to establish a curriculum outline to be used by core trainers and establish a registration and removal process for core trainers. The bill requires a new ALF administrator to meet education requirements and pass the competency test within 90 days and prohibits an ALF from operating for more than 120 days with an administrator that has not completed the education and testing requirements.

The bill also requires staff that assist with self-administration of medications complete six hours of training before providing assistance and two hours of continuing education annually. The bill requires other facility staff to participate in in-service training and clarifies that topics covered during the preservice orientation are not required to be repeated during in-service training. The bill allows a single certificate of completion that covers all required in-service training topics to be issued to a participating staff member if the training is provided in a single training session.

The bill makes a conforming change to the prohibition on a county or municipality issuing an occupational license to a facility prior to determining whether the facility is licensed as an ALF by replacing occupational license with business tax receipt. Counties and municipalities issue business tax receipts not occupational licenses to persons or entities that have complied with laws governing business taxes in Ch. 205. Business taxes are fees charged by a county or municipality for the privilege of engaging in any business, profession, or occupation within its jurisdiction.³⁶

The bill also moves current law requirements for fire safety standards from the section governing rulemaking to a newly created section of law.

The bill provides an effective date of July 1, 2019.

B. SECTION DIRECTORY:

Section 1: Amends s. 429.11, F.S., relating to initial application for license; provisional license.

Section 2: Amends s. 429.19, F.S., relating to violations; imposition of administrative fines; grounds.

Section 3: Amends s. 429.23, F.S., relating to internal risk management and quality assurance program; adverse incidents and reporting requirements.

Section 4: Amends s. 429.255, F.S., relating to use of personnel; emergency care.

Section 5: Amends s. 429.26, F.S., relating to appropriateness of placements; examinations of residents.

Section 6: Amends s. 429.28, F.S., relating to resident bill of rights.

Section 7: Amends s. 429.41, F.S., relating to rules establishing standards.

Section 8: Creates s. 429.435, F.S., relating to uniform firesafety standards.

Section 9: Amends s. 429.52, F.S., relating to staff training and educational programs; core training educational requirement.

Section 10: Provides an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

There may be costs associated with rulemaking required by the bill, however, DOEA and AHCA should be able to absorb those costs within current resources.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

ALFs may experience costs associated with complying with the provisions of the bill.

³⁶ S. 205.022, F.S.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to require counties or municipalities to spend funds or take action requiring the expenditures of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of state tax shared with counties or municipalities.

2. Other:

B. RULE-MAKING AUTHORITY:

DOEA and AHCA have sufficient rulemaking authority to implement the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 19, 2019, the Health Market Reform Subcommittee adopted an amendment and reported HB 1349 favorably as amended.

The amendment:

- Amends definition of physical restraint to exclude any device the resident chooses to use that the resident is able to remove or avoid or that is ordered by a physician and consented to by the resident that the physician confirms the resident is able to remove or avoid.
- Requires a new ALF administrator to meet education requirements and pass a competency test within 90 days.
- Prohibits an ALF from operating for more than 120 days with an administrator that has not completed the education and testing requirements.
- Requires an ALF to initiate and investigation of an adverse incident within 24 hours of the incident and provide AHCA with a report within 15 days of completing the investigation.
- Allows an ALF resident to contract with a third party for services and requires the third party to comply with the ALF's safety and security procedures and communicate to the ALF regarding the resident's condition and services provided.
- Requires an ALF to document any communication from a third party regarding the resident's condition and services provided.
- Removes requirement for ALF staff assisting with the self-administration of medication to read the label of the medication to the resident.
- Requires ALF staff assisting with the self-administration of medication to, in the presence of the resident, confirm the medication is correct and advise the resident of the medication name and purpose.
- Allows an ALF to retain a resident that requires 24-hour nursing supervision if the resident is enrolled in hospice services.
- Requires a resident to undergo a medical examination within 60 days of admission or within 30 days after admission and requires the examination form used during the medical examination to contain specified information.

- Allows a facility to admit or retain a resident that:
 - Receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party.
 - Requires the use of assistive devices, which are any device designed or adapted to help a resident perform an action, task, an activity of daily living, a transfer, prevention of a fall, or recovery from a fall.
 - Receives hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility.
- Prohibits an ALF from admitting or retaining a resident that is bedridden, unless the resident is bedridden for no more than 7 days or 14 days, if the facility provides extended congregate care.
- Defines bedridden as the inability to:
 - Move, turn, or reposition without total physical assistance;
 - Transfer to a chair or wheelchair without total physical assistance; or
 - Sit safely in a chair or wheelchair without personal assistance or a physical restraint.
- Removes the requirement for an ALF to arrange care and services to treat an underlying condition of a resident that contributes to the resident's dementia or cognitive impairment and allows an ALF to assist with the arrangement of such care.
- Requires an ALF to notify a resident's representative or designee in writing of the need for health care services for a resident that has been determined to have an underlying condition that contributes to the resident's dementia or cognitive impairment.
- Moves uniform fire safety standards for ALF to a newly created section of law.
- Requires reason for relocation of a resident be provided to the resident or resident' legal representative in writing and a copy of the notice of relocation be provided to the Long-Term Care Ombudsman if the resident consents.
- Allows rules regulating ALFs to allow for technological advances in the provision of care, safety, and security, including the use of devices, equipment and other security measures for wander management, emergency response, staff risk management, and for the general safety and security of residents, staff, and the facility.
- Requires rules regulating ALFs address the sanitary condition of the facilities relating to furnishings for resident bedrooms or sleeping areas, locking devices, linens, laundry services and other physical plant standards.
- Allows the use of physical restraints ordered and documented by the resident's physician and consented to by the resident.
- Requires DOEA to establish core training requirements for ALF administrators, a curriculum outline for core training, and a registration and removal process for core trainers.
- Requires staff assisting with self-administration of medications to complete six hours of training before providing assistance and two hours of continuing education annually.

The bill analysis is published to the bill as amended by the Health Market Reform Subcommittee.