

1 A bill to be entitled
2 An act relating to assisted living facilities;
3 amending s. 429.02, F.S.; revising and providing
4 definitions; amending s. 429.07, F.S.; conforming a
5 cross-reference; amending s. 429.11, F.S.; prohibiting
6 a county or municipality from issuing a business tax
7 receipt, rather than an occupational license, to an
8 assisted living facility under certain circumstances;
9 amending s. 429.176, F.S.; revising administrative
10 notice of change as it relates to educational
11 requirements; amending s. 429.23, F.S.; requiring a
12 facility to initiate an investigation of an adverse
13 incident and provide a report of such investigation to
14 the Agency for Health Care Administration within
15 specified timeframes; revising requirements for
16 monthly liability claim report; amending s. 429.255,
17 F.S.; authorizing a facility resident or other persons
18 to contract with a third party under certain
19 circumstances; providing third party compliance and
20 reporting requirements; amending s. 429.256, F.S.;
21 revising types of medications that may be self-
22 administered; amending acts which are considered
23 assistance with self-administration of medication;
24 amending s. 429.26, F.S.; including medical
25 examinations within criteria used for admission to an

26 | assisted living facility; providing specified criteria
27 | for determinations of appropriateness for admission
28 | and continued residency at an assisted living
29 | facility; defining the term "bedridden"; requiring
30 | that a resident receive a medical examination within a
31 | specified timeframe after admission to a facility;
32 | requiring that such examination be recorded on a
33 | specified form; providing minimum requirements for
34 | such form; revising provisions relating to the
35 | placement of residents by the Department of Elderly
36 | Affairs or the Department of Children and Families;
37 | requiring a facility to notify a resident's
38 | representative or designee of the need for health care
39 | services and authorizing the facility to assist with
40 | the arrangement of such services under certain
41 | circumstances; removing provisions relating to the
42 | retention of certain residents in a facility; amending
43 | s. 429.28, F.S.; revising residents' rights relating
44 | to a safe and secure living environment; amending s.
45 | 429.41, F.S.; revising legislative intent; removing
46 | provisions relating to firesafety requirements;
47 | removing an obsolete provision; requiring, rather than
48 | authorizing, the Agency for Health Care Administration
49 | to use an abbreviated biennial standard licensure
50 | inspection; revising the criteria under which a

51 facility must be fully inspected; revising provisions
52 requiring the agency to develop key quality-of-care
53 standards; deleting requirement relating to submission
54 of proposed rules to the legislature; creating s.
55 429.435, F.S.; providing uniform firesafety standards
56 and requirements for assisted living facilities;
57 amending s. 429.52, F.S.; revising provisions relating
58 to facility staff training requirements; requiring the
59 Department of Elderly Affairs to establish core
60 training requirements for facility administrators;
61 providing a minimum required score for passage of the
62 core competency test; revising the training and
63 continuing education requirements for facility staff
64 assisting residents with the self-administration of
65 medications; revising provisions relating to the
66 responsibilities of the Department of Elderly Affairs
67 and the Agency for Health Care Administration
68 regarding training; requiring the Department of
69 Elderly Affairs to contract with another entity to
70 administer the competency test; requiring the
71 department to adopt a curriculum outline to be used by
72 core trainers; providing an effective date.

73
74 Be It Enacted by the Legislature of the State of Florida:
75

76 Section 1. Subsections (1) through (5) and (6) through
77 (26) of section 429.02, Florida Statutes, are renumbered as
78 subsections (2) through (6) and (8) through (28), respectively,
79 present subsections (11), (18), and (27) are amended, and new
80 subsections (1) and (7) are added to that section, to read:

81 429.02 Definitions.—When used in this part, the term:

82 (1) "24-hour nursing supervision" means services that are
83 ordered by a physician for a resident whose condition requires
84 the supervision of a physician and continued monitoring of vital
85 signs and physical status. Such services shall be medically
86 complex enough to require constant supervision, assessment,
87 planning, or intervention by a nurse; required to be performed
88 by or under the direct supervision of licensed nursing personnel
89 or other professional personnel for safe and effective
90 performance; required on a daily basis; and consistent with the
91 nature and severity of the resident's condition or the disease
92 state or stage.

93 (7) "Assistive device" means any device designed or
94 adapted to help a resident prevent or recover from a fall, or
95 perform an action, a task, an activity of daily living, or a
96 transfer. The term does not include a total body lift or
97 motorized sit-to-stand lift with the exception of a chair lift
98 or recliner lift that a resident is able to operate
99 independently.

100 (13)-(11) "Extended congregate care" means acts beyond

101 those authorized in subsection (19) ~~(17)~~ that may be performed
 102 pursuant to part I of chapter 464 by persons licensed thereunder
 103 while carrying out their professional duties, and other
 104 supportive services which may be specified by rule. The purpose
 105 of such services is to enable residents to age in place in a
 106 residential environment despite mental or physical limitations
 107 that might otherwise disqualify them from residency in a
 108 facility licensed under this part.

109 (20) ~~(18)~~ "Physical restraint" means a device which
 110 physically limits, restricts, or deprives an individual of
 111 movement or mobility, including, ~~but not limited to,~~ a half-bed
 112 rail, a full-bed rail, a geriatric chair, ~~and~~ a posey restraint,
 113 ~~and. The term "physical restraint" shall also include any device~~
 114 which is ~~was~~ not specifically manufactured as a restraint but is
 115 ~~which has been~~ altered, arranged, or otherwise used for this
 116 purpose. The term does ~~shall~~ not include any device the resident
 117 chooses to use that the resident is able to remove or avoid or
 118 that is ordered by a physician and consented to by the resident
 119 that the physician confirms the resident is able to remove or
 120 avoid or any bandage material used for the purpose of binding a
 121 wound or injury.

122 ~~(27)~~ ~~"Twenty-four-hour nursing supervision" means services~~
 123 ~~that are ordered by a physician for a resident whose condition~~
 124 ~~requires the supervision of a physician and continued monitoring~~
 125 ~~of vital signs and physical status. Such services shall be:~~

126 ~~medically complex enough to require constant supervision,~~
 127 ~~assessment, planning, or intervention by a nurse; required to be~~
 128 ~~performed by or under the direct supervision of licensed nursing~~
 129 ~~personnel or other professional personnel for safe and effective~~
 130 ~~performance; required on a daily basis; and consistent with the~~
 131 ~~nature and severity of the resident's condition or the disease~~
 132 ~~state or stage.~~

133 Section 2. Paragraph (b) of subsection (3) of section
 134 429.07, Florida Statutes, is amended to read:

135 429.07 License required; fee.—

136 (3) In addition to the requirements of s. 408.806, each
 137 license granted by the agency must state the type of care for
 138 which the license is granted. Licenses shall be issued for one
 139 or more of the following categories of care: standard, extended
 140 congregate care, limited nursing services, or limited mental
 141 health.

142 (b) An extended congregate care license shall be issued to
 143 each facility that has been licensed as an assisted living
 144 facility for 2 or more years and that provides services,
 145 directly or through contract, beyond those authorized in
 146 paragraph (a), including services performed by persons licensed
 147 under part I of chapter 464 and supportive services, as defined
 148 by rule, to persons who would otherwise be disqualified from
 149 continued residence in a facility licensed under this part. An
 150 extended congregate care license may be issued to a facility

151 that has a provisional extended congregate care license and
152 meets the requirements for licensure under subparagraph 2. The
153 primary purpose of extended congregate care services is to allow
154 residents the option of remaining in a familiar setting from
155 which they would otherwise be disqualified for continued
156 residency as they become more impaired. A facility licensed to
157 provide extended congregate care services may also admit an
158 individual who exceeds the admission criteria for a facility
159 with a standard license, if he or she is determined appropriate
160 for admission to the extended congregate care facility.

161 1. In order for extended congregate care services to be
162 provided, the agency must first determine that all requirements
163 established in law and rule are met and must specifically
164 designate, on the facility's license, that such services may be
165 provided and whether the designation applies to all or part of
166 the facility. This designation may be made at the time of
167 initial licensure or relicensure, or upon request in writing by
168 a licensee under this part and part II of chapter 408. The
169 notification of approval or the denial of the request shall be
170 made in accordance with part II of chapter 408. Each existing
171 facility that qualifies to provide extended congregate care
172 services must have maintained a standard license and may not
173 have been subject to administrative sanctions during the
174 previous 2 years, or since initial licensure if the facility has
175 been licensed for less than 2 years, for any of the following

176 reasons:

- 177 a. A class I or class II violation;
- 178 b. Three or more repeat or recurring class III violations
179 of identical or similar resident care standards from which a
180 pattern of noncompliance is found by the agency;
- 181 c. Three or more class III violations that were not
182 corrected in accordance with the corrective action plan approved
183 by the agency;
- 184 d. Violation of resident care standards which results in
185 requiring the facility to employ the services of a consultant
186 pharmacist or consultant dietitian;
- 187 e. Denial, suspension, or revocation of a license for
188 another facility licensed under this part in which the applicant
189 for an extended congregate care license has at least 25 percent
190 ownership interest; or
- 191 f. Imposition of a moratorium pursuant to this part or
192 part II of chapter 408 or initiation of injunctive proceedings.

193
194 The agency may deny or revoke a facility's extended congregate
195 care license for not meeting the criteria for an extended
196 congregate care license as provided in this subparagraph.

197 2. If an assisted living facility has been licensed for
198 less than 2 years, the initial extended congregate care license
199 must be provisional and may not exceed 6 months. The licensee
200 shall notify the agency, in writing, when it has admitted at

201 | least one extended congregate care resident, after which an
202 | unannounced inspection shall be made to determine compliance
203 | with the requirements of an extended congregate care license. A
204 | licensee with a provisional extended congregate care license
205 | that demonstrates compliance with all the requirements of an
206 | extended congregate care license during the inspection shall be
207 | issued an extended congregate care license. In addition to
208 | sanctions authorized under this part, if violations are found
209 | during the inspection and the licensee fails to demonstrate
210 | compliance with all assisted living facility requirements during
211 | a followup inspection, the licensee shall immediately suspend
212 | extended congregate care services, and the provisional extended
213 | congregate care license expires. The agency may extend the
214 | provisional license for not more than 1 month in order to
215 | complete a followup visit.

216 | 3. A facility that is licensed to provide extended
217 | congregate care services shall maintain a written progress
218 | report on each person who receives services which describes the
219 | type, amount, duration, scope, and outcome of services that are
220 | rendered and the general status of the resident's health. A
221 | registered nurse, or appropriate designee, representing the
222 | agency shall visit the facility at least twice a year to monitor
223 | residents who are receiving extended congregate care services
224 | and to determine if the facility is in compliance with this
225 | part, part II of chapter 408, and relevant rules. One of the

226 visits may be in conjunction with the regular survey. The
227 monitoring visits may be provided through contractual
228 arrangements with appropriate community agencies. A registered
229 nurse shall serve as part of the team that inspects the
230 facility. The agency may waive one of the required yearly
231 monitoring visits for a facility that has:

232 a. Held an extended congregate care license for at least
233 24 months;

234 b. No class I or class II violations and no uncorrected
235 class III violations; and

236 c. No ombudsman council complaints that resulted in a
237 citation for licensure.

238 4. A facility that is licensed to provide extended
239 congregate care services must:

240 a. Demonstrate the capability to meet unanticipated
241 resident service needs.

242 b. Offer a physical environment that promotes a homelike
243 setting, provides for resident privacy, promotes resident
244 independence, and allows sufficient congregate space as defined
245 by rule.

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

249 d. Adopt and follow policies and procedures that maximize
250 resident independence, dignity, choice, and decisionmaking to

251 permit residents to age in place, so that moves due to changes
252 in functional status are minimized or avoided.

253 e. Allow residents or, if applicable, a resident's
254 representative, designee, surrogate, guardian, or attorney in
255 fact to make a variety of personal choices, participate in
256 developing service plans, and share responsibility in
257 decisionmaking.

258 f. Implement the concept of managed risk.

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

261 h. In addition to the training mandated in s. 429.52,
262 provide specialized training as defined by rule for facility
263 staff.

264 5. A facility that is licensed to provide extended
265 congregate care services is exempt from the criteria for
266 continued residency set forth in rules adopted under s. 429.41.
267 A licensed facility must adopt its own requirements within
268 guidelines for continued residency set forth by rule. However,
269 the facility may not serve residents who require 24-hour nursing
270 supervision. A licensed facility that provides extended
271 congregate care services must also provide each resident with a
272 written copy of facility policies governing admission and
273 retention.

274 6. Before the admission of an individual to a facility
275 licensed to provide extended congregate care services, the

276 individual must undergo a medical examination as provided in s.
 277 429.26(5) ~~s. 429.26(4)~~ and the facility must develop a
 278 preliminary service plan for the individual.

279 7. If a facility can no longer provide or arrange for
 280 services in accordance with the resident's service plan and
 281 needs and the facility's policy, the facility must make
 282 arrangements for relocating the person in accordance with s.
 283 429.28(1)(k).

284 Section 3. Subsection (7) of section 429.11, Florida
 285 Statutes, is amended to read:

286 429.11 Initial application for license; provisional
 287 license.—

288 (7) A county or municipality may not issue a business tax
 289 receipt ~~an occupational license~~ that is being obtained for the
 290 purpose of operating a facility regulated under this part
 291 without first ascertaining that the applicant has been licensed
 292 to operate such facility at the specified location or locations
 293 by the agency. The agency shall furnish to local agencies
 294 responsible for issuing business tax receipts ~~occupational~~
 295 ~~licenses~~ sufficient instruction for making such determinations.

296 Section 4. Section 429.176, Florida Statutes, is amended
 297 to read:

298 429.176 Notice of change of administrator.—If, during the
 299 period for which a license is issued, the owner changes
 300 administrators, the owner must notify the agency of the change

301 within 10 days and provide documentation within 90 days that the
302 new administrator meets educational requirements and has
303 completed the applicable core educational and core competency
304 test requirements under s. 429.52. A facility may not be
305 operated for more than 120 consecutive days without an
306 administrator who has completed the core training and core
307 competency test ~~educational~~ requirements.

308 Section 5. Subsections (6) through (10) of section 429.23,
309 Florida Statutes, are renumbered as subsections (4) through (8),
310 respectively, and present subsections (3), (4), (5), (8), and
311 (9) are amended, to read:

312 429.23 Internal risk management and quality assurance
313 program; adverse incidents and reporting requirements.—

314 (3) Licensed facilities shall initiate an investigation
315 ~~provide~~ within 24 hours after ~~1 business day after~~ the
316 occurrence of an adverse incident, ~~by electronic mail,~~
317 ~~facsimile, or United States mail, a preliminary report to the~~
318 ~~agency on all adverse incidents specified under this section.~~
319 The facility must complete the investigation and submit a report
320 to the agency within 15 days after the adverse incident
321 occurred. The report must include information regarding the
322 identity of the affected resident, the type of adverse incident,
323 and the result ~~status~~ of the facility's investigation of the
324 incident.

325 ~~(4) Licensed facilities shall provide within 15 days, by~~

326 ~~electronic mail, facsimile, or United States mail, a full report~~
327 ~~to the agency on all adverse incidents specified in this~~
328 ~~section. The report must include the results of the facility's~~
329 ~~investigation into the adverse incident.~~

330 ~~(5) Each facility shall report monthly to the agency any~~
331 ~~liability claim filed against it. The report must include the~~
332 ~~name of the resident, the dates of the incident leading to the~~
333 ~~claim, if applicable, and the type of injury or violation of~~
334 ~~rights alleged to have occurred. This report is not discoverable~~
335 ~~in any civil or administrative action, except in such actions~~
336 ~~brought by the agency to enforce the provisions of this part.~~

337 (6)~~(8)~~ If the agency, through its receipt of the adverse
338 incident report ~~reports~~ prescribed in this part or through any
339 investigation, has reasonable belief that conduct by a staff
340 member or employee of a licensed facility is grounds for
341 disciplinary action by the appropriate board, the agency shall
342 report this fact to such regulatory board.

343 (7)~~(9)~~ The adverse incident report ~~reports~~ and preliminary
344 ~~adverse incident reports~~ required under this section are
345 confidential as provided by law and are not discoverable or
346 admissible in any civil or administrative action, except in
347 disciplinary proceedings by the agency or appropriate regulatory
348 board.

349 Section 6. Subsection (1) of section 429.255, Florida
350 Statutes, is amended to read:

351 429.255 Use of personnel; emergency care.—

352 (1) (a) Persons under contract to the facility, facility
353 staff, or volunteers, who are licensed according to part I of
354 chapter 464, or those persons exempt under s. 464.022(1), and
355 others as defined by rule, may administer medications to
356 residents, take residents' vital signs, manage individual weekly
357 pill organizers for residents who self-administer medication,
358 give prepackaged enemas ordered by a physician, observe
359 residents, document observations on the appropriate resident's
360 record, and report observations to the resident's physician, ~~and~~
361 ~~contract or allow residents or a resident's representative,~~
362 ~~designee, surrogate, guardian, or attorney in fact to contract~~
363 ~~with a third party, provided residents meet the criteria for~~
364 ~~appropriate placement as defined in s. 429.26.~~ Nursing
365 assistants certified pursuant to part II of chapter 464 may take
366 residents' vital signs as directed by a licensed nurse or
367 physician.

368 (b) All staff of ~~in~~ facilities licensed under this part
369 shall exercise their professional responsibility to observe
370 residents, to document observations on the appropriate
371 resident's record, and to report the observations to the
372 resident's physician. However, the owner or administrator of the
373 facility shall be responsible for determining that the resident
374 receiving services is appropriate for residence in the facility.

375 (c) In an emergency situation, licensed personnel may

376 carry out their professional duties pursuant to part I of
377 chapter 464 until emergency medical personnel assume
378 responsibility for care.

379 (d) A resident or his or her representative, designee,
380 surrogate, guardian, or attorney in fact may contract for
381 services with a third party, provided the resident meets the
382 criteria for residency as defined in s. 429.26. The third party
383 must comply with the facility's safety and security procedures
384 and must communicate with the facility regarding the resident's
385 condition and the services being provided. The facility must
386 document that it received such communication.

387 Section 7. Subsection (2), paragraph (b) of subsection
388 (3), and paragraphs (e), (f), and (g) of subsection (4) of
389 section 429.256, Florida Statutes, are amended to read:

390 429.256 Assistance with self-administration of
391 medication.—

392 (2) Residents who are capable of self-administering their
393 own medications without assistance shall be encouraged and
394 allowed to do so. However, an unlicensed person may, consistent
395 with a dispensed prescription's label or the package directions
396 of an over-the-counter medication, assist a resident whose
397 condition is medically stable with the self-administration of
398 routine, regularly scheduled medications that are intended to be
399 self-administered. Assistance with self-medication by an
400 unlicensed person may occur only upon a documented request by,

401 and the written informed consent of, a resident or the
402 resident's surrogate, guardian, or attorney in fact. For the
403 purposes of this section, self-administered medications include
404 both legend and over-the-counter oral dosage forms, topical
405 dosage forms and topical skin, ophthalmic, otic, and nasal
406 dosage forms, including patches, solutions, suspensions, sprays,
407 and inhalers.

408 (3) Assistance with self-administration of medication
409 includes:

410 (b) In the presence of the resident, confirming that the
411 medication is for the correct resident, orally advising the
412 resident of the medication name and purpose ~~reading the label~~,
413 opening the container, removing a prescribed amount of
414 medication from the container, and closing the container.

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

416 (e) The use of irrigations or debriding agents used in the
417 treatment of a skin condition.

418 (f) Assisting with rectal, urethral, or vaginal
419 preparations.

420 (g) Assisting with medications ordered by the physician or
421 health care professional with prescriptive authority to be given
422 "as needed," unless the order is written with specific
423 parameters that preclude independent judgment on the part of the
424 unlicensed person, and ~~the at the request of a competent~~
425 resident requesting the medication is aware of his or her need

426 for the medication and understands the purpose for taking the
427 medication.

428 Section 8. Section 429.26, Florida Statutes, is amended to
429 read:

430 429.26 Appropriateness of placements; examinations of
431 residents.—

432 (1) The owner or administrator of a facility is
433 responsible for determining the appropriateness of admission of
434 an individual to the facility and for determining the continued
435 appropriateness of residence of an individual in the facility. A
436 determination shall be based upon an evaluation ~~assessment~~ of
437 the strengths, needs, and preferences of the resident, a medical
438 examination, the care and services offered or arranged for by
439 the facility in accordance with facility policy, and any
440 limitations in law or rule related to admission criteria or
441 continued residency for the type of license held by the facility
442 under this part. The following criteria apply to the
443 determination of appropriateness for admission and continued
444 residency of an individual in a facility:

445 (a) A facility may admit or retain a resident who receives
446 a health care service or treatment that is designed to be
447 provided within a private residential setting if all
448 requirements for providing that service or treatment are met by
449 the facility or a third party.

450 (b) A facility may admit or retain a resident who requires

451 the use assistive devices.

452 (c) A facility may admit or retain an individual
453 receiving hospice services if the arrangement is agreed to by
454 the facility and the resident; additional care is provided by a
455 licensed hospice; and the resident is under the care of a
456 physician who agrees that the physical needs of the resident can
457 be met at the facility. A facility may not retain a resident who
458 requires 24-hour nursing supervision, except for a resident who
459 is enrolled in hospice services pursuant to part IV of chapter
460 400. The resident must have a plan of care that delineates how
461 the facility and the hospice will meet the scheduled and
462 unscheduled needs of the resident.

463 (d)1. Except as provided in paragraph (c), a facility may
464 not admit or retain a resident who is bedridden. For the
465 purposes of this paragraph, the term "bedridden" means a
466 resident is confined to bed because of the inability to:

467 a. Move, turn, or reposition without total physical
468 assistance;

469 b. Transfer to a chair or wheelchair without total
470 physical assistance; or

471 c. Sit safely in a chair or wheelchair without personal
472 assistance or a physical restraint.

473 2. A resident may be retained in a facility if, during
474 residency, the resident is bedridden for no more than 7
475 consecutive days.

476 3. If a facility is licensed to provide extended
477 congregate care, a resident may be retained in a facility if,
478 during residency, the resident is bedridden for no more than 14
479 consecutive days.

480 (2) A resident may not be moved from one facility to
481 another without consultation with and agreement from the
482 resident or, if applicable, the resident's representative or
483 designee or the resident's family, guardian, surrogate, or
484 attorney in fact. In the case of a resident who has been placed
485 by the department or the Department of Children and Families,
486 the administrator must notify the appropriate contact person in
487 the applicable department.

488 (3)~~(2)~~ A physician, physician assistant, or advanced
489 practice registered nurse ~~practitioner~~ who is employed by an
490 assisted living facility to provide an initial examination for
491 admission purposes may not have financial interest in the
492 facility.

493 (4)~~(3)~~ Persons licensed under part I of chapter 464 who
494 are employed by or under contract with a facility shall, on a
495 routine basis or at least monthly, perform a nursing assessment
496 of the residents for whom they are providing nursing services
497 ordered by a physician, except administration of medication, and
498 shall document such assessment, including any substantial
499 changes in a resident's status which may necessitate relocation
500 to a nursing home, hospital, or specialized health care

501 facility. Such records shall be maintained in the facility for
502 inspection by the agency and shall be forwarded to the
503 resident's case manager, if applicable.

504 (5)~~(4)~~ ~~If possible,~~ Each resident shall have been examined
505 by a licensed physician, a licensed physician assistant, or a
506 licensed advanced practice registered nurse practitioner within
507 60 days before admission to the facility or within 30 days after
508 admission to the facility except as provided in s. 429.07. The
509 information from the medical examination must be recorded on the
510 practitioner's form or on a form adopted by agency rule. The
511 ~~signed and completed~~ medical examination form, signed by the
512 practitioner, report shall be submitted to the owner or
513 administrator of the facility who shall use the information
514 contained therein to assist in the determination of the
515 appropriateness of the resident's admission and continued stay
516 in the facility. The medical examination form ~~report~~ shall
517 become a permanent part of the record of the resident at the
518 facility and shall be made available to the agency during
519 inspection or upon request. An assessment that has been
520 completed through the Comprehensive Assessment and Review for
521 Long-Term Care Services (CARES) Program fulfills the
522 requirements for a medical examination under this subsection and
523 s. 429.07(3)(b)6.

524 (6) The medical examination form shall include the
525 following information relating to the resident:

- 526 (a) Height, weight, and known allergies.
- 527 (b) Significant medical history and diagnoses.
- 528 (c) Physical or sensory limitations, including the need
 529 for fall precautions or recommended use of assistive devices.
- 530 (d) Cognitive or behavioral status and a brief description
 531 of any behavioral issues known or ascertained by the examining
 532 practitioner, including any known history of wandering or
 533 elopement.
- 534 (e) Nursing, treatment, or therapy service requirements.
- 535 (f) Whether assistance is needed for the activities of
 536 ambulating, eating, and transferring.
- 537 (g) Special diet instructions.
- 538 (h) The existence of communicable diseases, including
 539 necessary precautions.
- 540 (i) Bedridden and pressure sore status.
- 541 (j) Whether the resident needs 24-hour nursing or
 542 psychiatric care.
- 543 (k) A list of current prescribed medications as known or
 544 ascertained by the examining practitioner and whether the
 545 resident can self-administer medications, needs assistance, or
 546 needs medication administration.
- 547 ~~(5) Except as provided in s. 429.07, if a medical~~
 548 ~~examination has not been completed within 60 days before the~~
 549 ~~admission of the resident to the facility, a licensed physician,~~
 550 ~~licensed physician assistant, or licensed nurse practitioner~~

551 ~~shall examine the resident and complete a medical examination~~
552 ~~form provided by the agency within 30 days following the~~
553 ~~admission to the facility to enable the facility owner or~~
554 ~~administrator to determine the appropriateness of the admission.~~
555 ~~The medical examination form shall become a permanent part of~~
556 ~~the record of the resident at the facility and shall be made~~
557 ~~available to the agency during inspection by the agency or upon~~
558 ~~request.~~

559 (7)~~(6)~~ Any resident accepted in a facility and placed by
560 ~~the department or~~ the Department of Children and Families shall
561 have been examined by medical personnel within 30 days before
562 placement in the facility. The examination shall include an
563 assessment of the appropriateness of placement in a facility.
564 The findings of this examination shall be recorded on the
565 examination form provided by the agency. The completed form
566 shall accompany the resident and shall be submitted to the
567 facility owner or administrator. Additionally, in the case of a
568 mental health resident, the Department of Children and Families
569 must provide documentation that the individual has been assessed
570 by a psychiatrist, clinical psychologist, clinical social
571 worker, or psychiatric nurse, or an individual who is supervised
572 by one of these professionals, and determined to be appropriate
573 to reside in an assisted living facility. The documentation must
574 be in the facility within 30 days after the mental health
575 resident has been admitted to the facility. An evaluation

576 completed upon discharge from a state mental hospital meets the
577 requirements of this subsection related to appropriateness for
578 placement as a mental health resident providing it was completed
579 within 90 days prior to admission to the facility. The
580 ~~applicable~~ Department of Children and Families shall provide to
581 the facility administrator any information about the resident
582 that would help the administrator meet his or her
583 responsibilities under subsection (1). Further, Department of
584 Children and Families personnel shall explain to the facility
585 operator any special needs of the resident and advise the
586 operator whom to call should problems arise. The ~~applicable~~
587 Department of Children and Families shall advise and assist the
588 facility administrator where the special needs of residents who
589 are recipients of optional state supplementation require such
590 assistance.

591 (8) ~~(7)~~ The facility must notify a licensed physician in
592 writing when a resident exhibits signs of dementia or cognitive
593 impairment or has a change of condition in order to rule out the
594 presence of an underlying physiological condition that may be
595 contributing to such dementia or impairment. The notification
596 must occur within 30 days after the acknowledgment of such signs
597 by facility staff. If an underlying condition is determined to
598 exist, the facility shall notify the resident's representative
599 or designee in writing of the need for health care services and
600 may assist with the arrangement of ~~arrange, with the appropriate~~

601 ~~health care provider,~~ the necessary care and services to treat
602 the condition.

603 (9)~~(8)~~ The Department of Children and Families may require
604 an examination for supplemental security income and optional
605 state supplementation recipients residing in facilities at any
606 time and shall provide the examination whenever a resident's
607 condition requires it. Any facility administrator; personnel of
608 the agency, the department, or the Department of Children and
609 Families; or a representative of the State Long-Term Care
610 Ombudsman Program who believes a resident needs to be evaluated
611 shall notify the resident's case manager, who shall take
612 appropriate action. A report of the examination findings shall
613 be provided to the resident's case manager and the facility
614 administrator to help the administrator meet his or her
615 responsibilities under subsection (1).

616 ~~(9) A terminally ill resident who no longer meets the~~
617 ~~criteria for continued residency may remain in the facility if~~
618 ~~the arrangement is mutually agreeable to the resident and the~~
619 ~~facility; additional care is rendered through a licensed~~
620 ~~hospice, and the resident is under the care of a physician who~~
621 ~~agrees that the physical needs of the resident are being met.~~

622 (10) Facilities licensed to provide extended congregate
623 care services shall promote aging in place by determining
624 appropriateness of continued residency based on a comprehensive
625 review of the resident's physical and functional status; the

626 ability of the facility, family members, friends, or any other
 627 pertinent individuals or agencies to provide the care and
 628 services required; and documentation that a written service plan
 629 consistent with facility policy has been developed and
 630 implemented to ensure that the resident's needs and preferences
 631 are addressed.

632 ~~(11) No resident who requires 24-hour nursing supervision,~~
 633 ~~except for a resident who is an enrolled hospice patient~~
 634 ~~pursuant to part IV of chapter 400, shall be retained in a~~
 635 ~~facility licensed under this part.~~

636 Section 9. Paragraphs (a) and (k) of subsection (1) and
 637 subsection (3) of section 429.28, Florida Statutes, are amended
 638 to read:

639 429.28 Resident bill of rights.—

640 (1) No resident of a facility shall be deprived of any
 641 civil or legal rights, benefits, or privileges guaranteed by
 642 law, the Constitution of the State of Florida, or the
 643 Constitution of the United States as a resident of a facility.
 644 Every resident of a facility shall have the right to:

645 (a) Live in a safe and decent living environment, free
 646 from abuse, exploitation, and neglect.

647 (k) At least 45 days' notice of relocation or termination
 648 of residency from the facility unless, for medical reasons, the
 649 resident is certified by a physician to require an emergency
 650 relocation to a facility providing a more skilled level of care

651 or the resident engages in a pattern of conduct that is harmful
652 or offensive to other residents. In the case of a resident who
653 has been adjudicated mentally incapacitated, the guardian shall
654 be given at least 45 days' notice of a nonemergency relocation
655 or residency termination. Reasons for relocation shall be set
656 forth in writing and provided to the resident or the resident's
657 legal representative. If the resident consents, a copy of the
658 notice shall be sent to a representative of the Long-Term Care
659 Ombudsman Program within 24 hours. In order for a facility to
660 terminate the residency of an individual without notice as
661 provided herein, the facility shall show good cause in a court
662 of competent jurisdiction.

663 (3) (a) The agency shall conduct a survey to determine
664 general compliance with ~~facility standards and compliance with~~
665 residents' rights as a prerequisite to initial licensure or
666 licensure renewal. ~~The agency shall adopt rules for uniform~~
667 ~~standards and criteria that will be used to determine compliance~~
668 ~~with facility standards and compliance with residents' rights.~~

669 (b) In order to determine whether the facility is
670 adequately protecting residents' rights, the licensure renewal
671 ~~biennial~~ survey shall include private informal conversations
672 with a sample of residents and consultation with the ombudsman
673 council in the district in which the facility is located to
674 discuss residents' experiences within the facility.

675 Section 10. Section 429.41, Florida Statutes, is amended

676 to read:

677 429.41 Rules establishing standards.—

678 (1) It is the intent of the Legislature that rules
679 published and enforced pursuant to this section shall include
680 criteria by which a reasonable and consistent quality of
681 resident care and quality of life may be ensured and the results
682 of such resident care may be demonstrated. Such rules shall also
683 promote ensure a safe and sanitary environment that is
684 residential and noninstitutional in design or nature and may
685 allow for technological advances in the provision of care,
686 safety, and security, including the use of devices, equipment,
687 and other security measures for wander management, emergency
688 response, staff risk management, and for the general safety and
689 security of residents, staff, and the facility. It is further
690 intended that reasonable efforts be made to accommodate the
691 needs and preferences of residents to enhance the quality of
692 life in a facility. ~~Uniform firesafety standards for assisted~~
693 ~~living facilities shall be established by the State Fire Marshal~~
694 ~~pursuant to s. 633.206.~~ The agency, in consultation with the
695 department, may adopt rules to administer the requirements of
696 part II of chapter 408. ~~In order to provide safe and sanitary~~
697 ~~facilities and the highest quality of resident care~~
698 ~~accommodating the needs and preferences of residents,~~ The
699 department, in consultation with the agency, the Department of
700 Children and Families, and the Department of Health, shall adopt

701 ~~rules, policies, and procedures~~ to administer this part, which
702 must include reasonable and fair minimum standards in relation
703 to:

704 (a) The requirements for ~~and~~ maintenance and the sanitary
705 condition of facilities, not in conflict with, or duplicative
706 of, the requirements in chapter 553 or chapter 381, relating to
707 furnishings for resident bedrooms or sleeping areas, locking
708 devices, linens, laundry services ~~plumbing, heating, cooling,~~
709 ~~lighting, ventilation, living space,~~ and similar physical plant
710 standard ~~other housing conditions,~~ which will promote ensure the
711 health, safety, and welfare ~~comfort~~ of residents suitable to the
712 size of the structure. The rules must clearly delineate the
713 responsibilities of the agency's licensure and survey staff and
714 the county health departments and ensure that inspections are
715 not duplicative. The agency may collect fees for food service
716 inspections conducted by the county health departments and
717 transfer such fees to the Department of Health.

718 ~~1. Firesafety evacuation capability determination. An~~
719 ~~evacuation capability evaluation for initial licensure shall be~~
720 ~~conducted within 6 months after the date of licensure.~~

721 ~~2. Firesafety requirements.—~~

722 ~~a. The National Fire Protection Association, Life Safety~~
723 ~~Code, NFPA 101 and 101A, current editions, shall be used in~~
724 ~~determining the uniform firesafety code adopted by the State~~
725 ~~Fire Marshal for assisted living facilities, pursuant to s.~~

726 ~~633.206.~~

727 ~~b. A local government or a utility may charge fees only in~~
728 ~~an amount not to exceed the actual expenses incurred by the~~
729 ~~local government or the utility relating to the installation and~~
730 ~~maintenance of an automatic fire sprinkler system in a licensed~~
731 ~~assisted living facility structure.~~

732 ~~e. All licensed facilities must have an annual fire~~
733 ~~inspection conducted by the local fire marshal or authority~~
734 ~~having jurisdiction.~~

735 ~~d. An assisted living facility that is issued a building~~
736 ~~permit or certificate of occupancy before July 1, 2016, may at~~
737 ~~its option and after notifying the authority having~~
738 ~~jurisdiction, remain under the provisions of the 1994 and 1995~~
739 ~~editions of the National Fire Protection Association, Life~~
740 ~~Safety Code, NFPA 101, and NFPA 101A. The facility opting to~~
741 ~~remain under such provisions may make repairs, modernizations,~~
742 ~~renovations, or additions to, or rehabilitate, the facility in~~
743 ~~compliance with NFPA 101, 1994 edition, and may utilize the~~
744 ~~alternative approaches to life safety in compliance with NFPA~~
745 ~~101A, 1995 edition. However, a facility for which a building~~
746 ~~permit or certificate of occupancy is issued before July 1,~~
747 ~~2016, that undergoes Level III building alteration or~~
748 ~~rehabilitation, as defined in the Florida Building Code, or~~
749 ~~seeks to utilize features not authorized under the 1994 or 1995~~
750 ~~editions of the Life Safety Code must thereafter comply with all~~

751 ~~aspects of the uniform firesafety standards established under s.~~
752 ~~633.206, and the Florida Fire Prevention Code, in effect for~~
753 ~~assisted living facilities as adopted by the State Fire Marshal.~~

754 ~~3. Resident elopement requirements. Facilities are~~
755 ~~required to conduct a minimum of two resident elopement~~
756 ~~prevention and response drills per year. All administrators and~~
757 ~~direct care staff must participate in the drills which shall~~
758 ~~include a review of procedures to address resident elopement.~~
759 ~~Facilities must document the implementation of the drills and~~
760 ~~ensure that the drills are conducted in a manner consistent with~~
761 ~~the facility's resident elopement policies and procedures.~~

762 (b) The preparation and annual update of a comprehensive
763 emergency management plan. Such standards must be included in
764 the rules adopted by the department after consultation with the
765 Division of Emergency Management. At a minimum, the rules must
766 provide for plan components that address emergency evacuation
767 transportation; adequate sheltering arrangements; postdisaster
768 activities, including provision of emergency power, food, and
769 water; postdisaster transportation; supplies; staffing;
770 emergency equipment; individual identification of residents and
771 transfer of records; communication with families; and responses
772 to family inquiries. The comprehensive emergency management plan
773 is subject to review and approval by the local emergency
774 management agency. During its review, the local emergency
775 management agency shall ensure that the following agencies, at a

776 minimum, are given the opportunity to review the plan: the
777 Department of Elderly Affairs, the Department of Health, the
778 Agency for Health Care Administration, and the Division of
779 Emergency Management. Also, appropriate volunteer organizations
780 must be given the opportunity to review the plan. The local
781 emergency management agency shall complete its review within 60
782 days and either approve the plan or advise the facility of
783 necessary revisions.

784 (c) The number, training, and qualifications of all
785 personnel having responsibility for the care of residents. The
786 rules must require adequate staff to provide for the safety of
787 all residents. Facilities licensed for 17 or more residents are
788 required to maintain an alert staff for 24 hours per day.

789 ~~(d) All sanitary conditions within the facility and its~~
790 ~~surroundings which will ensure the health and comfort of~~
791 ~~residents. The rules must clearly delineate the responsibilities~~
792 ~~of the agency's licensure and survey staff, the county health~~
793 ~~departments, and the local authority having jurisdiction over~~
794 ~~firesafety and ensure that inspections are not duplicative. The~~
795 ~~agency may collect fees for food service inspections conducted~~
796 ~~by the county health departments and transfer such fees to the~~
797 ~~Department of Health.~~

798 (d)(e) License application and license renewal, transfer
799 of ownership, proper management of resident funds and personal
800 property, surety bonds, resident contracts, refund policies,

801 financial ability to operate, and facility and staff records.

802 (e)~~(f)~~ Inspections, complaint investigations, moratoriums,
 803 classification of deficiencies, ~~levying~~ and enforcement of
 804 penalties, ~~and use of income from fees and fines.~~

805 (f)~~(g)~~ The enforcement of the resident bill of rights
 806 specified in s. 429.28.

807 (g)~~(h)~~ The care ~~and maintenance~~ of residents provided by
 808 the facility, which must include, but is not limited to:

809 1. The supervision, as defined in s. 429.02, of residents;

810 2. The provision of personal services;

811 3. The provision of, or arrangement for, social and
 812 leisure activities;

813 4. The assistance in making arrangements ~~arrangement~~ for
 814 appointments and transportation to appropriate medical, dental,
 815 nursing, or mental health services, as needed by residents;

816 5. The management of medication stored within the facility
 817 and as needed by residents;

818 6. The dietary ~~nutritional~~ needs of residents;

819 7. Resident records; and

820 8. Internal risk management and quality assurance.

821 (h)~~(i)~~ Facilities holding a limited nursing, extended
 822 congregate care, or limited mental health license.

823 (i)~~(j)~~ The establishment of specific criteria to define
 824 appropriateness of resident admission and continued residency in
 825 a facility holding a standard, limited nursing, extended

826 congregate care, and limited mental health license.

827 (j)~~(k)~~ The use of physical or chemical restraints. The use
 828 of physical restraints is limited to physical restraints ~~half-~~
 829 ~~bed rails~~ as ordered ~~prescribed~~ and documented by the resident's
 830 physician with the consent of the resident or, if applicable,
 831 the resident's representative or designee or the resident's
 832 surrogate, guardian, or attorney in fact. The use of chemical
 833 restraints is limited to prescribed dosages of medications
 834 authorized by the resident's physician and must be consistent
 835 with the resident's diagnosis. Residents who are receiving
 836 medications that can serve as chemical restraints must be
 837 evaluated by their physician at least annually to assess:

- 838 1. The continued need for the medication.
- 839 2. The level of the medication in the resident's blood.
- 840 3. The need for adjustments in the prescription.

841 (k)~~(l)~~ The establishment of specific resident elopement
 842 drill requirements ~~policies and procedures on resident~~
 843 ~~elopement~~. Facilities shall conduct a minimum of two resident
 844 elopement drills each year. All administrators and direct care
 845 staff shall participate in the drills, which must include a
 846 review of the facility's procedures to address resident
 847 elopement. Facilities shall document participation in the
 848 drills.

849 (2) In adopting any rules pursuant to this part, the
 850 department, in conjunction with the agency, shall make distinct

851 standards for facilities based upon facility size; the types of
852 care provided; the physical and mental capabilities and needs of
853 residents; the type, frequency, and amount of services and care
854 offered; and the staffing characteristics of the facility. Rules
855 developed pursuant to this section may not restrict the use of
856 shared staffing and shared programming in facilities that are
857 part of retirement communities that provide multiple levels of
858 care and otherwise meet the requirements of law and rule. If a
859 continuing care facility licensed under chapter 651 or a
860 retirement community offering multiple levels of care licenses a
861 building or part of a building designated for independent living
862 for assisted living, staffing requirements established in rule
863 apply only to residents who receive personal, limited nursing,
864 or extended congregate care services under this part. Such
865 facilities shall retain a log listing the names and unit number
866 for residents receiving these services. The log must be
867 available to surveyors upon request. ~~Except for uniform~~
868 ~~firesafety standards,~~ The department shall adopt by rule
869 separate and distinct standards for facilities with 16 or fewer
870 beds and for facilities with 17 or more beds. The standards for
871 facilities with 16 or fewer beds must be appropriate for a
872 noninstitutional residential environment; however, the structure
873 may not be more than two stories in height and all persons who
874 cannot exit the facility unassisted in an emergency must reside
875 on the first floor. The department, in conjunction with the

876 agency, may make other distinctions among types of facilities as
877 necessary to enforce this part. Where appropriate, the agency
878 shall offer alternate solutions for complying with established
879 standards, based on distinctions made by the department and the
880 agency relative to the physical characteristics of facilities
881 and the types of care offered.

882 (3) ~~The department shall submit a copy of proposed rules~~
883 ~~to the Speaker of the House of Representatives, the President of~~
884 ~~the Senate, and appropriate committees of substance for review~~
885 ~~and comment prior to the promulgation thereof.~~ Rules promulgated
886 by the department shall encourage the development of homelike
887 facilities which promote the dignity, individuality, personal
888 strengths, and decisionmaking ability of residents.

889 (4) The agency, in consultation with the department, may
890 waive rules promulgated pursuant to this part in order to
891 demonstrate and evaluate innovative or cost-effective congregate
892 care alternatives which enable individuals to age in place. Such
893 waivers may be granted only in instances where there is
894 reasonable assurance that the health, safety, or welfare of
895 residents will not be endangered. To apply for a waiver, the
896 licensee shall submit to the agency a written description of the
897 concept to be demonstrated, including goals, objectives, and
898 anticipated benefits; the number and types of residents who will
899 be affected, if applicable; a brief description of how the
900 demonstration will be evaluated; and any other information

901 deemed appropriate by the agency. Any facility granted a waiver
902 shall submit a report of findings to the agency and the
903 department within 12 months. At such time, the agency may renew
904 or revoke the waiver or pursue any regulatory or statutory
905 changes necessary to allow other facilities to adopt the same
906 practices. The department may by rule clarify terms and
907 establish waiver application procedures, criteria for reviewing
908 waiver proposals, and procedures for reporting findings, as
909 necessary to implement this subsection.

910 (5) The agency may use an abbreviated biennial standard
911 licensure inspection that consists of a review of key quality-
912 of-care standards in lieu of a full inspection in a facility
913 that has a good record of past performance. However, a full
914 inspection must be conducted in a facility that has a history of
915 class I or class II violations, uncorrected class III
916 violations, or a violation resulting from a complaint referred
917 by the State Long-Term Care Ombudsman Program to a regulatory
918 agency confirmed ombudsman council complaints, or confirmed
919 licensure complaints, within the previous licensure period
920 immediately preceding the inspection or if a potentially serious
921 problem is identified during the abbreviated inspection. The
922 agency, ~~in consultation with the department,~~ shall adopt ~~develop~~
923 the key quality-of-care standards by rule ~~with input from the~~
924 ~~State Long-Term Care Ombudsman Council and representatives of~~
925 ~~provider groups for incorporation into its rules.~~

926 Section 11. Section 429.435, Florida Statutes, is created
927 to read:

928 429.435 Uniform firesafety standards.—Uniform firesafety
929 standards for assisted living facilities, a residential board
930 and care occupancy, shall be established by the State Fire
931 Marshal pursuant to s. 633.206.

932 (1) A firesafety evacuation capability determination shall
933 be conducted within 6 months after the date of initial
934 licensure, if required.

935 (2)(a) The National Fire Protection Association, Life
936 Safety Code, NFPA 101 and 101A, current editions, shall be used
937 in determining the uniform firesafety code adopted by the State
938 Fire Marshal for assisted living facilities, pursuant to s.
939 633.206.

940 (b) A local government or a utility may charge fees only
941 in an amount not to exceed the actual expenses incurred by the
942 local government or the utility relating to the installation and
943 maintenance of an automatic fire sprinkler system in a licensed
944 assisted living facility structure.

945 (c) All licensed facilities must have an annual fire
946 inspection conducted by the local fire marshal or authority
947 having jurisdiction.

948 (d) An assisted living facility that is issued a building
949 permit or certificate of occupancy before July 1, 2016, may at
950 its option and after notifying the authority having

951 jurisdiction, remain under the provisions of the 1994 and 1995
952 editions of the National Fire Protection Association, Life
953 Safety Code, NFPA 101, and NFPA 101A. The facility opting to
954 remain under such provisions may make repairs, modernizations,
955 renovations, or additions to, or rehabilitate, the facility in
956 compliance with NFPA 101, 1994 edition, and may utilize the
957 alternative approaches to life safety in compliance with NFPA
958 101A, 1995 edition. However, a facility for which a building
959 permit or certificate of occupancy is issued before July 1,
960 2016, that undergoes Level III building alteration or
961 rehabilitation, as defined in the Florida Building Code, or
962 seeks to utilize features not authorized under the 1994 or 1995
963 editions of the Life Safety Code must thereafter comply with all
964 aspects of the uniform firesafety standards established under s.
965 633.206, and the Florida Fire Prevention Code, in effect for
966 assisted living facilities as adopted by the State Fire Marshal.

967 Section 12. Section 429.52, Florida Statutes, is amended
968 to read:

969 429.52 Staff training and educational requirements
970 ~~programs; core educational requirement.~~-

971 (1) ~~Effective October 1, 2015,~~ Each new assisted living
972 facility employee who has not previously completed core training
973 must attend a preservice orientation provided by the facility
974 before interacting with residents. The preservice orientation
975 must be at least 2 hours in duration and cover topics that help

976 | the employee provide responsible care and respond to the needs
977 | of facility residents. Upon completion, the employee and the
978 | administrator of the facility must sign a statement that the
979 | employee completed the required preservice orientation. The
980 | facility must keep the signed statement in the employee's
981 | personnel record.

982 | (2) Administrators and other assisted living facility
983 | staff must meet minimum training and education requirements
984 | established by the Department of Elderly Affairs by rule. This
985 | training and education is intended to assist facilities to
986 | appropriately respond to the needs of residents, to maintain
987 | resident care and facility standards, and to meet licensure
988 | requirements.

989 | (3) The department shall establish core training
990 | requirements for administrators consisting of core training
991 | learning objectives, a competency test, and a minimum required
992 | score to indicate successful passage completion of the core
993 | competency test ~~training and educational requirements~~. The
994 | competency test must be developed by the department in
995 | conjunction with the agency ~~and providers~~. The required core
996 | competency test ~~training and education~~ must cover at least the
997 | following topics:

998 | (a) State law and rules relating to assisted living
999 | facilities.

1000 | (b) Resident rights and identifying and reporting abuse,

1001 neglect, and exploitation.

1002 (c) Special needs of elderly persons, persons with mental
1003 illness, and persons with developmental disabilities and how to
1004 meet those needs.

1005 (d) Nutrition and food service, including acceptable
1006 sanitation practices for preparing, storing, and serving food.

1007 (e) Medication management, recordkeeping, and proper
1008 techniques for assisting residents with self-administered
1009 medication.

1010 (f) Firesafety requirements, including fire evacuation
1011 drill procedures and other emergency procedures.

1012 (g) Care of persons with Alzheimer's disease and related
1013 disorders.

1014 (4) A ~~new~~ facility administrator must complete the
1015 required core training ~~and education~~, including the competency
1016 test, within 90 days after the date of employment as an
1017 administrator. Failure to do so is a violation of this part and
1018 subjects the violator to an administrative fine as prescribed in
1019 s. 429.19. Administrators licensed in accordance with part II of
1020 chapter 468 are exempt from this requirement. Other licensed
1021 professionals may be exempted, as determined by the department
1022 by rule.

1023 (5) Administrators are required to participate in
1024 continuing education for a minimum of 12 contact hours every 2
1025 years.

1026 (6) Staff ~~involved with the management of medications and~~
 1027 assisting with the self-administration of medications under s.
 1028 429.256 must complete a minimum of 6 ~~additional~~ hours of
 1029 training provided by a registered nurse or a licensed
 1030 pharmacist before providing assistance, ~~or department staff.~~ Two
 1031 hours of continuing education is required annually thereafter.
 1032 The department shall establish by rule the minimum requirements
 1033 of this ~~additional~~ training.

1034 (7) ~~Other~~ Facility staff shall participate in in-service
 1035 training relevant to their job duties as specified by rule of
 1036 the department. Topics covered during the preservice orientation
 1037 are not required to be repeated during in-service training. A
 1038 single certificate of completion that covers all required in-
 1039 service training topics may be issued to a participating staff
 1040 member if the training is provided in a single training course.

1041 (8) If ~~the department or~~ the agency determines that there
 1042 are problems in a facility that could be reduced through
 1043 specific staff training ~~or education~~ beyond that already
 1044 required under this section, ~~the department or~~ the agency may
 1045 require, and provide, or cause to be provided, the training ~~or~~
 1046 ~~education~~ of any personal care staff in the facility.

1047 (9) The department shall adopt rules related to these
 1048 training and education requirements, the competency test,
 1049 necessary procedures, and competency test fees and shall adopt
 1050 or contract with another entity to develop and administer the

1051 competency test. The department shall adopt a curriculum outline
1052 with learning objectives to be used by core trainers, ~~which~~
1053 ~~shall be used~~ as the minimum core training content requirements.
1054 The department shall consult with representatives of stakeholder
1055 associations and agencies in the development of the curriculum
1056 outline.

1057 (10) The training required by this section ~~other than the~~
1058 ~~preservice orientation~~ must be conducted by persons registered
1059 with the department as having the requisite experience and
1060 credentials to conduct the training. A person seeking to
1061 register as a core trainer must provide the department with
1062 proof of completion of the ~~minimum~~ core training ~~education~~
1063 requirements, successful passage of the competency test
1064 established under this section, and proof of compliance with the
1065 continuing education requirement in subsection (5).

1066 (11) A person seeking to register as a core trainer must
1067 also:

1068 (a) Provide proof of completion of a 4-year degree from an
1069 accredited college or university and must have worked in a
1070 management position in an assisted living facility for 3 years
1071 after being core certified;

1072 (b) Have worked in a management position in an assisted
1073 living facility for 5 years after being core certified and have
1074 1 year of teaching experience as an educator or staff trainer
1075 for persons who work in assisted living facilities or other

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1076 | long-term care settings;
1077 | (c) Have been previously employed as a core trainer for
1078 | the department; or
1079 | (d) Meet other qualification criteria as defined in rule,
1080 | which the department is authorized to adopt.
1081 | (12) The department shall adopt rules to establish core
1082 | trainer registration and removal requirements.
1083 | Section 13. This act shall take effect July 1, 2019.