

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 reporting
20 requirements; amending s. 429.256, F.S.; revising
21 types of medications that may be self-administered;
22 amending acts which are considered assistance with
23 self-administration of medication; amending s. 429.26,
24 F.S.; including medical examinations within criteria
25 used for admission to an assisted living facility;

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

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

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

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

82 429.02 Definitions.—When used in this part, the term:

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

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

101 (13) ~~(11)~~ "Extended congregate care" means acts beyond
102 those authorized in subsection (19) ~~(17)~~ that may be performed
103 pursuant to part I of chapter 464 by persons licensed thereunder
104 while carrying out their professional duties, and other
105 supportive services which may be specified by rule. The purpose
106 of such services is to enable residents to age in place in a
107 residential environment despite mental or physical limitations
108 that might otherwise disqualify them from residency in a
109 facility licensed under this part.

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

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

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

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

134 429.07 License required; fee.—

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

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

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

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

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

192
 193 The agency may deny or revoke a facility's extended congregate
 194 care license for not meeting the criteria for an extended
 195 congregate care license as provided in this subparagraph.

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

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

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

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

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

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

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

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

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

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

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

248 d. Adopt and follow policies and procedures that maximize
249 resident independence, dignity, choice, and decisionmaking to
250 permit residents to age in place, so that moves due to changes

251 in functional status are minimized or avoided.

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

257 f. Implement the concept of managed risk.

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

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

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

273 6. Before the admission of an individual to a facility
274 licensed to provide extended congregate care services, the
275 individual must undergo a medical examination as provided in s.

276 | 429.26(5) ~~s. 429.26(4)~~ and the facility must develop a
 277 | preliminary service plan for the individual.

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

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

285 | 429.11 Initial application for license; provisional
 286 | license.—

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

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

297 | 429.176 Notice of change of administrator.—If, during the
 298 | period for which a license is issued, the owner changes
 299 | administrators, the owner must notify the agency of the change
 300 | within 10 days and provide documentation within 90 days that the

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

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

311 429.23 Internal risk management and quality assurance
 312 program; adverse incidents and reporting requirements.—

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

324 ~~(4) Licensed facilities shall provide within 15 days, by~~
 325 ~~electronic mail, facsimile, or United States mail, a full report~~

326 ~~to the agency on all adverse incidents specified in this~~
327 ~~section. The report must include the results of the facility's~~
328 ~~investigation into the adverse incident.~~

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

336 ~~(6)~~(8) If the agency, through its receipt of the adverse
337 incident report ~~reports~~ prescribed in this part or through any
338 investigation, has reasonable belief that conduct by a staff
339 member or employee of a licensed facility is grounds for
340 disciplinary action by the appropriate board, the agency shall
341 report this fact to such regulatory board.

342 ~~(7)~~(9) The adverse incident report ~~reports~~ and preliminary
343 ~~adverse incident reports~~ required under this section are
344 confidential as provided by law and are not discoverable or
345 admissible in any civil or administrative action, except in
346 disciplinary proceedings by the agency or appropriate regulatory
347 board.

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

350 429.255 Use of personnel; emergency care.—

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

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

374 (c) In an emergency situation, licensed personnel may
375 carry out their professional duties pursuant to part I of

376 chapter 464 until emergency medical personnel assume
377 responsibility for care.

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

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

388 429.256 Assistance with self-administration of
389 medication.—

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

401 purposes of this section, self-administered medications include
402 both legend and over-the-counter oral dosage forms, topical
403 dosage forms and topical skin, ophthalmic, otic, and nasal
404 dosage forms, including patches, solutions, suspensions, sprays,
405 and inhalers.

406 (3) Assistance with self-administration of medication
407 includes:

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

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

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

416 (f) Assisting with rectal, urethral, or vaginal
417 preparations.

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

426 Section 8. Section 429.26, Florida Statutes, is amended to
427 read:

428 429.26 Appropriateness of placements; examinations of
429 residents.—

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

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

448 (b) A facility may admit or retain a resident who requires
449 the use assistive devices.

450 (c) A facility may admit or retain an individual

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

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

465 a. Move, turn, or reposition without total physical
466 assistance;

467 b. Transfer to a chair or wheelchair without total
468 physical assistance; or

469 c. Sit safely in a chair or wheelchair without personal
470 assistance or a physical restraint.

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

474 3. If a facility is licensed to provide extended
475 congregate care, a resident may be retained in a facility if,

476 during residency, the resident is bedridden for no more than 14
477 consecutive days.

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

486 (3)~~(2)~~ A physician, physician assistant, or advanced
487 practice registered nurse ~~practitioner~~ who is employed by an
488 assisted living facility to provide an initial examination for
489 admission purposes may not have financial interest in the
490 facility.

491 (4)~~(3)~~ Persons licensed under part I of chapter 464 who
492 are employed by or under contract with a facility shall, on a
493 routine basis or at least monthly, perform a nursing assessment
494 of the residents for whom they are providing nursing services
495 ordered by a physician, except administration of medication, and
496 shall document such assessment, including any substantial
497 changes in a resident's status which may necessitate relocation
498 to a nursing home, hospital, or specialized health care
499 facility. Such records shall be maintained in the facility for
500 inspection by the agency and shall be forwarded to the

501 resident's case manager, if applicable.

502 (5)~~(4)~~ ~~If possible,~~ Each resident shall have been examined
503 by a licensed physician, a licensed physician assistant, or a
504 licensed advanced practice registered nurse practitioner within
505 60 days before admission to the facility or within 30 days after
506 admission to the facility except as provided in s. 429.07. The
507 information from the medical examination must be recorded on the
508 practitioner's form or on a form adopted by agency rule. The
509 ~~signed and completed~~ medical examination form, signed by the
510 practitioner, report shall be submitted to the owner or
511 administrator of the facility who shall use the information
512 contained therein to assist in the determination of the
513 appropriateness of the resident's admission and continued stay
514 in the facility. The medical examination form ~~report~~ shall
515 become a permanent part of the record of the resident at the
516 facility and shall be made available to the agency during
517 inspection or upon request. An assessment that has been
518 completed through the Comprehensive Assessment and Review for
519 Long-Term Care Services (CARES) Program fulfills the
520 requirements for a medical examination under this subsection and
521 s. 429.07(3)(b)6.

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

524 (a) Height, weight, and known allergies.

525 (b) Significant medical history and diagnoses.

526 (c) Physical or sensory limitations, including the need
 527 for fall precautions or recommended use of assistive devices.

528 (d) Cognitive or behavioral status and a brief description
 529 of any behavioral issues known or ascertained by the examining
 530 practitioner, including any known history of wandering or
 531 elopement.

532 (e) Nursing, treatment, or therapy service requirements.

533 (f) Whether assistance is needed for the activities of
 534 ambulating, eating, and transferring.

535 (g) Special diet instructions.

536 (h) The existence of communicable diseases, including
 537 necessary precautions.

538 (i) Bedridden and pressure sore status.

539 (j) Whether the resident needs 24-hour nursing or
 540 psychiatric care.

541 (k) A list of current prescribed medications as known or
 542 ascertained by the examining practitioner and whether the
 543 resident can self-administer medications, needs assistance, or
 544 needs medication administration.

545 ~~(5) Except as provided in s. 429.07, if a medical~~
 546 ~~examination has not been completed within 60 days before the~~
 547 ~~admission of the resident to the facility, a licensed physician,~~
 548 ~~licensed physician assistant, or licensed nurse practitioner~~
 549 ~~shall examine the resident and complete a medical examination~~
 550 ~~form provided by the agency within 30 days following the~~

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

557 (7)~~(6)~~ Any resident accepted in a facility and placed by
558 ~~the department or~~ the Department of Children and Families shall
559 have been examined by medical personnel within 30 days before
560 placement in the facility. The examination shall include an
561 assessment of the appropriateness of placement in a facility.
562 The findings of this examination shall be recorded on the
563 examination form provided by the agency. The completed form
564 shall accompany the resident and shall be submitted to the
565 facility owner or administrator. Additionally, in the case of a
566 mental health resident, the Department of Children and Families
567 must provide documentation that the individual has been assessed
568 by a psychiatrist, clinical psychologist, clinical social
569 worker, or psychiatric nurse, or an individual who is supervised
570 by one of these professionals, and determined to be appropriate
571 to reside in an assisted living facility. The documentation must
572 be in the facility within 30 days after the mental health
573 resident has been admitted to the facility. An evaluation
574 completed upon discharge from a state mental hospital meets the
575 requirements of this subsection related to appropriateness for

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

589 ~~(8)-(7)~~ The facility must notify a licensed physician in
590 writing when a resident exhibits signs of dementia or cognitive
591 impairment or has a change of condition in order to rule out the
592 presence of an underlying physiological condition that may be
593 contributing to such dementia or impairment. The notification
594 must occur within 30 days after the acknowledgment of such signs
595 by facility staff. If an underlying condition is determined to
596 exist, the facility shall notify the resident's representative
597 or designee in writing of the need for health care services and
598 shall assist with the arrangement of ~~arrange, with the~~
599 ~~appropriate health care provider,~~ the necessary care and
600 services to treat the condition.

601 (9)~~(8)~~ The Department of Children and Families may require
602 an examination for supplemental security income and optional
603 state supplementation recipients residing in facilities at any
604 time and shall provide the examination whenever a resident's
605 condition requires it. Any facility administrator; personnel of
606 the agency, the department, or the Department of Children and
607 Families; or a representative of the State Long-Term Care
608 Ombudsman Program who believes a resident needs to be evaluated
609 shall notify the resident's case manager, who shall take
610 appropriate action. A report of the examination findings shall
611 be provided to the resident's case manager and the facility
612 administrator to help the administrator meet his or her
613 responsibilities under subsection (1).

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

620 (10) Facilities licensed to provide extended congregate
621 care services shall promote aging in place by determining
622 appropriateness of continued residency based on a comprehensive
623 review of the resident's physical and functional status; the
624 ability of the facility, family members, friends, or any other
625 pertinent individuals or agencies to provide the care and

626 services required; and documentation that a written service plan
 627 consistent with facility policy has been developed and
 628 implemented to ensure that the resident's needs and preferences
 629 are addressed.

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

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

637 429.28 Resident bill of rights.—

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

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

645 (k) At least 45 days' notice of relocation or termination
 646 of residency from the facility unless, for medical reasons, the
 647 resident is certified by a physician to require an emergency
 648 relocation to a facility providing a more skilled level of care
 649 or the resident engages in a pattern of conduct that is harmful
 650 or offensive to other residents. In the case of a resident who

651 has been adjudicated mentally incapacitated, the guardian shall
652 be given at least 45 days' notice of a nonemergency relocation
653 or residency termination. Reasons for relocation shall be set
654 forth in writing and provided to the resident or the resident's
655 legal representative. The written notice must contain the
656 current statewide toll-free telephone number and e-mail address
657 of the State Long-Term Care Ombudsman Program and a statement
658 that such program provides services that assist in protecting
659 the health, safety, welfare, and rights of residents. The
660 contact information and statement must be in 12-point Times New
661 Roman or Calibri font. In order for a facility to terminate the
662 residency of an individual without notice as provided herein,
663 the facility shall show good cause in a court of competent
664 jurisdiction.

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

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

676 discuss residents' experiences within the facility.

677 Section 10. Section 429.41, Florida Statutes, is amended
678 to read:

679 429.41 Rules establishing standards.—

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

701 department, in consultation with the agency, the Department of
702 Children and Families, and the Department of Health, shall adopt
703 rules, ~~policies, and procedures~~ to administer this part, which
704 must include reasonable and fair minimum standards in relation
705 to:

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

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

723 ~~2. Firesafety requirements.—~~

724 ~~a. The National Fire Protection Association, Life Safety~~
725 ~~Code, NFPA 101 and 101A, current editions, shall be used in~~

726 ~~determining the uniform firesafety code adopted by the State~~
727 ~~Fire Marshal for assisted living facilities, pursuant to s.~~
728 ~~633.206.~~

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

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

737 ~~d. An assisted living facility that is issued a building~~
738 ~~permit or certificate of occupancy before July 1, 2016, may at~~
739 ~~its option and after notifying the authority having~~
740 ~~jurisdiction, remain under the provisions of the 1994 and 1995~~
741 ~~editions of the National Fire Protection Association, Life~~
742 ~~Safety Code, NFPA 101, and NFPA 101A. The facility opting to~~
743 ~~remain under such provisions may make repairs, modernizations,~~
744 ~~renovations, or additions to, or rehabilitate, the facility in~~
745 ~~compliance with NFPA 101, 1994 edition, and may utilize the~~
746 ~~alternative approaches to life safety in compliance with NFPA~~
747 ~~101A, 1995 edition. However, a facility for which a building~~
748 ~~permit or certificate of occupancy is issued before July 1,~~
749 ~~2016, that undergoes Level III building alteration or~~
750 ~~rehabilitation, as defined in the Florida Building Code, or~~

751 ~~seeks to utilize features not authorized under the 1994 or 1995~~
752 ~~editions of the Life Safety Code must thereafter comply with all~~
753 ~~aspects of the uniform firesafety standards established under s.~~
754 ~~633.206, and the Florida Fire Prevention Code, in effect for~~
755 ~~assisted living facilities as adopted by the State Fire Marshal.~~

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

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

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

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

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

800 (d)(e) License application and license renewal, transfer

801 of ownership, proper management of resident funds and personal
 802 property, surety bonds, resident contracts, refund policies,
 803 financial ability to operate, and facility and staff records.

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

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

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

- 811 1. The supervision, as defined in s. 429.02, of residents;
- 812 2. The provision of personal services;
- 813 3. The provision of, or arrangement for, social and
 814 leisure activities;
- 815 4. The assistance in making arrangements ~~arrangement~~ for
 816 appointments and transportation to appropriate medical, dental,
 817 nursing, or mental health services, as needed by residents;
- 818 5. The management of medication stored within the facility
 819 and as needed by residents;
- 820 6. The dietary ~~nutritional~~ needs of residents;
- 821 7. Resident records; and
- 822 8. Internal risk management and quality assurance.

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

825 (i)~~(j)~~ The establishment of specific criteria to define

826 appropriateness of resident admission and continued residency in
 827 a facility holding a standard, limited nursing, extended
 828 congregate care, and limited mental health license.

829 (j)~~(k)~~ The use of physical or chemical restraints. The use
 830 of geriatric chairs and Posey restraints is prohibited. Other
 831 physical restraints may be used in accordance with agency rules
 832 when ordered ~~is limited to half-bed rails as prescribed~~ and
 833 documented by the resident's physician with the consent of the
 834 resident or, if applicable, the resident's representative or
 835 designee or the resident's surrogate, guardian, or attorney in
 836 fact. Rules for the use of physical restraints must include
 837 requirements for care planning, staff monitoring, and periodic
 838 review. The use of chemical restraints is limited to prescribed
 839 dosages of medications authorized by the resident's physician
 840 and must be consistent with the resident's diagnosis. Residents
 841 who are receiving medications that can serve as chemical
 842 restraints must be evaluated by their physician at least
 843 annually to assess:

- 844 1. The continued need for the medication.
- 845 2. The level of the medication in the resident's blood.
- 846 3. The need for adjustments in the prescription.

847 (k)~~(l)~~ The establishment of specific resident elopement
 848 drill requirements ~~policies and procedures on resident~~
 849 ~~elopement.~~ Facilities shall conduct a minimum of two resident
 850 elopement drills each year. All administrators and direct care

851 staff shall participate in the drills, which must include a
852 review of the facility's procedures to address resident
853 elopement. Facilities shall document participation in the
854 drills.

855 (2) In adopting any rules pursuant to this part, the
856 department, in conjunction with the agency, shall make distinct
857 standards for facilities based upon facility size; the types of
858 care provided; the physical and mental capabilities and needs of
859 residents; the type, frequency, and amount of services and care
860 offered; and the staffing characteristics of the facility. Rules
861 developed pursuant to this section may not restrict the use of
862 shared staffing and shared programming in facilities that are
863 part of retirement communities that provide multiple levels of
864 care and otherwise meet the requirements of law and rule. If a
865 continuing care facility licensed under chapter 651 or a
866 retirement community offering multiple levels of care licenses a
867 building or part of a building designated for independent living
868 for assisted living, staffing requirements established in rule
869 apply only to residents who receive personal, limited nursing,
870 or extended congregate care services under this part. Such
871 facilities shall retain a log listing the names and unit number
872 for residents receiving these services. The log must be
873 available to surveyors upon request. ~~Except for uniform~~
874 ~~firesafety standards,~~ The department shall adopt by rule
875 separate and distinct standards for facilities with 16 or fewer

876 | beds and for facilities with 17 or more beds. The standards for
877 | facilities with 16 or fewer beds must be appropriate for a
878 | noninstitutional residential environment; however, the structure
879 | may not be more than two stories in height and all persons who
880 | cannot exit the facility unassisted in an emergency must reside
881 | on the first floor. The department, in conjunction with the
882 | agency, may make other distinctions among types of facilities as
883 | necessary to enforce this part. Where appropriate, the agency
884 | shall offer alternate solutions for complying with established
885 | standards, based on distinctions made by the department and the
886 | agency relative to the physical characteristics of facilities
887 | and the types of care offered.

888 | (3) ~~The department shall submit a copy of proposed rules~~
889 | ~~to the Speaker of the House of Representatives, the President of~~
890 | ~~the Senate, and appropriate committees of substance for review~~
891 | ~~and comment prior to the promulgation thereof.~~ Rules promulgated
892 | by the department shall encourage the development of homelike
893 | facilities which promote the dignity, individuality, personal
894 | strengths, and decisionmaking ability of residents.

895 | (4) The agency, in consultation with the department, may
896 | waive rules promulgated pursuant to this part in order to
897 | demonstrate and evaluate innovative or cost-effective congregate
898 | care alternatives which enable individuals to age in place. Such
899 | waivers may be granted only in instances where there is
900 | reasonable assurance that the health, safety, or welfare of

901 residents will not be endangered. To apply for a waiver, the
902 licensee shall submit to the agency a written description of the
903 concept to be demonstrated, including goals, objectives, and
904 anticipated benefits; the number and types of residents who will
905 be affected, if applicable; a brief description of how the
906 demonstration will be evaluated; and any other information
907 deemed appropriate by the agency. Any facility granted a waiver
908 shall submit a report of findings to the agency and the
909 department within 12 months. At such time, the agency may renew
910 or revoke the waiver or pursue any regulatory or statutory
911 changes necessary to allow other facilities to adopt the same
912 practices. The department may by rule clarify terms and
913 establish waiver application procedures, criteria for reviewing
914 waiver proposals, and procedures for reporting findings, as
915 necessary to implement this subsection.

916 (5) The agency may use an abbreviated biennial standard
917 licensure inspection that consists of a review of key quality-
918 of-care standards in lieu of a full inspection in a facility
919 that has a good record of past performance. However, a full
920 inspection must be conducted in a facility that has a history of
921 class I or class II violations, uncorrected class III
922 violations, or a violation resulting from a complaint referred
923 by the State Long-Term Care Ombudsman Program to a regulatory
924 agency ~~confirmed ombudsman council complaints, or confirmed~~
925 ~~licensure complaints,~~ within the previous licensure period

926 immediately preceding the inspection or if a potentially serious
927 problem is identified during the abbreviated inspection. The
928 agency, ~~in consultation with the department,~~ shall adopt ~~develop~~
929 the key quality-of-care standards by rule ~~with input from the~~
930 ~~State Long Term Care Ombudsman Council and representatives of~~
931 ~~provider groups for incorporation into its rules.~~

932 Section 11. Section 429.435, Florida Statutes, is created
933 to read:

934 429.435 Uniform firesafety standards.—Uniform firesafety
935 standards for assisted living facilities, a residential board
936 and care occupancy, shall be established by the State Fire
937 Marshal pursuant to s. 633.206.

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

941 (2) (a) The National Fire Protection Association, Life
942 Safety Code, NFPA 101 and 101A, current editions, shall be used
943 in determining the uniform firesafety code adopted by the State
944 Fire Marshal for assisted living facilities, pursuant to s.
945 633.206.

946 (b) A local government or a utility may charge fees only
947 in an amount not to exceed the actual expenses incurred by the
948 local government or the utility relating to the installation and
949 maintenance of an automatic fire sprinkler system in a licensed
950 assisted living facility structure.

951 (c) All licensed facilities must have an annual fire
952 inspection conducted by the local fire marshal or authority
953 having jurisdiction.

954 (d) An assisted living facility that is issued a building
955 permit or certificate of occupancy before July 1, 2016, may at
956 its option and after notifying the authority having
957 jurisdiction, remain under the provisions of the 1994 and 1995
958 editions of the National Fire Protection Association, Life
959 Safety Code, NFPA 101, and NFPA 101A. The facility opting to
960 remain under such provisions may make repairs, modernizations,
961 renovations, or additions to, or rehabilitate, the facility in
962 compliance with NFPA 101, 1994 edition, and may utilize the
963 alternative approaches to life safety in compliance with NFPA
964 101A, 1995 edition. However, a facility for which a building
965 permit or certificate of occupancy is issued before July 1,
966 2016, that undergoes Level III building alteration or
967 rehabilitation, as defined in the Florida Building Code, or
968 seeks to utilize features not authorized under the 1994 or 1995
969 editions of the Life Safety Code must thereafter comply with all
970 aspects of the uniform firesafety standards established under s.
971 633.206, and the Florida Fire Prevention Code, in effect for
972 assisted living facilities as adopted by the State Fire Marshal.

973 Section 12. Section 429.52, Florida Statutes, is amended
974 to read:

975 429.52 Staff training and educational requirements

976 ~~programs; core educational requirement.~~

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

988 (2) Administrators and other assisted living facility
989 staff must meet minimum training and education requirements
990 established by the Department of Elderly Affairs by rule. This
991 training and education is intended to assist facilities to
992 appropriately respond to the needs of residents, to maintain
993 resident care and facility standards, and to meet licensure
994 requirements.

995 (3) The department shall establish core training
996 requirements for administrators consisting of core training
997 learning objectives, a competency test, and a minimum required
998 score to indicate successful passage ~~completion~~ of the core
999 competency test ~~training and educational requirements~~. The
1000 competency test must be developed by the department in

1001 conjunction with the agency ~~and providers~~. The required core
1002 competency test ~~training and education~~ must cover at least the
1003 following topics:

1004 (a) State law and rules relating to assisted living
1005 facilities.

1006 (b) Resident rights and identifying and reporting abuse,
1007 neglect, and exploitation.

1008 (c) Special needs of elderly persons, persons with mental
1009 illness, and persons with developmental disabilities and how to
1010 meet those needs.

1011 (d) Nutrition and food service, including acceptable
1012 sanitation practices for preparing, storing, and serving food.

1013 (e) Medication management, recordkeeping, and proper
1014 techniques for assisting residents with self-administered
1015 medication.

1016 (f) Firesafety requirements, including fire evacuation
1017 drill procedures and other emergency procedures.

1018 (g) Care of persons with Alzheimer's disease and related
1019 disorders.

1020 (4) A ~~new~~ facility administrator must complete the
1021 required core training ~~and education~~, including the competency
1022 test, within 90 days after the date of employment as an
1023 administrator. Failure to do so is a violation of this part and
1024 subjects the violator to an administrative fine as prescribed in
1025 s. 429.19. Administrators licensed in accordance with part II of

1026 chapter 468 are exempt from this requirement. Other licensed
1027 professionals may be exempted, as determined by the department
1028 by rule.

1029 (5) Administrators are required to participate in
1030 continuing education for a minimum of 12 contact hours every 2
1031 years.

1032 (6) Staff ~~involved with the management of medications and~~
1033 ~~assisting with the self-administration of medications under s.~~
1034 ~~429.256 must complete a minimum of 6 additional hours of~~
1035 ~~training provided by a registered nurse or a licensed~~
1036 ~~pharmacist before providing assistance, or department staff. Two~~
1037 ~~hours of continuing education is required annually thereafter.~~
1038 The department shall establish by rule the minimum requirements
1039 of this ~~additional~~ training.

1040 (7) ~~Other~~ Facility staff shall participate in in-service
1041 training relevant to their job duties as specified by rule of
1042 the department. Topics covered during the preservice orientation
1043 are not required to be repeated during in-service training. A
1044 single certificate of completion that covers all required in-
1045 service training topics may be issued to a participating staff
1046 member if the training is provided in a single training course.

1047 (8) If ~~the department or~~ the agency determines that there
1048 are problems in a facility that could be reduced through
1049 specific staff training ~~or education~~ beyond that already
1050 required under this section, ~~the department or~~ the agency may

1051 require, and provide, or cause to be provided, the training ~~or~~
 1052 ~~education~~ of any personal care staff in the facility.

1053 (9) The department shall adopt rules related to these
 1054 training and education requirements, the competency test,
 1055 necessary procedures, and competency test fees and shall adopt
 1056 or contract with another entity to develop and administer the
 1057 competency test. The department shall adopt a curriculum outline
 1058 with learning objectives to be used by core trainers, ~~which~~
 1059 ~~shall be used~~ as the minimum core training content requirements.
 1060 The department shall consult with representatives of stakeholder
 1061 associations and agencies in the development of the curriculum
 1062 outline.

1063 (10) The training required by this section ~~other than the~~
 1064 ~~preservice orientation~~ must be conducted by persons registered
 1065 with the department as having the requisite experience and
 1066 credentials to conduct the training. A person seeking to
 1067 register as a core trainer must provide the department with
 1068 proof of completion of the ~~minimum~~ core training ~~education~~
 1069 requirements, successful passage of the competency test
 1070 established under this section, and proof of compliance with the
 1071 continuing education requirement in subsection (5).

1072 (11) A person seeking to register as a core trainer must
 1073 also:

1074 (a) Provide proof of completion of a 4-year degree from an
 1075 accredited college or university and must have worked in a

1076 management position in an assisted living facility for 3 years
1077 after being core certified;

1078 (b) Have worked in a management position in an assisted
1079 living facility for 5 years after being core certified and have
1080 1 year of teaching experience as an educator or staff trainer
1081 for persons who work in assisted living facilities or other
1082 long-term care settings;

1083 (c) Have been previously employed as a core trainer for
1084 the department; or

1085 (d) Meet other qualification criteria as defined in rule,
1086 which the department is authorized to adopt.

1087 (12) The department shall adopt rules to establish core
1088 trainer registration and removal requirements.

1089 Section 13. This act shall take effect July 1, 2019.