



458958

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/09/2019	.	
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The Committee on Children, Families, and Elder Affairs (Harrell) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Present subsections (6) through (27) of section 429.02, Florida Statutes, are redesignated as subsections (7) through (28), respectively, present subsections (13), (18), and (27) of that section are amended, and a new subsection (6) is added to that section, to read:

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



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11 (6) "Assistive device" means any device designed or adapted
12 to help a resident perform an action, a task, an activity of
13 daily living, or a transfer; prevent a fall; or recover from a
14 fall. The term does not include a total body lift or a motorized
15 sit-to-stand lift, with the exception of a chair lift or
16 recliner lift that a resident is able to operate independently.

17 (14)~~(13)~~ "Limited nursing services" means acts that may be
18 performed by a person licensed under part I of chapter 464.
19 Limited nursing services shall be for persons who meet the
20 admission criteria ~~established by the department~~ for assisted
21 living facilities and shall not be complex enough to require 24-
22 hour nursing supervision and may include such services as the
23 application and care of routine dressings, and care of casts,
24 braces, and splints.

25 (19)~~(18)~~ "Physical restraint" means a device that ~~which~~
26 physically limits, restricts, or deprives an individual of
27 movement or mobility, including, ~~but not limited to, a half-bed~~
28 ~~rail, a full-bed rail, a geriatric chair, and a posey restraint.~~
29 ~~The term "physical restraint" shall also include any device that~~
30 is ~~which was~~ not specifically manufactured as a restraint but is
31 ~~which has been~~ altered, arranged, or otherwise used for that
32 ~~this~~ purpose. The term does ~~shall~~ not include any device that
33 the resident chooses to use and is able to remove or avoid
34 independently, or any bandage material used for the purpose of
35 binding a wound or injury.

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



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40 medically complex enough to require constant supervision,
41 assessment, planning, or intervention by a nurse; required to be
42 performed by or under the direct supervision of licensed nursing
43 personnel or other professional personnel for safe and effective
44 performance; required on a daily basis; and consistent with the
45 nature and severity of the resident's condition or the disease
46 state or stage.

47 Section 2. Subsection (7) of section 429.11, Florida
48 Statutes, is amended to read:

49 429.11 Initial application for license; provisional
50 license.-

51 (7) A county or municipality may not issue a business tax
52 receipt ~~an occupational license~~ that is being obtained for the
53 purpose of operating a facility regulated under this part
54 without first ascertaining that the applicant has been licensed
55 to operate such facility at the specified location or locations
56 by the agency. The agency shall furnish to local agencies
57 responsible for issuing business tax receipts ~~occupational~~
58 ~~licenses~~ sufficient instruction for making such determinations.

59 Section 3. Section 429.176, Florida Statutes, is amended to
60 read:

61 429.176 Notice of change of administrator.-If, during the
62 period for which a license is issued, the owner changes
63 administrators, the owner must notify the agency of the change
64 within 10 days and provide documentation within 90 days that the
65 new administrator meets educational requirements and has
66 completed the applicable core educational and core competency
67 test requirements under s. 429.52. A facility may not be
68 operated for more than 120 consecutive days without an



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69 administrator who has completed the core training and core
70 competency test ~~educational~~ requirements.

71 Section 4. Subsections (3) through (9) of section 429.23,
72 Florida Statutes, are amended to read:

73 429.23 Internal risk management and quality assurance
74 program; adverse incidents and reporting requirements.—

75 (3) Licensed facilities shall initiate an investigation
76 ~~provide~~ within 24 hours after ~~1 business day after~~ the
77 occurrence of an adverse incident, ~~by electronic mail,~~
78 ~~facsimile, or United States mail, a preliminary report to the~~
79 ~~agency on all adverse incidents specified under this section.~~
80 The facility must complete the investigation and submit a report
81 to the agency within 15 days after the occurrence of the adverse
82 incident. The report must include information regarding the
83 identity of the affected resident, the type of adverse incident,
84 and the result ~~status~~ of the facility's investigation of the
85 incident.

86 ~~(4) Licensed facilities shall provide within 15 days, by~~
87 ~~electronic mail, facsimile, or United States mail, a full report~~
88 ~~to the agency on all adverse incidents specified in this~~
89 ~~section. The report must include the results of the facility's~~
90 ~~investigation into the adverse incident.~~

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



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98 ~~(4)~~~~(6)~~ Abuse, neglect, or exploitation must be reported to
99 the Department of Children and Families as required under
100 chapter 415.

101 ~~(5)~~~~(7)~~ The information reported to the agency pursuant to
102 subsection (3) which relates to persons licensed under chapter
103 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall
104 be reviewed by the agency. The agency shall determine whether
105 any of the incidents potentially involved conduct by a health
106 care professional who is subject to disciplinary action, in
107 which case the provisions of s. 456.073 apply. The agency may
108 investigate, as it deems appropriate, any such incident and
109 prescribe measures that must or may be taken in response to the
110 incident. The agency shall review each incident and determine
111 whether it potentially involved conduct by a health care
112 professional who is subject to disciplinary action, in which
113 case the provisions of s. 456.073 apply.

114 ~~(6)~~~~(8)~~ If the agency, through its receipt of the adverse
115 incident report ~~reports~~ prescribed in this part or through any
116 investigation, has reasonable belief that conduct by a staff
117 member or employee of a licensed facility is grounds for
118 disciplinary action by the appropriate board, the agency shall
119 report this fact to such regulatory board.

120 ~~(7)~~~~(9)~~ The adverse incident report ~~reports~~ ~~and preliminary~~
121 ~~adverse incident reports~~ required under this section is ~~are~~
122 confidential as provided by law and are not discoverable or
123 admissible in any civil or administrative action, except in
124 disciplinary proceedings by the agency or appropriate regulatory
125 board.

126 Section 5. Paragraphs (a) and (b) of subsection (1) of



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127 section 429.255, Florida Statutes, are amended, and paragraph
128 (d) is added to that subsection, to read:

129 429.255 Use of personnel; emergency care.—

130 (1)(a) Persons under contract to the facility, facility
131 staff, or volunteers, who are licensed according to part I of
132 chapter 464, or those persons exempt under s. 464.022(1), and
133 others as defined by rule, may administer medications to
134 residents, take residents' vital signs, manage individual weekly
135 pill organizers for residents who self-administer medication,
136 give prepackaged enemas ordered by a physician, observe
137 residents, document observations on the appropriate resident's
138 record, and report observations to the resident's physician,~~and~~
139 ~~contract or allow residents or a resident's representative,~~
140 ~~designee, surrogate, guardian, or attorney in fact to contract~~
141 ~~with a third party, provided residents meet the criteria for~~
142 ~~appropriate placement as defined in s. 429.26.~~ Nursing
143 assistants certified pursuant to part II of chapter 464 may take
144 residents' vital signs as directed by a licensed nurse or
145 physician.

146 (b) All staff of ~~in~~ facilities licensed under this part
147 shall exercise their professional responsibility to observe
148 residents, to document observations on the appropriate
149 resident's record, and to report the observations to the
150 resident's physician. However, the owner or administrator of the
151 facility shall be responsible for determining that the resident
152 receiving services is appropriate for residence in the facility.

153 (d) A resident or a resident's representative, designee,
154 surrogate, guardian, or attorney in fact may contract for
155 services with a third party, provided the resident meets the



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156 criteria for continued residency as provided in s. 429.26. The
157 third party must communicate with the facility regarding the
158 resident's condition and the services being provided. The
159 facility must document that it received such communication.

160 Section 6. Subsection (2), paragraph (b) of subsection (3),
161 and paragraphs (e), (f), and (g) of subsection (4) of section
162 429.256, Florida Statutes, are amended to read:

163 429.256 Assistance with self-administration of medication.—

164 (2) Residents who are capable of self-administering their
165 own medications without assistance shall be encouraged and
166 allowed to do so. However, an unlicensed person may, consistent
167 with a dispensed prescription's label or the package directions
168 of an over-the-counter medication, assist a resident whose
169 condition is medically stable with the self-administration of
170 routine, regularly scheduled medications that are intended to be
171 self-administered. Assistance with self-medication by an
172 unlicensed person may occur only upon a documented request by,
173 and the written informed consent of, a resident or the
174 resident's surrogate, guardian, or attorney in fact. For the
175 purposes of this section, self-administered medications include
176 both legend and over-the-counter oral dosage forms, topical
177 dosage forms and topical skin, ophthalmic, otic, and nasal
178 dosage forms, including patches, solutions, suspensions, sprays,
179 and inhalers.

180 (3) Assistance with self-administration of medication
181 includes:

182 (b) In the presence of the resident, confirming that the
183 medication is intended for that resident, orally advising the
184 resident of the medication name and purpose ~~reading the label,~~



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185 opening the container, removing a prescribed amount of
186 medication from the container, and closing the container.

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

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

190 (f) Assisting with rectal, urethral, or vaginal
191 preparations.

192 (g) Assisting with medications ordered by the physician or
193 health care professional with prescriptive authority to be given
194 "as needed," unless the order is written with specific
195 parameters that preclude independent judgment on the part of the
196 unlicensed person, and the at the request of a competent
197 resident requesting the medication is aware of his or her need
198 for the medication and understands the purpose of taking the
199 medication.

200 Section 7. Section 429.26, Florida Statutes, is amended to
201 read:

202 429.26 Appropriateness of placements; examinations of
203 residents.—

204 (1) The owner or administrator of a facility is responsible
205 for determining the appropriateness of admission of an
206 individual to the facility and for determining the continued
207 appropriateness of residence of an individual in the facility. A
208 determination must ~~shall~~ be based upon an evaluation ~~assessment~~
209 of the strengths, needs, and preferences of the resident, a
210 medical examination, the care and services offered or arranged
211 for by the facility in accordance with facility policy, and any
212 limitations in law or rule related to admission criteria or
213 continued residency for the type of license held by the facility



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214 under this part. The following criteria apply to the
215 determination of appropriateness for residency and continued
216 residency of an individual in a facility:

217 (a) A facility may admit or retain a resident who receives
218 a health care service or treatment that is designed to be
219 provided within a private residential setting if all
220 requirements for providing that service or treatment are met by
221 the facility or a third party.

222 (b) A facility may admit or retain a resident who requires
223 the use of assistive devices.

224 (c) A facility may admit or retain an individual receiving
225 hospice services if the arrangement is agreed to by the facility
226 and the resident, additional care is provided by a licensed
227 hospice, and the resident is under the care of a physician who
228 agrees that the physical needs of the resident can be met at the
229 facility. A facility may not retain a resident who requires 24-
230 hour nursing supervision, except for a resident who is enrolled
231 in hospice services pursuant to part IV of chapter 400. The
232 resident must have a plan of care that delineates how the
233 facility and the hospice will meet the scheduled and unscheduled
234 needs of the resident.

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

239 a. Move, turn, or reposition without total physical
240 assistance;

241 b. Transfer to a chair or wheelchair without total physical
242 assistance;



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243 c. Sit safely in a chair or wheelchair without personal
244 assistance or a physical restraint.

245 2. A resident may continue to reside in a facility if,
246 during residency, he or she is bedridden for no more than 7
247 consecutive days.

248 3. If a facility is licensed to provide extended congregate
249 care, a resident may continue to reside in a facility if, during
250 residency, he or she is bedridden for no more than 14
251 consecutive days.

252 (2) A resident may not be moved from one facility to
253 another without consultation with and agreement from the
254 resident or, if applicable, the resident's representative or
255 designee or the resident's family, guardian, surrogate, or
256 attorney in fact. In the case of a resident who has been placed
257 by the department or the Department of Children and Families,
258 the administrator must notify the appropriate contact person in
259 the applicable department.

260 (3)~~(2)~~ A physician, physician assistant, or advanced
261 practice registered nurse practitioner who is employed by an
262 assisted living facility to provide an initial examination for
263 admission purposes may not have financial interest in the
264 facility.

265 (4)~~(3)~~ Persons licensed under part I of chapter 464 who are
266 employed by or under contract with a facility shall, on a
267 routine basis or at least monthly, perform a nursing assessment
268 of the residents for whom they are providing nursing services
269 ordered by a physician, except administration of medication, and
270 shall document such assessment, including any substantial
271 changes in a resident's status which may necessitate relocation



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272 to a nursing home, hospital, or specialized health care
273 facility. Such records shall be maintained in the facility for
274 inspection by the agency and shall be forwarded to the
275 resident's case manager, if applicable.

276 (5)(4) If possible, Each resident must shall have been
277 examined by a licensed physician, a licensed physician
278 assistant, or a licensed advanced practice registered nurse
279 practitioner within 60 days before admission to the facility or
280 within 30 days after admission to the facility, except as
281 provided in s. 429.07. The information from the medical
282 examination must be recorded on the practitioner's form or on a
283 form adopted by agency rule. The signed and completed medical
284 examination form, signed by the practitioner, must report shall
285 be submitted to the owner or administrator of the facility, who
286 shall use the information contained therein to assist in the
287 determination of the appropriateness of the resident's admission
288 to or and continued stay in the facility. The medical
289 examination form becomes report shall become a permanent part of
290 the facility's record of the resident at the facility and must
291 shall be made available to the agency during inspection or upon
292 request. An assessment that has been completed through the
293 Comprehensive Assessment and Review for Long-Term Care Services
294 (CARES) Program fulfills the requirements for a medical
295 examination under this subsection and s. 429.07(3)(b)6.

296 (6) The medical examination form submitted under subsection
297 (5) must include the following information relating to the
298 resident:

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

300 (b) Significant medical history and diagnoses.



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

303 (d) Cognitive or behavioral status and a brief description
304 of any behavioral issues known or ascertained by the examining
305 practitioner, including any known history of wandering or
306 elopement.

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

308 (f) Whether assistance is needed for ambulating, eating,
309 and transferring.

310 (g) Special dietary instructions.

311 (h) Whether he or she has any communicable diseases,
312 including necessary precautions.

313 (i) Whether he or she is bedridden and the status of any
314 pressure sores that he or she has.

315 (j) Whether the resident needs 24-hour nursing or
316 psychiatric care.

317 (k) A list of current prescribed medications as known or
318 ascertained by the examining practitioner and whether the
319 resident can self-administer medications, needs assistance, or
320 needs medication administration.

321 ~~(5) Except as provided in s. 429.07, if a medical~~
322 ~~examination has not been completed within 60 days before the~~
323 ~~admission of the resident to the facility, a licensed physician,~~
324 ~~licensed physician assistant, or licensed nurse practitioner~~
325 ~~shall examine the resident and complete a medical examination~~
326 ~~form provided by the agency within 30 days following the~~
327 ~~admission to the facility to enable the facility owner or~~
328 ~~administrator to determine the appropriateness of the admission.~~
329 ~~The medical examination form shall become a permanent part of~~



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330 ~~the record of the resident at the facility and shall be made~~
331 ~~available to the agency during inspection by the agency or upon~~
332 ~~request.~~

333 (7)~~(6)~~ Any resident accepted in a facility and placed by
334 ~~the department or~~ the Department of Children and Families must
335 ~~shall~~ have been examined by medical personnel within 30 days
336 before placement in the facility. The examination must ~~shall~~
337 include an assessment of the appropriateness of placement in a
338 facility. The findings of this examination must ~~shall~~ be
339 recorded on the examination form provided by the agency. The
340 completed form must ~~shall~~ accompany the resident and ~~shall~~ be
341 submitted to the facility owner or administrator. Additionally,
342 in the case of a mental health resident, the Department of
343 Children and Families must provide documentation that the
344 individual has been assessed by a psychiatrist, clinical
345 psychologist, clinical social worker, or psychiatric nurse, or
346 an individual who is supervised by one of these professionals,
347 and determined to be appropriate to reside in an assisted living
348 facility. The documentation must be in the facility within 30
349 days after the mental health resident has been admitted to the
350 facility. An evaluation completed upon discharge from a state
351 mental hospital meets the requirements of this subsection
352 related to appropriateness for placement as a mental health
353 resident providing it was completed within 90 days prior to
354 admission to the facility. The ~~applicable~~ Department of Children
355 and Families shall provide to the facility administrator any
356 information about the resident which ~~that~~ would help the
357 administrator meet his or her responsibilities under subsection
358 (1). Further, Department of Children and Families personnel



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359 shall explain to the facility operator any special needs of the
360 resident and advise the operator whom to call should problems
361 arise. The ~~applicable~~ Department of Children and Families shall
362 advise and assist the facility administrator when ~~where~~ the
363 special needs of residents who are recipients of optional state
364 supplementation require such assistance.

365 (8) ~~(7)~~ The facility shall ~~must~~ notify a licensed physician
366 in writing when a resident exhibits signs of dementia or
367 cognitive impairment or has a change of condition in order to
368 rule out the presence of an underlying physiological condition
369 that may be contributing to such dementia or impairment. The
370 notification must occur within 30 days after the acknowledgment
371 of such signs by facility staff. If an underlying condition is
372 determined to exist, the facility must notify the resident's
373 representative or designee in writing of the need for health
374 care services and may assist in making appointments for ~~shall~~
375 ~~arrange, with the appropriate health care provider, the~~
376 necessary care and services to treat the condition.

377 (9) ~~(8)~~ The Department of Children and Families may require
378 an examination for supplemental security income and optional
379 state supplementation recipients residing in facilities at any
380 time and shall provide the examination whenever a resident's
381 condition requires it. Any facility administrator; personnel of
382 the agency, the department, or the Department of Children and
383 Families; or a representative of the State Long-Term Care
384 Ombudsman Program who believes a resident needs to be evaluated
385 shall notify the resident's case manager, who shall take
386 appropriate action. A report of the examination findings must
387 ~~shall~~ be provided to the resident's case manager and the



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388 facility administrator to help the administrator meet his or her
389 responsibilities under subsection (1).

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

396 (10) Facilities licensed to provide extended congregate
397 care services shall promote aging in place by determining
398 appropriateness of continued residency based on a comprehensive
399 review of the resident's physical and functional status; the
400 ability of the facility, family members, friends, or any other
401 pertinent individuals or agencies to provide the care and
402 services required; and documentation that a written service plan
403 consistent with facility policy has been developed and
404 implemented to ensure that the resident's needs and preferences
405 are addressed.

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

410 Section 8. Paragraphs (a) and (k) of subsection (1) and
411 subsection (3) of section 429.28, Florida Statutes, are amended
412 to read:

413 429.28 Resident bill of rights.—

414 (1) No resident of a facility shall be deprived of any
415 civil or legal rights, benefits, or privileges guaranteed by
416 law, the Constitution of the State of Florida, or the



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417 Constitution of the United States as a resident of a facility.
418 Every resident of a facility shall have the right to:

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

421 (k) At least 45 days' notice of relocation or termination
422 of residency from the facility unless, for medical reasons, the
423 resident is certified by a physician to require an emergency
424 relocation to a facility providing a more skilled level of care
425 or the resident engages in a pattern of conduct that is harmful
426 or offensive to other residents. In the case of a resident who
427 has been adjudicated mentally incapacitated, the guardian shall
428 be given at least 45 days' notice of a nonemergency relocation
429 or residency termination. Reasons for relocation must shall be
430 set forth in writing and provided to the resident or the
431 resident's legal representative. The written notice must contain
432 the following disclosure in 12-point uppercase type:

433 THE STATE LONG-TERM CARE OMBUDSMAN PROGRAM PROVIDES
434 SERVICES THAT ASSIST IN PROTECTING THE HEALTH, SAFETY,
435 WELFARE, AND RIGHTS OF RESIDENTS. FOR ASSISTANCE,
436 CONTACT THE OMBUDSMAN PROGRAM TOLL-FREE AT 1-888-831-
437 0404 OR VIA E-MAIL AT LTCOPInformer@elderaffairs.org.

438 In order for a facility to terminate the residency of an
439 individual without notice as provided herein, the facility shall
440 show good cause in a court of competent jurisdiction.

441 (3) (a) The agency shall conduct a survey to determine
442 general compliance with ~~facility standards and compliance with~~
443 residents' rights as a prerequisite to initial licensure or
444 licensure renewal. ~~The agency shall adopt rules for uniform~~
445 ~~standards and criteria that will be used to determine compliance~~



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446 ~~with facility standards and compliance with residents' rights.~~

447 (b) In order to determine whether the facility is
448 adequately protecting residents' rights, the licensure renewal
449 ~~biennial~~ survey must ~~shall~~ include private informal
450 conversations with a sample of residents and consultation with
451 the ombudsman council in the district in which the facility is
452 located to discuss residents' experiences within the facility.

453 Section 9. Section 429.41, Florida Statutes, is amended to
454 read:

455 429.41 Rules establishing standards.—

456 (1) It is the intent of the Legislature that rules
457 published and enforced pursuant to this section shall include
458 criteria by which a reasonable and consistent quality of
459 resident care and quality of life may be ensured and the results
460 of such resident care may be demonstrated. Such rules shall also
461 promote ~~ensure~~ a safe and sanitary environment that is
462 residential and noninstitutional in design or nature and may
463 allow for technological advances in the provision of care,
464 safety, and security, including the use of devices, equipment
465 and other security measures related to wander management,
466 emergency response, staff risk management, and the general
467 safety and security of residents, staff, and the facility. It is
468 further intended that reasonable efforts be made to accommodate
469 the needs and preferences of residents to enhance the quality of
470 life in a facility. ~~Uniform firesafety standards for assisted~~
471 ~~living facilities shall be established by the State Fire Marshal~~
472 ~~pursuant to s. 633.206.~~ The agency, in consultation with the
473 department, may adopt rules to administer the requirements of
474 part II of chapter 408. ~~In order to provide safe and sanitary~~



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475 ~~facilities and the highest quality of resident care~~
476 ~~accommodating the needs and preferences of residents,~~ The
477 department, in consultation with the agency, the Department of
478 Children and Families, and the Department of Health, shall adopt
479 ~~rules, policies, and procedures~~ to administer this part, which
480 must include reasonable and fair minimum standards in relation
481 to:

482 (a) The requirements for ~~and~~ maintenance and the sanitary
483 condition of facilities, not in conflict with, or duplicative
484 of, the requirements in chapter 553 or chapter 381, relating to
485 furnishings for resident bedrooms or sleeping areas, locking
486 devices, linens, laundry services ~~plumbing, heating, cooling,~~
487 ~~lighting, ventilation, living space,~~ and similar physical plant
488 standards ~~other housing conditions,~~ which will promote ensure
489 the health, safety, and welfare ~~comfort~~ of residents suitable to
490 the size of the structure. The rules must clearly delineate the
491 respective responsibilities of the agency's licensure and survey
492 staff and the county health departments and ensure that
493 inspections are not duplicative. The agency may collect fees for
494 food service inspections conducted by county health departments
495 and may transfer such fees to the Department of Health.

496 ~~1. Firesafety evacuation capability determination. An~~
497 ~~evacuation capability evaluation for initial licensure shall be~~
498 ~~conducted within 6 months after the date of licensure.~~

499 ~~2. Firesafety requirements.~~

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



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504 ~~633.206.~~

505 ~~b. A local government or a utility may charge fees only in~~
506 ~~an amount not to exceed the actual expenses incurred by the~~
507 ~~local government or the utility relating to the installation and~~
508 ~~maintenance of an automatic fire sprinkler system in a licensed~~
509 ~~assisted living facility structure.~~

510 ~~e. All licensed facilities must have an annual fire~~
511 ~~inspection conducted by the local fire marshal or authority~~
512 ~~having jurisdiction.~~

513 ~~d. An assisted living facility that is issued a building~~
514 ~~permit or certificate of occupancy before July 1, 2016, may at~~
515 ~~its option and after notifying the authority having~~
516 ~~jurisdiction, remain under the provisions of the 1994 and 1995~~
517 ~~editions of the National Fire Protection Association, Life~~
518 ~~Safety Code, NFPA 101, and NFPA 101A. The facility opting to~~
519 ~~remain under such provisions may make repairs, modernizations,~~
520 ~~renovations, or additions to, or rehabilitate, the facility in~~
521 ~~compliance with NFPA 101, 1994 edition, and may utilize the~~
522 ~~alternative approaches to life safety in compliance with NFPA~~
523 ~~101A, 1995 edition. However, a facility for which a building~~
524 ~~permit or certificate of occupancy is issued before July 1,~~
525 ~~2016, that undergoes Level III building alteration or~~
526 ~~rehabilitation, as defined in the Florida Building Code, or~~
527 ~~seeks to utilize features not authorized under the 1994 or 1995~~
528 ~~editions of the Life Safety Code must thereafter comply with all~~
529 ~~aspects of the uniform firesafety standards established under s.~~
530 ~~633.206, and the Florida Fire Prevention Code, in effect for~~
531 ~~assisted living facilities as adopted by the State Fire Marshal.~~

532 ~~3. Resident elopement requirements. Facilities are required~~



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533 ~~to conduct a minimum of two resident elopement prevention and~~
534 ~~response drills per year. All administrators and direct care~~
535 ~~staff must participate in the drills which shall include a~~
536 ~~review of procedures to address resident elopement. Facilities~~
537 ~~must document the implementation of the drills and ensure that~~
538 ~~the drills are conducted in a manner consistent with the~~
539 ~~facility's resident elopement policies and procedures.~~

540 (b) The preparation and annual update of a comprehensive
541 emergency management plan. Such standards must be included in
542 the rules adopted by the department after consultation with the
543 Division of Emergency Management. At a minimum, the rules must
544 provide for plan components that address emergency evacuation
545 transportation; adequate sheltering arrangements; postdisaster
546 activities, including provision of emergency power, food, and
547 water; postdisaster transportation; supplies; staffing;
548 emergency equipment; individual identification of residents and
549 transfer of records; communication with families; and responses
550 to family inquiries. The comprehensive emergency management plan
551 is subject to review and approval by the local emergency
552 management agency. During its review, the local emergency
553 management agency shall ensure that the following agencies, at a
554 minimum, are given the opportunity to review the plan: the
555 Department of Elderly Affairs, the Department of Health, the
556 Agency for Health Care Administration, and the Division of
557 Emergency Management. Also, appropriate volunteer organizations
558 must be given the opportunity to review the plan. The local
559 emergency management agency shall complete its review within 60
560 days and either approve the plan or advise the facility of
561 necessary revisions.



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

567 ~~(d) All sanitary conditions within the facility and its~~
568 ~~surroundings which will ensure the health and comfort of~~
569 ~~residents. The rules must clearly delineate the responsibilities~~
570 ~~of the agency's licensure and survey staff, the county health~~
571 ~~departments, and the local authority having jurisdiction over~~
572 ~~firesafety and ensure that inspections are not duplicative. The~~
573 ~~agency may collect fees for food service inspections conducted~~
574 ~~by the county health departments and transfer such fees to the~~
575 ~~Department of Health.~~

576 ~~(d)(e)~~ License application and license renewal, transfer of
577 ownership, proper management of resident funds and personal
578 property, surety bonds, resident contracts, refund policies,
579 financial ability to operate, and facility and staff records.

580 ~~(e)(f)~~ Inspections, complaint investigations, moratoriums,
581 classification of deficiencies, ~~levying~~ and enforcement of
582 penalties, ~~and use of income from fees and fines.~~

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

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

- 587 1. The supervision of residents;
588 2. The provision of personal services;
589 3. The provision of, or arrangement for, social and leisure
590 activities;



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591 4. The assistance in making arrangements ~~arrangement~~ for
592 appointments and transportation to appropriate medical, dental,
593 nursing, or mental health services, as needed by residents;
594 5. The management of medication stored within the facility
595 and as needed by residents;
596 6. The dietary ~~nutritional~~ needs of residents;
597 7. Resident records; ~~and~~
598 8. Internal risk management and quality assurance; and
599 9. The requirements for using medical diagnostic testing
600 equipment that is designed for a residential setting and is used
601 at the point of care delivery, including equipment to test
602 cholesterol, blood glucose level, and blood pressure.
603 (h) ~~(i)~~ Facilities holding a limited nursing, extended
604 congregate care, or limited mental health license.
605 (i) ~~(j)~~ The establishment of specific criteria to define
606 appropriateness of resident admission and continued residency in
607 a facility holding a standard, limited nursing, extended
608 congregate care, and limited mental health license.
609 (j) ~~(k)~~ The use of physical or chemical restraints. The use
610 of geriatric chairs or posey restraints is prohibited. Other
611 physical restraints may be used in accordance with agency rules
612 when ordered ~~is limited to half-bed rails as prescribed and~~
613 ~~documented~~ by the resident's physician and consented to by ~~with~~
614 ~~the consent~~ of the resident or, if applicable, the resident's
615 representative or designee or the resident's surrogate,
616 guardian, or attorney in fact. Such rules must specify
617 requirements for care planning, staff monitoring, and periodic
618 review. The use of chemical restraints is limited to prescribed
619 dosages of medications authorized by the resident's physician



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620 and must be consistent with the resident's diagnosis. Residents
621 who are receiving medications that can serve as chemical
622 restraints must be evaluated by their physician at least
623 annually to assess:

- 624 1. The continued need for the medication.
- 625 2. The level of the medication in the resident's blood.
- 626 3. The need for adjustments in the prescription.

627 (k) ~~(l)~~ The establishment of specific resident elopement
628 drill requirements policies and procedures on resident
629 elopement. Facilities shall conduct a minimum of two resident
630 elopement drills each year. All administrators and direct care
631 staff shall participate in the drills, which must include a
632 review of the facility's procedures to address resident
633 elopement. Facilities shall document participation in the
634 drills.

635 (2) In adopting any rules pursuant to this part, the
636 department, in conjunction with the agency, shall make distinct
637 standards for facilities based upon facility size; the types of
638 care provided; the physical and mental capabilities and needs of
639 residents; the type, frequency, and amount of services and care
640 offered; and the staffing characteristics of the facility. Rules
641 developed pursuant to this section may not restrict the use of
642 shared staffing and shared programming in facilities that are
643 part of retirement communities that provide multiple levels of
644 care and otherwise meet the requirements of law and rule. If a
645 continuing care facility licensed under chapter 651 or a
646 retirement community offering multiple levels of care licenses a
647 building or part of a building designated for independent living
648 for assisted living, staffing requirements established in rule



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649 apply only to residents who receive personal, limited nursing,
650 or extended congregate care services under this part. Such
651 facilities shall retain a log listing the names and unit number
652 for residents receiving these services. The log must be
653 available to surveyors upon request. ~~Except for uniform~~
654 ~~firesafety standards,~~ The department shall adopt by rule
655 separate and distinct standards for facilities with 16 or fewer
656 beds and for facilities with 17 or more beds. The standards for
657 facilities with 16 or fewer beds must be appropriate for a
658 noninstitutional residential environment; however, the structure
659 may not be more than two stories in height and all persons who
660 cannot exit the facility unassisted in an emergency must reside
661 on the first floor. The department, in conjunction with the
662 agency, may make other distinctions among types of facilities as
663 necessary to enforce this part. Where appropriate, the agency
664 shall offer alternate solutions for complying with established
665 standards, based on distinctions made by the department and the
666 agency relative to the physical characteristics of facilities
667 and the types of care offered.

668 (3) ~~The department shall submit a copy of proposed rules to~~
669 ~~the Speaker of the House of Representatives, the President of~~
670 ~~the Senate, and appropriate committees of substance for review~~
671 ~~and comment prior to the promulgation thereof.~~ Rules promulgated
672 by the department must ~~shall~~ encourage the development of
673 homelike facilities which promote the dignity, individuality,
674 personal strengths, and decisionmaking ability of residents.

675 (4) The agency, in consultation with the department, may
676 waive rules promulgated pursuant to this part in order to
677 demonstrate and evaluate innovative or cost-effective congregate



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678 care alternatives which enable individuals to age in place. Such
679 waivers may be granted only in instances where there is
680 reasonable assurance that the health, safety, or welfare of
681 residents will not be endangered. To apply for a waiver, the
682 licensee shall submit to the agency a written description of the
683 concept to be demonstrated, including goals, objectives, and
684 anticipated benefits; the number and types of residents who will
685 be affected, if applicable; a brief description of how the
686 demonstration will be evaluated; and any other information
687 deemed appropriate by the agency. Any facility granted a waiver
688 shall submit a report of findings to the agency and the
689 department within 12 months. At such time, the agency may renew
690 or revoke the waiver or pursue any regulatory or statutory
691 changes necessary to allow other facilities to adopt the same
692 practices. The department may by rule clarify terms and
693 establish waiver application procedures, criteria for reviewing
694 waiver proposals, and procedures for reporting findings, as
695 necessary to implement this subsection.

696 (5) The agency may use an abbreviated biennial standard
697 licensure inspection that consists of a review of key quality-
698 of-care standards in lieu of a full inspection in a facility
699 that has a good record of past performance. However, a full
700 inspection must be conducted in a facility that has a history of
701 class I or class II violations, uncorrected class III
702 violations, or a violation resulting from a complaint referred
703 by the State Long-Term Care Ombudsman Program to a regulatory
704 agency confirmed ombudsman council complaints, or confirmed
705 licensure complaints, within the previous licensure period
706 immediately preceding the inspection or if a potentially serious



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707 problem is identified during the abbreviated inspection. The
708 agency, ~~in consultation with the department,~~ shall adopt by rule
709 ~~develop~~ the key quality-of-care standards ~~with input from the~~
710 ~~State Long Term Care Ombudsman Council and representatives of~~
711 ~~provider groups for incorporation into its rules.~~

712 Section 10. Section 429.435, Florida Statutes, is created
713 to read:

714 429.435 Uniform firesafety standards.-Uniform firesafety
715 standards for assisted living facilities and a residential board
716 and care occupancy shall be established by the State Fire
717 Marshal pursuant to s. 633.206.

718 (1) EVACUATION CAPABILITY.-A firesafety evacuation
719 capability determination shall be conducted within 6 months
720 after the date of initial licensure, if required.

721 (2) FIRESAFETY REQUIREMENTS.-

722 (a) The National Fire Protection Association, Life Safety
723 Code, NFPA 101 and 101A, current editions, must 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 that do
728 not exceed the actual costs incurred by the local government or
729 the utility for the installation and maintenance of an automatic
730 fire sprinkler system in a licensed assisted living facility
731 structure.

732 (c) 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 was issued a building



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736 permit or certificate of occupancy before July 1, 2016, at its
737 option and after notifying the authority having jurisdiction,
738 may remain under the provisions of the 1994 and 1995 editions of
739 the National Fire Protection Association, Life Safety Code, NFPA
740 101 and 101A. A facility opting to remain under such provisions
741 may make repairs, modernizations, renovations, or additions to,
742 or rehabilitate, the facility in compliance with NFPA 101, 1994
743 edition, and may utilize the alternative approaches to life
744 safety in compliance with NFPA 101A, 1995 edition. However, a
745 facility for which a building permit or certificate of occupancy
746 was issued before July 1, 2016, which undergoes Level III
747 building alteration or rehabilitation, as defined in the Florida
748 Building Code, or which seeks to utilize features not authorized
749 under the 1994 or 1995 editions of the Life Safety Code shall
750 thereafter comply with all aspects of the uniform firesafety
751 standards established under s. 633.206, and the Florida Fire
752 Prevention Code, in effect for assisted living facilities as
753 adopted by the State Fire Marshal.

754 Section 11. Section 429.52, Florida Statutes, is amended to
755 read:

756 429.52 Staff training and educational requirements
757 ~~programs; core educational requirement.~~-

758 (1) ~~Effective October 1, 2015,~~ Each new assisted living
759 facility employee who has not previously completed core training
760 must attend a preservice orientation provided by the facility
761 before interacting with residents. The preservice orientation
762 must be at least 2 hours in duration and cover topics that help
763 the employee provide responsible care and respond to the needs
764 of facility residents. Upon completion, the employee and the



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765 administrator of the facility must sign a statement that the
766 employee completed the required preservice orientation. The
767 facility must keep the signed statement in the employee's
768 personnel record.

769 (2) Administrators and other assisted living facility staff
770 must meet minimum training and education requirements
771 established by the Department of Elderly Affairs by rule. This
772 training and education is intended to assist facilities to
773 appropriately respond to the needs of residents, to maintain
774 resident care and facility standards, and to meet licensure
775 requirements.

776 (3) The department shall establish core training
777 requirements for administrators consisting of core training
778 learning objectives, a competency test, and a minimum required
779 score to indicate successful passage completion of the core
780 competency test ~~training and educational requirements~~. The
781 competency test must be developed by the department in
782 conjunction with the agency ~~and providers~~. The required core
783 competency test ~~training and education~~ must cover at least the
784 following topics:

785 (a) State law and rules relating to assisted living
786 facilities.

787 (b) Resident rights and identifying and reporting abuse,
788 neglect, and exploitation.

789 (c) Special needs of elderly persons, persons with mental
790 illness, and persons with developmental disabilities and how to
791 meet those needs.

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



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794 (e) Medication management, recordkeeping, and proper
795 techniques for assisting residents with self-administered
796 medication.

797 (f) Firesafety requirements, including fire evacuation
798 drill procedures and other emergency procedures.

799 (g) Care of persons with Alzheimer's disease and related
800 disorders.

801 (4) A ~~new~~ facility administrator must complete the required
802 core training and education, including the competency test,
803 within 90 days after the date of employment as an administrator.
804 Failure to do so is a violation of this part and subjects the
805 violator to an administrative fine as prescribed in s. 429.19.
806 Administrators licensed in accordance with part II of chapter
807 468 are exempt from this requirement. Other licensed
808 professionals may be exempted, as determined by the department
809 by rule.

810 (5) Administrators are required to participate in
811 continuing education for a minimum of 12 contact hours every 2
812 years.

813 (6) Staff ~~involved with the management of medications and~~
814 assisting with the self-administration of medications under s.
815 429.256 must complete a minimum of 6 ~~additional~~ hours of
816 training provided by a registered nurse, or a licensed
817 pharmacist, before providing assistance ~~or department staff~~. Two
818 hours of continuing education is required annually thereafter.
819 The department shall establish by rule the minimum requirements
820 of this ~~additional~~ training.

821 (7) ~~Other~~ Facility staff shall participate in in-service
822 training relevant to their job duties as specified by department



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823 ~~rule of the department.~~ Topics covered during the preservice
824 orientation are not required to be repeated during in-service
825 training. A single certificate of completion that covers all
826 required in-service training topics may be issued to a
827 participating staff member if the training is provided in a
828 single training course.

829 (8) If ~~the department or~~ the agency determines that there
830 are problems in a facility that could be reduced through
831 specific staff training ~~or education~~ beyond that already
832 required under this section, ~~the department or~~ the agency may
833 require, and provide, or cause to be provided, the training ~~or~~
834 ~~education~~ of any personal care staff in the facility.

835 (9) The department shall adopt rules related to these
836 training and education requirements, the competency test,
837 necessary procedures, and competency test fees and shall adopt
838 or contract with another entity to develop and administer the
839 competency test. The department shall adopt a curriculum outline
840 with learning objectives to be used by core trainers, ~~which~~
841 ~~shall be used~~ as the minimum core training content requirements.
842 The department shall consult with representatives of stakeholder
843 associations and agencies in the development of the curriculum
844 outline.

845 (10) The core training required by this section ~~other than~~
846 ~~the preservice orientation~~ must be conducted by persons
847 registered with the department as having the requisite
848 experience and credentials to conduct the training. A person
849 seeking to register as a core trainer must provide the
850 department with proof of completion of the ~~minimum~~ core training
851 ~~education~~ requirements, successful passage of the competency



852 test established under this section, and proof of compliance
853 with the continuing education requirement in subsection (5).

854 (11) A person seeking to register as a core trainer also
855 must ~~also~~:

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

860 (b) Have worked in a management position in an assisted
861 living facility for 5 years after being core certified and have
862 1 year of teaching experience as an educator or staff trainer
863 for persons who work in assisted living facilities or other
864 long-term care settings;

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

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

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

871 Section 12. Paragraph (b) of subsection (3) of section
872 429.07, Florida Statutes, is amended to read

873 429.07 License required; fee.—

874 (3) In addition to the requirements of s. 408.806, each
875 license granted by the agency must state the type of care for
876 which the license is granted. Licenses shall be issued for one
877 or more of the following categories of care: standard, extended
878 congregate care, limited nursing services, or limited mental
879 health.

880 (b) An extended congregate care license shall be issued to



881 each facility that has been licensed as an assisted living
882 facility for 2 or more years and that provides services,
883 directly or through contract, beyond those authorized in
884 paragraph (a), including services performed by persons licensed
885 under part I of chapter 464 and supportive services, as defined
886 by rule, to persons who would otherwise be disqualified from
887 continued residence in a facility licensed under this part. An
888 extended congregate care license may be issued to a facility
889 that has a provisional extended congregate care license and
890 meets the requirements for licensure under subparagraph 2. The
891 primary purpose of extended congregate care services is to allow
892 residents the option of remaining in a familiar setting from
893 which they would otherwise be disqualified for continued
894 residency as they become more impaired. A facility licensed to
895 provide extended congregate care services may also admit an
896 individual who exceeds the admission criteria for a facility
897 with a standard license, if he or she is determined appropriate
898 for admission to the extended congregate care facility.

899 1. In order for extended congregate care services to be
900 provided, the agency must first determine that all requirements
901 established in law and rule are met and must specifically
902 designate, on the facility's license, that such services may be
903 provided and whether the designation applies to all or part of
904 the facility. This designation may be made at the time of
905 initial licensure or relicensure, or upon request in writing by
906 a licensee under this part and part II of chapter 408. The
907 notification of approval or the denial of the request shall be
908 made in accordance with part II of chapter 408. Each existing
909 facility that qualifies to provide extended congregate care



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910 services must have maintained a standard license and may not
911 have been subject to administrative sanctions during the
912 previous 2 years, or since initial licensure if the facility has
913 been licensed for less than 2 years, for any of the following
914 reasons:

915 a. A class I or class II violation;

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

919 c. Three or more class III violations that were not
920 corrected in accordance with the corrective action plan approved
921 by the agency;

922 d. Violation of resident care standards which results in
923 requiring the facility to employ the services of a consultant
924 pharmacist or consultant dietitian;

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

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

931

932 The agency may deny or revoke a facility's extended congregate
933 care license for not meeting the criteria for an extended
934 congregate care license as provided in this subparagraph.

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



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939 least one extended congregate care resident, after which an
940 unannounced inspection shall be made to determine compliance
941 with the requirements of an extended congregate care license. A
942 licensee with a provisional extended congregate care license
943 that demonstrates compliance with all the requirements of an
944 extended congregate care license during the inspection shall be
945 issued an extended congregate care license. In addition to
946 sanctions authorized under this part, if violations are found
947 during the inspection and the licensee fails to demonstrate
948 compliance with all assisted living facility requirements during
949 a followup inspection, the licensee shall immediately suspend
950 extended congregate care services, and the provisional extended
951 congregate care license expires. The agency may extend the
952 provisional license for not more than 1 month in order to
953 complete a followup visit.

954 3. A facility that is licensed to provide extended
955 congregate care services shall maintain a written progress
956 report on each person who receives services which describes the
957 type, amount, duration, scope, and outcome of services that are
958 rendered and the general status of the resident's health. A
959 registered nurse, or appropriate designee, representing the
960 agency shall visit the facility at least twice a year to monitor
961 residents who are receiving extended congregate care services
962 and to determine if the facility is in compliance with this
963 part, part II of chapter 408, and relevant rules. One of the
964 visits may be in conjunction with the regular survey. The
965 monitoring visits may be provided through contractual
966 arrangements with appropriate community agencies. A registered
967 nurse shall serve as part of the team that inspects the



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968 facility. The agency may waive one of the required yearly
969 monitoring visits for a facility that has:

970 a. Held an extended congregate care license for at least 24
971 months;

972 b. No class I or class II violations and no uncorrected
973 class III violations; and

974 c. No ombudsman council complaints that resulted in a
975 citation for licensure.

976 4. A facility that is licensed to provide extended
977 congregate care services must:

978 a. Demonstrate the capability to meet unanticipated
979 resident service needs.

980 b. Offer a physical environment that promotes a homelike
981 setting, provides for resident privacy, promotes resident
982 independence, and allows sufficient congregate space as defined
983 by rule.

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

987 d. Adopt and follow policies and procedures that maximize
988 resident independence, dignity, choice, and decisionmaking to
989 permit residents to age in place, so that moves due to changes
990 in functional status are minimized or avoided.

991 e. Allow residents or, if applicable, a resident's
992 representative, designee, surrogate, guardian, or attorney in
993 fact to make a variety of personal choices, participate in
994 developing service plans, and share responsibility in
995 decisionmaking.

996 f. Implement the concept of managed risk.



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

999 h. In addition to the training mandated in s. 429.52,
1000 provide specialized training as defined by rule for facility
1001 staff.

1002 5. A facility that is licensed to provide extended
1003 congregate care services is exempt from the criteria for
1004 continued residency set forth in rules adopted under s. 429.41.
1005 A licensed facility must adopt its own requirements within
1006 guidelines for continued residency set forth by rule. However,
1007 the facility may not serve residents who require 24-hour nursing
1008 supervision. A licensed facility that provides extended
1009 congregate care services must also provide each resident with a
1010 written copy of facility policies governing admission and
1011 retention.

1012 6. Before the admission of an individual to a facility
1013 licensed to provide extended congregate care services, the
1014 individual must undergo a medical examination as provided in s.
1015 429.26(5) ~~s. 429.26(4)~~ and the facility must develop a
1016 preliminary service plan for the individual.

1017 7. If a facility can no longer provide or arrange for
1018 services in accordance with the resident's service plan and
1019 needs and the facility's policy, the facility must make
1020 arrangements for relocating the person in accordance with s.
1021 429.28(1)(k).

1022 Section 13. This act shall take effect July 1, 2019.

1023
1024 ===== T I T L E A M E N D M E N T =====
1025 And the title is amended as follows:



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1026 Delete everything before the enacting clause
1027 and insert:

1028 A bill to be entitled
1029 An act relating to assisted living facilities;
1030 amending s. 429.02, F.S.; defining and redefining
1031 terms; amending s. 429.11, F.S.; prohibiting a county
1032 or municipality from issuing a business tax receipt,
1033 rather than an occupational license, to an assisted
1034 living facility under certain circumstances; amending
1035 s. 429.176, F.S.; amending educational requirements
1036 for an administrator who is replacing another
1037 administrator; amending s. 429.23, F.S.; requiring a
1038 facility to initiate an investigation of an adverse
1039 incident within 24 hours and provide a report of such
1040 investigation to the Agency for Health Care
1041 Administration within 15 days; amending s. 429.255,
1042 F.S.; authorizing a facility resident or his or her
1043 representative to contract with a third party under
1044 certain circumstances; amending s. 429.256, F.S.;
1045 requiring a person assisting with a resident's self-
1046 administration of medication to confirm that the
1047 medication is intended for that resident and to orally
1048 advise the resident of the medication name and
1049 purpose; amending s. 429.26, F.S.; including medical
1050 examinations within criteria used for admission to an
1051 assisted living facility; providing specified criteria
1052 for determinations of appropriateness for admission
1053 and continued residency at an assisted living
1054 facility; defining the term "bedridden"; requiring



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1055 that a resident receive a medical examination within a
1056 specified timeframe after admission to a facility;
1057 requiring that such examination be recorded on a
1058 specified form; providing minimum requirements for
1059 such form; revising provisions relating to the
1060 placement of residents by the Department of Elderly
1061 Affairs or the Department of Children and Families;
1062 requiring a facility to notify a resident's
1063 representative or designee of the need for health care
1064 services and authorizing the facility to assist in
1065 making appointments for such care and services under
1066 certain circumstances; removing provisions relating to
1067 the retention of certain residents in a facility;
1068 amending s. 429.28, F.S.; revising residents' rights
1069 relating to a safe and secure living environment;
1070 amending s. 429.41, F.S.; removing provisions relating
1071 to firesafety requirements; removing an obsolete
1072 provision; requiring, rather than authorizing, the
1073 Agency for Health Care Administration to use an
1074 abbreviated biennial standard licensure inspection;
1075 revising the criteria under which a facility must be
1076 fully inspected; revising provisions requiring the
1077 agency to develop key quality-of-care standards;
1078 creating s. 429.435, F.S.; revising uniform firesafety
1079 standards for assisted living facilities, which are
1080 relocated to this section; amending s. 429.52, F.S.;
1081 revising provisions relating to facility staff
1082 training requirements; requiring the Department of
1083 Elderly Affairs to establish core training



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1084 requirements for facility administrators; revising the
1085 training and continuing education requirements for
1086 facility staff who assist residents with the self-
1087 administration of medications; revising provisions
1088 relating to the training responsibilities of the
1089 Department of Elderly Affairs and the Agency for
1090 Health Care Administration; requiring the Department
1091 of Elderly Affairs to contract with another entity to
1092 administer the competency test; requiring the
1093 department to adopt a curriculum outline to be used by
1094 core trainers; amending s. 429.07, F.S.; conforming a
1095 cross-reference; providing an effective date.