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Proposed Committee Substitute by the Committee on Appropriations  
(Appropriations Subcommittee on Health and Human Services)

A bill to be entitled

An act relating to assisted living facilities;  
amending s. 429.02, F.S.; defining and revising terms;  
amending s. 429.07, F.S.; requiring assisted living  
facilities that provide certain services to maintain a  
written progress report on each person receiving  
services from the facility's staff; conforming a  
cross-reference; amending s. 429.11, F.S.; prohibiting  
a county or municipality from issuing a business tax  
receipt, rather than an occupational license, to a  
facility under certain circumstances; amending s.  
429.176, F.S.; requiring an owner of a facility to  
provide certain documentation to the Agency for Health  
Care Administration within a specified timeframe;  
amending s. 429.23, F.S.; authorizing a facility to  
send certain reports regarding adverse incidents  
through the agency's online portal; requiring the  
agency to send reminders by electronic mail to certain  
facility contacts regarding submission deadlines for  
such reports within a specified timeframe; amending s.  
429.255, F.S.; authorizing certain persons to change a  
resident's bandage for a minor cut or abrasion;  
authorizing certain persons to contract with a third-  
party to provide services to a resident under certain  
circumstances; providing requirements relating to the  
third-party provider; clarifying that the absence of  
an order not to resuscitate does not preclude a



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28 physician from withholding or withdrawing  
29 cardiopulmonary resuscitation or use of an automated  
30 external defibrillator; amending s. 429.256, F.S.;  
31 revising the types of medications that may be self-  
32 administered; revising provisions relating to  
33 assistance with the self-administration of such  
34 medications; requiring a person assisting with a  
35 resident's self-administration of medication to  
36 confirm and advise the patient of specified  
37 information; authorizing a resident to opt out of such  
38 advisement through a signed waiver; providing  
39 requirements for such waiver; revising provisions  
40 relating to certain medications that are not self-  
41 administered with assistance; amending s. 429.26,  
42 F.S.; including medical examinations in the criteria  
43 used for admission to an assisted living facility;  
44 providing specified criteria for determination of  
45 appropriateness for admission to and continued  
46 residency in an assisted living facility; prohibiting  
47 such facility from admitting certain individuals;  
48 defining the term "bedridden"; authorizing a facility  
49 to retain certain individuals under certain  
50 conditions; requiring that a resident receive a  
51 medical examination within a specified timeframe after  
52 admission to a facility; requiring that such  
53 examination be recorded on a form; providing  
54 limitations on the use of such form; providing  
55 requirements for the content of the form; revising  
56 provisions relating to the placement of residents by



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57 the Department of Children and Families; requiring a  
58 facility to notify a resident's representative or  
59 designee of specified information under certain  
60 circumstances; requiring the facility to arrange with  
61 an appropriate health care provider for the care and  
62 services needed to treat a resident under certain  
63 circumstances; removing provisions relating to the  
64 retention of certain residents in a facility; amending  
65 s. 429.28, F.S.; requiring facilities to provide  
66 written notice of relocation or termination of  
67 residency from a facility to the resident or the  
68 resident's legal guardian; revising provisions related  
69 to a licensure survey required by the agency; deleting  
70 a requirement that the agency adopt certain rules;  
71 amending s. 429.31, F.S.; revising notice requirements  
72 for facilities that are terminating operations;  
73 requiring the agency to inform the State Long-Term  
74 Ombudsman Program immediately upon notice of a  
75 facility's termination of operations; amending s.  
76 429.41, F.S.; revising legislative intent; revising  
77 provisions related to rules the agency, in  
78 consultation with the Department of Children and  
79 Families and the Department of Health, is required to  
80 adopt regarding minimum standards of resident care;  
81 requiring county emergency management agencies, rather  
82 than local emergency management agencies, to review  
83 and approve or disapprove of a facility's  
84 comprehensive emergency management plan; requiring a  
85 facility to submit a comprehensive emergency



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86 management plan to the county emergency management  
87 agency within a specified timeframe; prohibiting the  
88 use of Posey restraints; authorizing the use of other  
89 restraints under certain circumstances; revising the  
90 criteria under which a facility must be fully  
91 inspected; creating s. 429.435, F.S.; requiring the  
92 State Fire Marshall to establish uniform firesafety  
93 standards for assisted living facilities; providing  
94 for a firesafety evacuation capability determination  
95 within a specified timeframe under certain  
96 circumstances; requiring the State Fire Marshall to  
97 use certain standards from a specified national  
98 association to determine the uniform firesafety  
99 standards to be adopted; authorizing local governments  
100 and utilities to charge certain fees relating to fire  
101 sprinkler systems; requiring licensed facilities to  
102 have an annual fire inspection; specifying certain  
103 code requirements for facilities that undergo a  
104 specific alteration or rehabilitation; amending s.  
105 429.52, F.S.; revising certain provisions relating to  
106 facility staff training and educational requirements;  
107 requiring the agency, in conjunction with providers,  
108 to establish core training requirements for facility  
109 administrators; revising the training and continuing  
110 education requirements for facility staff who assist  
111 residents with the self-administration of medications;  
112 revising provisions relating to the training  
113 responsibilities of the agency; requiring the agency  
114 to contract with another entity to administer a



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115 certain competency test; requiring the agency to adopt  
116 a curriculum outline with learning objectives to be  
117 used by core trainers; conforming provisions to  
118 changes made by the act; providing an effective date.  
119

120 Be It Enacted by the Legislature of the State of Florida:  
121

122 Section 1. Present subsections (7) through (27) of section  
123 429.02, Florida Statutes, are redesignated as subsections (8)  
124 through (28), respectively, a new subsection (7) is added to  
125 that section, and present subsections (11) and (18) are amended,  
126 to read:

127 429.02 Definitions.—When used in this part, the term:

128 (7) "Assistive device" means any device designed or adapted  
129 to help a resident perform an action, a task, an activity of  
130 daily living, or a transfer; prevent a fall; or recover from a  
131 fall. The term does not include a total body lift or a motorized  
132 sit-to-stand lift, with the exception of a chair lift or  
133 recliner lift that a resident is able to operate independently.

134 (12)-(11) "Extended congregate care" means acts beyond those  
135 authorized in subsection (18) which (17) that may be performed  
136 pursuant to part I of chapter 464 by persons licensed thereunder  
137 while carrying out their professional duties, and other  
138 supportive services that which may be specified by rule. The  
139 purpose of such services is to enable residents to age in place  
140 in a residential environment despite mental or physical  
141 limitations that might otherwise disqualify them from residency  
142 in a facility licensed under this part.

143 (19)-(18) "Physical restraint" means a device that which



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144 physically limits, restricts, or deprives an individual of  
145 movement or mobility, including, ~~but not limited to, a half-bed~~  
146 ~~rail, a full-bed rail, a geriatric chair, and a posey restraint.~~  
147 ~~The term "physical restraint" shall also include any device that~~  
148 ~~is which was~~ not specifically manufactured as a restraint but is  
149 ~~which has been~~ altered, arranged, or otherwise used for that  
150 ~~this~~ purpose. The term does shall not include any device that  
151 the resident chooses to use and is able to remove or avoid  
152 independently, or any bandage material used for the purpose of  
153 binding a wound or injury.

154 Section 2. Paragraphs (b) and (c) of subsection (3) of  
155 section 429.07, Florida Statutes, are amended to read:

156 429.07 License required; fee.—

157 (3) In addition to the requirements of s. 408.806, each  
158 license granted by the agency must state the type of care for  
159 which the license is granted. Licenses shall be issued for one  
160 or more of the following categories of care: standard, extended  
161 congregate care, limited nursing services, or limited mental  
162 health.

163 (b) An extended congregate care license shall be issued to  
164 each facility that has been licensed as an assisted living  
165 facility for 2 or more years and that provides services,  
166 directly or through contract, beyond those authorized in  
167 paragraph (a), including services performed by persons licensed  
168 under part I of chapter 464 and supportive services, as defined  
169 by rule, to persons who would otherwise be disqualified from  
170 continued residence in a facility licensed under this part. An  
171 extended congregate care license may be issued to a facility  
172 that has a provisional extended congregate care license and



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173 meets the requirements for licensure under subparagraph 2. The  
174 primary purpose of extended congregate care services is to allow  
175 residents the option of remaining in a familiar setting from  
176 which they would otherwise be disqualified for continued  
177 residency as they become more impaired. A facility licensed to  
178 provide extended congregate care services may also admit an  
179 individual who exceeds the admission criteria for a facility  
180 with a standard license, if he or she is determined appropriate  
181 for admission to the extended congregate care facility.

182       1. In order for extended congregate care services to be  
183 provided, the agency must first determine that all requirements  
184 established in law and rule are met and must specifically  
185 designate, on the facility's license, that such services may be  
186 provided and whether the designation applies to all or part of  
187 the facility. This designation may be made at the time of  
188 initial licensure or relicensure, or upon request in writing by  
189 a licensee under this part and part II of chapter 408. The  
190 notification of approval or the denial of the request shall be  
191 made in accordance with part II of chapter 408. Each existing  
192 facility that qualifies to provide extended congregate care  
193 services must have maintained a standard license and may not  
194 have been subject to administrative sanctions during the  
195 previous 2 years, or since initial licensure if the facility has  
196 been licensed for less than 2 years, for any of the following  
197 reasons:

- 198       a. A class I or class II violation;  
199       b. Three or more repeat or recurring class III violations  
200 of identical or similar resident care standards from which a  
201 pattern of noncompliance is found by the agency;



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202 c. Three or more class III violations that were not  
203 corrected in accordance with the corrective action plan approved  
204 by the agency;

205 d. Violation of resident care standards which results in  
206 requiring the facility to employ the services of a consultant  
207 pharmacist or consultant dietitian;

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

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

214  
215 The agency may deny or revoke a facility's extended congregate  
216 care license for not meeting the criteria for an extended  
217 congregate care license as provided in this subparagraph.

218 2. If an assisted living facility has been licensed for  
219 less than 2 years, the initial extended congregate care license  
220 must be provisional and may not exceed 6 months. The licensee  
221 shall notify the agency, in writing, when it has admitted at  
222 least one extended congregate care resident, after which an  
223 unannounced inspection shall be made to determine compliance  
224 with the requirements of an extended congregate care license. A  
225 licensee with a provisional extended congregate care license  
226 which ~~that~~ demonstrates compliance with all the requirements of  
227 an extended congregate care license during the inspection shall  
228 be issued an extended congregate care license. In addition to  
229 sanctions authorized under this part, if violations are found  
230 during the inspection and the licensee fails to demonstrate





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231 compliance with all assisted living facility requirements during  
232 a followup inspection, the licensee shall immediately suspend  
233 extended congregate care services, and the provisional extended  
234 congregate care license expires. The agency may extend the  
235 provisional license for not more than 1 month in order to  
236 complete a followup visit.

237 3. A facility that is licensed to provide extended  
238 congregate care services shall maintain a written progress  
239 report on each person who receives nursing services from the  
240 facility's staff which describes the type, amount, duration,  
241 scope, and outcome of services that are rendered and the general  
242 status of the resident's health. A registered nurse, or  
243 appropriate designee, representing the agency shall visit the  
244 facility at least twice a year to monitor residents who are  
245 receiving extended congregate care services and to determine if  
246 the facility is in compliance with this part, part II of chapter  
247 408, and relevant rules. One of the visits may be in conjunction  
248 with the regular survey. The monitoring visits may be provided  
249 through contractual arrangements with appropriate community  
250 agencies. A registered nurse shall serve as part of the team  
251 that inspects the facility. The agency may waive one of the  
252 required yearly monitoring visits for a facility that has:

253 a. Held an extended congregate care license for at least 24  
254 months;

255 b. No class I or class II violations and no uncorrected  
256 class III violations; and

257 c. No ombudsman council complaints that resulted in a  
258 citation for licensure.

259 4. A facility that is licensed to provide extended



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260 congregate care services must:

261 a. Demonstrate the capability to meet unanticipated  
262 resident service needs.

263 b. Offer a physical environment that promotes a homelike  
264 setting, provides for resident privacy, promotes resident  
265 independence, and allows sufficient congregate space as defined  
266 by rule.

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

270 d. Adopt and follow policies and procedures that maximize  
271 resident independence, dignity, choice, and decisionmaking to  
272 permit residents to age in place, so that moves due to changes  
273 in functional status are minimized or avoided.

274 e. Allow residents or, if applicable, a resident's  
275 representative, designee, surrogate, guardian, or attorney in  
276 fact to make a variety of personal choices, participate in  
277 developing service plans, and share responsibility in  
278 decisionmaking.

279 f. Implement the concept of managed risk.

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

282 h. In addition to the training mandated in s. 429.52,  
283 provide specialized training as defined by rule for facility  
284 staff.

285 5. A facility that is licensed to provide extended  
286 congregate care services is exempt from the criteria for  
287 continued residency set forth in rules adopted under s. 429.41.  
288 A licensed facility must adopt its own requirements within



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289 guidelines for continued residency set forth by rule. However,  
290 the facility may not serve residents who require 24-hour nursing  
291 supervision. A licensed facility that provides extended  
292 congregate care services must also provide each resident with a  
293 written copy of facility policies governing admission and  
294 retention.

295 6. Before the admission of an individual to a facility  
296 licensed to provide extended congregate care services, the  
297 individual must undergo a medical examination as provided in s.  
298 429.26(5) ~~s. 429.26(4)~~ and the facility must develop a  
299 preliminary service plan for the individual.

300 7. If a facility can no longer provide or arrange for  
301 services in accordance with the resident's service plan and  
302 needs and the facility's policy, the facility must make  
303 arrangements for relocating the person in accordance with s.  
304 429.28(1)(k).

305 (c) A limited nursing services license shall be issued to a  
306 facility that provides services beyond those authorized in  
307 paragraph (a) and as specified in this paragraph.

308 1. In order for limited nursing services to be provided in  
309 a facility licensed under this part, the agency must first  
310 determine that all requirements established in law and rule are  
311 met and must specifically designate, on the facility's license,  
312 that such services may be provided. This designation may be made  
313 at the time of initial licensure or licensure renewal, or upon  
314 request in writing by a licensee under this part and part II of  
315 chapter 408. Notification of approval or denial of such request  
316 shall be made in accordance with part II of chapter 408. An  
317 existing facility that qualifies to provide limited nursing



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318 services must have maintained a standard license and may not  
319 have been subject to administrative sanctions that affect the  
320 health, safety, and welfare of residents for the previous 2  
321 years or since initial licensure if the facility has been  
322 licensed for less than 2 years.

323         2. A facility that is licensed to provide limited nursing  
324 services shall maintain a written progress report on each person  
325 who receives such nursing services from the facility's staff.  
326 The report must describe the type, amount, duration, scope, and  
327 outcome of services that are rendered and the general status of  
328 the resident's health. A registered nurse representing the  
329 agency shall visit the facility at least annually to monitor  
330 residents who are receiving limited nursing services and to  
331 determine if the facility is in compliance with applicable  
332 provisions of this part, part II of chapter 408, and related  
333 rules. The monitoring visits may be provided through contractual  
334 arrangements with appropriate community agencies. A registered  
335 nurse shall also serve as part of the team that inspects such  
336 facility. Visits may be in conjunction with other agency  
337 inspections. The agency may waive the required yearly monitoring  
338 visit for a facility that has:

339             a. Had a limited nursing services license for at least 24  
340 months;

341             b. No class I or class II violations and no uncorrected  
342 class III violations; and

343             c. No ombudsman council complaints that resulted in a  
344 citation for licensure.

345         3. A person who receives limited nursing services under  
346 this part must meet the admission criteria established by the



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347 agency for assisted living facilities. When a resident no longer  
348 meets the admission criteria for a facility licensed under this  
349 part, arrangements for relocating the person shall be made in  
350 accordance with s. 429.28(1)(k), unless the facility is licensed  
351 to provide extended congregate care services.

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

354 429.11 Initial application for license; provisional  
355 license.—

356 (7) A county or municipality may not issue a business tax  
357 receipt ~~an occupational license~~ that is being obtained for the  
358 purpose of operating a facility regulated under this part  
359 without first ascertaining that the applicant has been licensed  
360 to operate such facility at the specified location or locations  
361 by the agency. The agency shall furnish to local agencies  
362 responsible for issuing business tax receipts ~~occupational~~  
363 ~~licenses~~ sufficient instruction for making such determinations.

364 Section 4. Section 429.176, Florida Statutes, is amended to  
365 read:

366 429.176 Notice of change of administrator.—If, during the  
367 period for which a license is issued, the owner changes  
368 administrators, the owner must notify the agency of the change  
369 within 10 days and provide documentation within 90 days that the  
370 new administrator meets educational requirements and has  
371 completed the applicable core educational requirements under s.  
372 429.52. A facility may not be operated for more than 120  
373 consecutive days without an administrator who has completed the  
374 core educational requirements.

375 Section 5. Subsections (3), (4), and (5) of section 429.23,



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376 Florida Statutes, are amended to read:

377 429.23 Internal risk management and quality assurance  
378 program; adverse incidents and reporting requirements.—

379 (3) Licensed facilities shall provide within 1 business day  
380 after the occurrence of an adverse incident, through the  
381 agency's online portal or, if the portal is offline, by  
382 electronic mail, ~~facsimile, or United States mail,~~ a preliminary  
383 report to the agency on all adverse incidents specified under  
384 this section. The report must include information regarding the  
385 identity of the affected resident, the type of adverse incident,  
386 and the status of the facility's investigation of the incident.

387 (4) Licensed facilities shall provide within 15 days,  
388 through the agency's online portal or, if the portal is offline,  
389 by electronic mail, ~~facsimile, or United States mail,~~ a full  
390 report to the agency on all adverse incidents specified in this  
391 section. The report must include the results of the facility's  
392 investigation into the adverse incident.

393 (5) Three business days before the deadline for the  
394 submission of the full report required under subsection (4), the  
395 agency shall send by electronic mail a reminder to the  
396 facility's administrator and other specified facility contacts.  
397 Within 3 business days after the agency sends the reminder, a  
398 facility is not subject to any administrative or other agency  
399 action for failing to withdraw the preliminary report if the  
400 facility determines the event was not an adverse incident or for  
401 failing to file a full report if the facility determines the  
402 event was an adverse incident ~~Each facility shall report monthly~~  
403 ~~to the agency any liability claim filed against it. The report~~  
404 ~~must include the name of the resident, the dates of the incident~~



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405 ~~leading to the claim, if applicable, and the type of injury or~~  
406 ~~violation of rights alleged to have occurred. This report is not~~  
407 ~~discoverable in any civil or administrative action, except in~~  
408 ~~such actions brought by the agency to enforce the provisions of~~  
409 ~~this part.~~

410 Section 6. Paragraphs (a) and (b) of subsection (1) of  
411 section 429.255, Florida Statutes, are amended, paragraph (d) is  
412 added to that subsection, and subsection (4) of that section is  
413 amended, to read:

414 429.255 Use of personnel; emergency care.—

415 (1) (a) Persons under contract to the facility, facility  
416 staff, or volunteers, who are licensed according to part I of  
417 chapter 464, or those persons exempt under s. 464.022(1), ~~and~~  
418 ~~others as defined by rule,~~ may administer medications to  
419 residents, take residents' vital signs, change residents'  
420 bandages for minor cuts and abrasions, manage individual weekly  
421 pill organizers for residents who self-administer medication,  
422 give prepackaged enemas ordered by a physician, observe  
423 residents, document observations on the appropriate resident's  
424 record, and report observations to the resident's physician, ~~and~~  
425 ~~contract or allow residents or a resident's representative,~~  
426 ~~designee, surrogate, guardian, or attorney in fact to contract~~  
427 ~~with a third party, provided residents meet the criteria for~~  
428 ~~appropriate placement as defined in s. 429.26.~~ Nursing  
429 assistants certified pursuant to part II of chapter 464 may take  
430 residents' vital signs as directed by a licensed nurse or  
431 physician.

432 (b) All staff of ~~in~~ facilities licensed under this part  
433 shall exercise their professional responsibility to observe



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434 residents, to document observations on the appropriate  
435 resident's record, and to report the observations to the  
436 resident's physician. However, the owner or administrator of the  
437 facility shall be responsible for determining that the resident  
438 receiving services is appropriate for residence in the facility.

439 (d) A resident or his or her representative, designee,  
440 surrogate, guardian, or attorney in fact, as applicable, may  
441 contract for services with a third party, provided the resident  
442 meets the criteria for residency and continued residency as  
443 defined in s. 429.26. The third party must communicate with the  
444 facility regarding the resident's condition and the services  
445 being provided in accordance with the facility's policies. The  
446 facility must document that it received such communication.

447 (4) Facility staff may withhold or withdraw cardiopulmonary  
448 resuscitation or the use of an automated external defibrillator  
449 if presented with an order not to resuscitate executed pursuant  
450 to s. 401.45. The agency shall adopt rules providing for the  
451 implementation of such orders. Facility staff and facilities may  
452 not be subject to criminal prosecution or civil liability, nor  
453 be considered to have engaged in negligent or unprofessional  
454 conduct, for withholding or withdrawing cardiopulmonary  
455 resuscitation or use of an automated external defibrillator  
456 pursuant to such an order and rules adopted by the agency. The  
457 absence of an order not to resuscitate executed pursuant to s.  
458 401.45 does not preclude a physician from withholding or  
459 withdrawing cardiopulmonary resuscitation or use of an automated  
460 external defibrillator as otherwise permitted by law.

461 Section 7. Subsection (2), paragraph (b) of subsection (3),  
462 and paragraphs (e), (f), and (g) of subsection (4) of section





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463 429.256, Florida Statutes, are amended to read:

464 429.256 Assistance with self-administration of medication.—

465 (2) Residents who are capable of self-administering their  
466 own medications without assistance shall be encouraged and  
467 allowed to do so. However, an unlicensed person may, consistent  
468 with a dispensed prescription's label or the package directions  
469 of an over-the-counter medication, assist a resident whose  
470 condition is medically stable with the self-administration of  
471 routine, regularly scheduled medications that are intended to be  
472 self-administered. Assistance with self-medication by an  
473 unlicensed person may occur only upon a documented request by,  
474 and the written informed consent of, a resident or the  
475 resident's surrogate, guardian, or attorney in fact. For the  
476 purposes of this section, self-administered medications include  
477 both legend and over-the-counter oral dosage forms, topical  
478 dosage forms, transdermal patches, and topical ophthalmic, otic,  
479 and nasal dosage forms including solutions, suspensions, sprays,  
480 and inhalers.

481 (3) Assistance with self-administration of medication  
482 includes:

483 (b) In the presence of the resident, confirming that the  
484 medication is intended for that resident, orally advising the  
485 resident of the medication name and dosage ~~reading the label,~~  
486 opening the container, removing a prescribed amount of  
487 medication from the container, and closing the container. The  
488 resident may sign a written waiver to opt out of being orally  
489 advised of the medication name and dosage. The waiver must  
490 identify all of the medications intended for the resident,  
491 including names and dosages of such medications, and must



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492 immediately be updated each time the resident's medications or  
493 dosages change.

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

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

497 (f) Assisting with rectal, urethral, or vaginal  
498 preparations.

499 (g) Assisting with medications ordered by the physician or  
500 health care professional with prescriptive authority to be given  
501 "as needed," unless the order is written with specific  
502 parameters that preclude independent judgment on the part of the  
503 unlicensed person, and ~~at the request of a competent~~ resident  
504 requesting the medication is aware of his or her need for the  
505 medication and understands the purpose for taking the  
506 medication.

507 Section 8. Section 429.26, Florida Statutes, is amended to  
508 read:

509 429.26 Appropriateness of placements; examinations of  
510 residents.—

511 (1) The owner or administrator of a facility is responsible  
512 for determining the appropriateness of admission of an  
513 individual to the facility and for determining the continued  
514 appropriateness of residence of an individual in the facility. A  
515 determination must ~~shall~~ be based upon an evaluation ~~assessment~~  
516 of the strengths, needs, and preferences of the resident, a  
517 medical examination, the care and services offered or arranged  
518 for by the facility in accordance with facility policy, and any  
519 limitations in law or rule related to admission criteria or  
520 continued residency for the type of license held by the facility



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521 under this part. The following criteria apply to the  
522 determination of appropriateness for admission and continued  
523 residency of an individual in a facility:

524 (a) A facility may admit or retain a resident who receives  
525 a health care service or treatment that is designed to be  
526 provided within a private residential setting if all  
527 requirements for providing that service or treatment are met by  
528 the facility or a third party.

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

531 (c) A facility may admit or retain an individual receiving  
532 hospice services if the arrangement is agreed to by the facility  
533 and the resident, additional care is provided by a licensed  
534 hospice, and the resident is under the care of a physician who  
535 agrees that the physical needs of the resident can be met at the  
536 facility. The resident must have a plan of care which delineates  
537 how the facility and the hospice will meet the scheduled and  
538 unscheduled needs of the resident, including, if applicable,  
539 staffing for nursing care.

540 (d)1. Except for a resident who is receiving hospice  
541 services as provided in paragraph (c), a facility may not admit  
542 or retain a resident who is bedridden or who requires 24-hour  
543 nursing supervision. For purposes of this paragraph, the term  
544 "bedridden" means that a resident is confined to a bed because  
545 of the inability to:

546 a. Move, turn, or reposition without total physical  
547 assistance;

548 b. Transfer to a chair or wheelchair without total physical  
549 assistance; or



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550 c. Sit safely in a chair or wheelchair without personal  
551 assistance or a physical restraint.

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

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

559 (2) A resident may not be moved from one facility to  
560 another without consultation with and agreement from the  
561 resident or, if applicable, the resident's representative or  
562 designee or the resident's family, guardian, surrogate, or  
563 attorney in fact. In the case of a resident who has been placed  
564 by the department or the Department of Children and Families,  
565 the administrator must notify the appropriate contact person in  
566 the applicable department.

567 (3)~~(2)~~ A physician, physician assistant, or advanced  
568 practice registered nurse practitioner who is employed by an  
569 assisted living facility to provide an initial examination for  
570 admission purposes may not have financial interests ~~interest~~ in  
571 the facility.

572 (4)~~(3)~~ Persons licensed under part I of chapter 464 who are  
573 employed by or under contract with a facility shall, on a  
574 routine basis or at least monthly, perform a nursing assessment  
575 of the residents for whom they are providing nursing services  
576 ordered by a physician, except administration of medication, and  
577 shall document such assessment, including any substantial  
578 changes in a resident's status which may necessitate relocation



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

583 (5) (a) (4) If possible, Each resident must shall have been  
584 examined by a licensed physician, a licensed physician  
585 assistant, or a licensed advanced practice registered nurse  
586 practitioner within 60 days before admission to the facility or  
587 within 30 days after admission to the facility, except as  
588 provided in s. 429.07. The information from the medical  
589 examination must be recorded on the practitioner's form or on a  
590 form adopted by agency rule. The signed and completed medical  
591 examination form, signed only by the practitioner, must report  
592 shall be submitted to the owner or administrator of the  
593 facility, who shall use the information contained therein to  
594 assist in the determination of the appropriateness of the  
595 resident's admission to or and continued residency stay in the  
596 facility.

597 (b) The medical examination form may be used only to record  
598 the practitioner's direct observation of the patient at the time  
599 of examination and must include the patient's medical history.  
600 Such form does not guarantee admission to, continued residency  
601 in, or the delivery of services at the facility and must be used  
602 only as an informative tool to assist in the determination of  
603 the appropriateness of the resident's admission to or continued  
604 residency in the facility. The medical examination form,  
605 reflecting the resident's condition on the date the examination  
606 is performed, becomes report shall become a permanent part of  
607 the facility's record of the resident at the facility and must



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608 ~~shall~~ be made available to the agency during inspection or upon  
609 request. An assessment that has been completed through the  
610 Comprehensive Assessment and Review for Long-Term Care Services  
611 (CARES) Program fulfills the requirements for a medical  
612 examination under this subsection and s. 429.07(3)(b)6.

613 (c) The medical examination form must include all of the  
614 following information about the resident:

615 1. Height, weight, and known allergies.

616 2. Significant medical history and diagnoses.

617 3. Physical or sensory limitations, including the need for  
618 fall precautions or recommended use of assistive devices.

619 4. Cognitive or behavioral status and a brief description  
620 of any behavioral issues known or ascertained by the examining  
621 practitioner, including any known history of wandering or  
622 elopement.

623 5. Nursing, treatment, or therapy service requirements.

624 6. Whether the resident needs assistance for ambulating,  
625 eating, or transferring.

626 7. Special dietary instructions.

627 8. Whether the resident has any communicable diseases,  
628 including precautions that are necessary due to such diseases.

629 9. Whether the resident is bedridden and the presence of  
630 any pressure sores.

631 10. Whether the resident needs 24-hour nursing supervision  
632 or psychiatric care.

633 11. A list of current prescribed medications as known or  
634 ascertained by the examining practitioner and whether the  
635 resident can self-administer medications, needs assistance with  
636 medications, or needs medication administration.



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637       ~~(5) Except as provided in s. 429.07, if a medical~~  
638 ~~examination has not been completed within 60 days before the~~  
639 ~~admission of the resident to the facility, a licensed physician,~~  
640 ~~licensed physician assistant, or licensed nurse practitioner~~  
641 ~~shall examine the resident and complete a medical examination~~  
642 ~~form provided by the agency within 30 days following the~~  
643 ~~admission to the facility to enable the facility owner or~~  
644 ~~administrator to determine the appropriateness of the admission.~~  
645 ~~The medical examination form shall become a permanent part of~~  
646 ~~the record of the resident at the facility and shall be made~~  
647 ~~available to the agency during inspection by the agency or upon~~  
648 ~~request.~~

649       (6) Any resident accepted in a facility and placed by ~~the~~  
650 ~~department or~~ the Department of Children and Families must ~~shall~~  
651 have been examined by medical personnel within 30 days before  
652 placement in the facility. The examination must ~~shall~~ include an  
653 assessment of the appropriateness of placement in a facility.  
654 The findings of this examination must ~~shall~~ be recorded on the  
655 examination form provided by the agency. The completed form must  
656 ~~shall~~ accompany the resident and ~~shall~~ be submitted to the  
657 facility owner or administrator. Additionally, in the case of a  
658 mental health resident, the Department of Children and Families  
659 must provide documentation that the individual has been assessed  
660 by a psychiatrist, clinical psychologist, clinical social  
661 worker, or psychiatric nurse, or an individual who is supervised  
662 by one of these professionals, and determined to be appropriate  
663 to reside in an assisted living facility. The documentation must  
664 be in the facility within 30 days after the mental health  
665 resident has been admitted to the facility. An evaluation



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666 completed upon discharge from a state mental hospital meets the  
667 requirements of this subsection related to appropriateness for  
668 placement as a mental health resident, provided that ~~providing~~  
669 it was completed within 90 days before ~~prior to~~ admission to the  
670 facility. The ~~applicable~~ Department of Children and Families  
671 shall provide to the facility administrator any information  
672 about the resident which ~~that~~ would help the administrator meet  
673 his or her responsibilities under subsection (1). Further,  
674 Department of Children and Families personnel shall explain to  
675 the facility operator any special needs of the resident and  
676 advise the operator whom to call should problems arise. The  
677 ~~applicable~~ Department of Children and Families shall advise and  
678 assist the facility administrator when ~~where~~ the special needs  
679 of residents who are recipients of optional state  
680 supplementation require such assistance.

681 (7) The facility shall ~~must~~ notify a licensed physician  
682 when a resident exhibits signs of dementia or cognitive  
683 impairment or has a change of condition in order to rule out the  
684 presence of an underlying physiological condition that may be  
685 contributing to such dementia or impairment. The notification  
686 must occur within 30 days after the acknowledgment of such signs  
687 by facility staff. If an underlying condition is determined to  
688 exist, the facility must notify the resident's representative or  
689 designee of the need for health care services and must assist in  
690 making appointments for ~~shall arrange, with the appropriate~~  
691 ~~health care provider,~~ the necessary care and services to treat  
692 the condition. If the resident does not have a representative or  
693 designee or if the resident's representative or designee cannot  
694 be located or is nonresponsive, the facility shall arrange with





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695 an appropriate health care provider for the necessary care and  
696 services to treat the condition.

697 (8) The Department of Children and Families may require an  
698 examination for supplemental security income and optional state  
699 supplementation recipients residing in facilities at any time  
700 and shall provide the examination whenever a resident's  
701 condition requires it. Any facility administrator; personnel of  
702 the agency, the department, or the Department of Children and  
703 Families; or a representative of the State Long-Term Care  
704 Ombudsman Program who believes a resident needs to be evaluated  
705 shall notify the resident's case manager, who shall take  
706 appropriate action. A report of the examination findings must  
707 ~~shall~~ be provided to the resident's case manager and the  
708 facility administrator to help the administrator meet his or her  
709 responsibilities under subsection (1).

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

716 (9) ~~(10)~~ Facilities licensed to provide extended congregate  
717 care services shall promote aging in place by determining  
718 appropriateness of continued residency based on a comprehensive  
719 review of the resident's physical and functional status; the  
720 ability of the facility, family members, friends, or any other  
721 pertinent individuals or agencies to provide the care and  
722 services required; and documentation that a written service plan  
723 consistent with facility policy has been developed and



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724 implemented to ensure that the resident's needs and preferences  
725 are addressed.

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

730 Section 9. Paragraph (k) of subsection (1) and subsection  
731 (3) of section 429.28, Florida Statutes, are amended to read:

732 429.28 Resident bill of rights.—

733 (1) No resident of a facility shall be deprived of any  
734 civil or legal rights, benefits, or privileges guaranteed by  
735 law, the Constitution of the State of Florida, or the  
736 Constitution of the United States as a resident of a facility.  
737 Every resident of a facility shall have the right to:

738 (k) At least 45 days' notice of relocation or termination  
739 of residency from the facility unless, for medical reasons, the  
740 resident is certified by a physician to require an emergency  
741 relocation to a facility providing a more skilled level of care  
742 or the resident engages in a pattern of conduct that is harmful  
743 or offensive to other residents. In the case of a resident who  
744 has been adjudicated mentally incapacitated, the guardian shall  
745 be given at least 45 days' notice of a nonemergency relocation  
746 or residency termination. Reasons for relocation must ~~shall~~ be  
747 set forth in writing and provided to the resident or the  
748 resident's legal representative. In order for a facility to  
749 terminate the residency of an individual without notice as  
750 provided herein, the facility shall show good cause in a court  
751 of competent jurisdiction.

752 (3) (a) The agency shall conduct a survey to determine



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753 whether the facility is complying with this part ~~general~~  
754 ~~compliance with facility standards and compliance with~~  
755 ~~residents' rights~~ as a prerequisite to initial licensure or  
756 licensure renewal. ~~The agency shall adopt rules for uniform~~  
757 ~~standards and criteria that will be used to determine compliance~~  
758 ~~with facility standards and compliance with residents' rights.~~

759 (b) In order to determine whether the facility is  
760 adequately protecting residents' rights, the licensure renewal  
761 ~~biennial~~ survey must ~~shall~~ include private informal  
762 conversations with a sample of residents and consultation with  
763 the ombudsman council in the district in which the facility is  
764 located to discuss residents' experiences within the facility.

765 Section 10. Subsections (1) and (2) of section 429.31,  
766 Florida Statutes, are amended to read:

767 429.31 Closing of facility; notice; penalty.—

768 (1) In addition to the requirements of part II of chapter  
769 408, the facility shall inform, in writing, the agency and each  
770 resident or the next of kin, legal representative, or agency  
771 acting on each resident's behalf, of the fact and the proposed  
772 time of discontinuance of operation, following the notification  
773 requirements provided in s. 429.28(1)(k). In the event a  
774 resident has no person to represent him or her, the facility  
775 shall be responsible for referral to an appropriate social  
776 service agency for placement.

777 (2) Immediately upon the notice by the agency of the  
778 voluntary or involuntary termination of such operation, the  
779 agency shall inform the State Long-Term Care Ombudsman Program  
780 and monitor the transfer of residents to other facilities and  
781 ensure that residents' rights are being protected. The agency,



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782 in consultation with the Department of Children and Families,  
783 shall specify procedures for ensuring that all residents who  
784 receive services are appropriately relocated.

785 Section 11. Subsections (1), (2), and (5) of section  
786 429.41, Florida Statutes, are amended to read:

787 429.41 Rules establishing standards.—

788 (1) It is the intent of the Legislature that rules  
789 published and enforced pursuant to this section shall include  
790 criteria by which a reasonable and consistent quality of  
791 resident care and quality of life may be ensured and the results  
792 of such resident care may be demonstrated. Such rules shall also  
793 promote ensure a safe and sanitary environment that is  
794 residential and noninstitutional in design or nature and may  
795 allow for technological advances in the provision of care,  
796 safety, and security, including the use of devices, equipment,  
797 and other security measures related to wander management,  
798 emergency response, staff risk management, and the general  
799 safety and security of residents, staff, and the facility. It is  
800 further intended that reasonable efforts be made to accommodate  
801 the needs and preferences of residents to enhance the quality of  
802 life in a facility. ~~Uniform firesafety standards for assisted~~  
803 ~~living facilities shall be established by the State Fire Marshal~~  
804 ~~pursuant to s. 633.206. The agency may adopt rules to administer~~  
805 ~~part II of chapter 408. In order to provide safe and sanitary~~  
806 ~~facilities and the highest quality of resident care~~  
807 ~~accommodating the needs and preferences of residents,~~ The  
808 agency, in consultation with the Department of Children and  
809 Families and the Department of Health, shall adopt rules,  
810 ~~policies, and procedures~~ to administer this part, which must



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811 include reasonable and fair minimum standards in relation to:  
812       (a) The requirements for ~~and~~ maintenance and the sanitary  
813 condition of facilities, not in conflict with, or duplicative  
814 of, the requirements in s. 381.006, s. 381.0072, chapter 553, or  
815 s. 633.206, relating to a safe and decent living environment,  
816 including furnishings for resident bedrooms or sleeping areas,  
817 locking devices, linens ~~plumbing, heating, cooling, lighting,~~  
818 ventilation, living space, and other housing conditions relating  
819 to hazards, which will promote ~~ensure~~ the health, safety, and  
820 welfare ~~comfort~~ of residents suitable to the size of the  
821 structure. The rules must clearly delineate the respective  
822 responsibilities of the agency's licensure and survey staff and  
823 the county health departments and ensure that inspections are  
824 not duplicative. The agency may collect fees for food service  
825 inspections conducted by county health departments and may  
826 transfer such fees to the Department of Health.

827       ~~1. Firesafety evacuation capability determination.—An~~  
828 ~~evacuation capability evaluation for initial licensure shall be~~  
829 ~~conducted within 6 months after the date of licensure.~~

830       ~~2. Firesafety requirements.—~~

831       ~~a. The National Fire Protection Association, Life Safety~~  
832 ~~Code, NFPA 101 and 101A, current editions, shall be used in~~  
833 ~~determining the uniform firesafety code adopted by the State~~  
834 ~~Fire Marshal for assisted living facilities, pursuant to s.~~  
835 ~~633.206.~~

836       ~~b. A local government or a utility may charge fees only in~~  
837 ~~an amount not to exceed the actual expenses incurred by the~~  
838 ~~local government or the utility relating to the installation and~~  
839 ~~maintenance of an automatic fire sprinkler system in a licensed~~



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840 ~~assisted living facility structure.~~

841 ~~e. All licensed facilities must have an annual fire~~  
842 ~~inspection conducted by the local fire marshal or authority~~  
843 ~~having jurisdiction.~~

844 ~~d. An assisted living facility that is issued a building~~  
845 ~~permit or certificate of occupancy before July 1, 2016, may at~~  
846 ~~its option and after notifying the authority having~~  
847 ~~jurisdiction, remain under the provisions of the 1994 and 1995~~  
848 ~~editions of the National Fire Protection Association, Life~~  
849 ~~Safety Code, NFPA 101, and NFPA 101A. The facility opting to~~  
850 ~~remain under such provisions may make repairs, modernizations,~~  
851 ~~renovations, or additions to, or rehabilitate, the facility in~~  
852 ~~compliance with NFPA 101, 1994 edition, and may utilize the~~  
853 ~~alternative approaches to life safety in compliance with NFPA~~  
854 ~~101A, 1995 edition. However, a facility for which a building~~  
855 ~~permit or certificate of occupancy is issued before July 1,~~  
856 ~~2016, that undergoes Level III building alteration or~~  
857 ~~rehabilitation, as defined in the Florida Building Code, or~~  
858 ~~seeks to utilize features not authorized under the 1994 or 1995~~  
859 ~~editions of the Life Safety Code must thereafter comply with all~~  
860 ~~aspects of the uniform firesafety standards established under s.~~  
861 ~~633.206, and the Florida Fire Prevention Code, in effect for~~  
862 ~~assisted living facilities as adopted by the State Fire Marshal.~~

863 ~~3. Resident elopement requirements. Facilities are required~~  
864 ~~to conduct a minimum of two resident elopement prevention and~~  
865 ~~response drills per year. All administrators and direct care~~  
866 ~~staff must participate in the drills, which shall include a~~  
867 ~~review of procedures to address resident elopement. Facilities~~  
868 ~~must document the implementation of the drills and ensure that~~



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869 ~~the drills are conducted in a manner consistent with the~~  
870 ~~facility's resident elopement policies and procedures.~~

871 (b) The preparation and annual update of a comprehensive  
872 emergency management plan. Such standards must be included in  
873 the rules adopted by the agency after consultation with the  
874 Division of Emergency Management. At a minimum, the rules must  
875 provide for plan components that address emergency evacuation  
876 transportation; adequate sheltering arrangements; postdisaster  
877 activities, including provision of emergency power, food, and  
878 water; postdisaster transportation; supplies; staffing;  
879 emergency equipment; individual identification of residents and  
880 transfer of records; communication with families; and responses  
881 to family inquiries. The comprehensive emergency management plan  
882 is subject to review and approval by the county local emergency  
883 management agency. During its review, the county local emergency  
884 management agency shall ensure that the following agencies, at a  
885 minimum, are given the opportunity to review the plan: the  
886 Department of Health, the Agency for Health Care Administration,  
887 and the Division of Emergency Management. ~~Also, appropriate~~  
888 ~~volunteer organizations must be given the opportunity to review~~  
889 ~~the plan.~~ The county local emergency management agency shall  
890 complete its review within 60 days and either approve the plan  
891 or advise the facility of necessary revisions. A facility must  
892 submit a comprehensive emergency management plan to the county  
893 emergency management agency within 30 days after issuance of a  
894 license.

895 (c) The number, training, and qualifications of all  
896 personnel having responsibility for the care of residents. The  
897 rules must require adequate staff to provide for the safety of



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898 all residents. Facilities licensed for 17 or more residents are  
899 required to maintain an alert staff for 24 hours per day.

900 ~~(d) All sanitary conditions within the facility and its~~  
901 ~~surroundings which will ensure the health and comfort of~~  
902 ~~residents. The rules must clearly delineate the responsibilities~~  
903 ~~of the agency's licensure and survey staff, the county health~~  
904 ~~departments, and the local authority having jurisdiction over~~  
905 ~~firesafety and ensure that inspections are not duplicative. The~~  
906 ~~agency may collect fees for food service inspections conducted~~  
907 ~~by the county health departments and transfer such fees to the~~  
908 ~~Department of Health.~~

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

913 ~~(e)(f)~~ Inspections, complaint investigations, moratoriums,  
914 classification of deficiencies, levying and enforcement of  
915 penalties, and use of income from fees and fines.

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

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

- 920 1. The supervision of residents;  
921 2. The provision of personal services;  
922 3. The provision of, or arrangement for, social and leisure  
923 activities;  
924 4. The assistance in making arrangements ~~arrangement~~ for  
925 appointments and transportation to appropriate medical, dental,  
926 nursing, or mental health services, as needed by residents;





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

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

930           7. Resident records; and

931           8. Internal risk management and quality assurance.

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

934           (i) ~~(j)~~ The establishment of specific criteria to define  
935 appropriateness of resident admission and continued residency in  
936 a facility holding a standard, limited nursing, extended  
937 congregate care, and limited mental health license.

938           (j) ~~(k)~~ The use of physical or chemical restraints. The use  
939 of Posey restraints is prohibited. Other physical restraints may  
940 be used in accordance with agency rules when ordered ~~is limited~~  
941 ~~to half-bed rails as prescribed and documented by the resident's~~  
942 ~~physician and consented to by~~ ~~with the consent of~~ the resident  
943 or, if applicable, the resident's representative or designee or  
944 the resident's surrogate, guardian, or attorney in fact. Such  
945 rules must specify requirements for care planning, staff  
946 monitoring, and periodic review by a physician. The use of  
947 chemical restraints is limited to prescribed dosages of  
948 medications authorized by the resident's physician and must be  
949 consistent with the resident's diagnosis. Residents who are  
950 receiving medications that can serve as chemical restraints must  
951 be evaluated by their physician at least annually to assess:

- 952           1. The continued need for the medication.  
953           2. The level of the medication in the resident's blood.  
954           3. The need for adjustments in the prescription.

955           (k) ~~(l)~~ The establishment of specific resident elopement



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956 drill requirements and policies and procedures on resident  
957 elopement. Facilities shall conduct a minimum of two resident  
958 elopement drills each year. All administrators and direct care  
959 staff shall participate in the drills, which must include a  
960 review of the facility's procedures to address resident  
961 elopement. Facilities shall document participation in the  
962 drills.

963 (2) In adopting any rules pursuant to this part, the agency  
964 shall make distinct standards for facilities based upon facility  
965 size; the types of care provided; the physical and mental  
966 capabilities and needs of residents; the type, frequency, and  
967 amount of services and care offered; and the staffing  
968 characteristics of the facility. Rules developed pursuant to  
969 this section may not restrict the use of shared staffing and  
970 shared programming in facilities that are part of retirement  
971 communities that provide multiple levels of care and otherwise  
972 meet the requirements of law and rule. If a continuing care  
973 facility licensed under chapter 651 or a retirement community  
974 offering multiple levels of care licenses a building or part of  
975 a building designated for independent living for assisted  
976 living, staffing requirements established in rule apply only to  
977 residents who receive personal, limited nursing, or extended  
978 congregate care services under this part. Such facilities shall  
979 retain a log listing the names and unit number for residents  
980 receiving these services. The log must be available to surveyors  
981 upon request. ~~Except for uniform firesafety standards,~~ The  
982 agency shall adopt by rule separate and distinct standards for  
983 facilities with 16 or fewer beds and for facilities with 17 or  
984 more beds. The standards for facilities with 16 or fewer beds



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985 must be appropriate for a noninstitutional residential  
986 environment; however, the structure may not be more than two  
987 stories in height and all persons who cannot exit the facility  
988 unassisted in an emergency must reside on the first floor. The  
989 agency may make other distinctions among types of facilities as  
990 necessary to enforce this part. Where appropriate, the agency  
991 shall offer alternate solutions for complying with established  
992 standards, based on distinctions made by the agency relative to  
993 the physical characteristics of facilities and the types of care  
994 offered.

995 (5) The agency may use an abbreviated biennial standard  
996 licensure inspection that consists of a review of key quality-  
997 of-care standards in lieu of a full inspection in a facility  
998 that has a good record of past performance. However, a full  
999 inspection must be conducted in a facility that has a history of  
1000 class I or class II violations; or uncorrected class III  
1001 violations; or a class I, class II, or uncorrected class III  
1002 violation resulting from a complaint referred by the State Long-  
1003 Term Care Ombudsman Program, confirmed ombudsman council  
1004 complaints, or confirmed licensure complaints within the  
1005 previous licensure period immediately preceding the inspection  
1006 or if a potentially serious problem is identified during the  
1007 abbreviated inspection. The agency shall adopt by rule develop  
1008 the key quality-of-care standards with input from the State  
1009 Long Term Care Ombudsman Council and representatives of provider  
1010 groups for incorporation into its rules.

1011 Section 12. Section 429.435, Florida Statutes, is created  
1012 to read:

1013 429.435 Uniform firesafety standards.-Uniform firesafety



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1014 standards for assisted living facilities that are residential  
1015 board and care occupancies shall be established by the State  
1016 Fire Marshal pursuant to s. 633.206.

1017 (1) EVACUATION CAPABILITY.—A firesafety evacuation  
1018 capability determination shall be conducted within 6 months  
1019 after the date of initial licensure of an assisted living  
1020 facility, if required.

1021 (2) FIRESAFETY REQUIREMENTS.—

1022 (a) The National Fire Protection Association, Life Safety  
1023 Code, NFPA 101 and 101A, current editions, must be used in  
1024 determining the uniform firesafety code adopted by the State  
1025 Fire Marshal for assisted living facilities, pursuant to s.  
1026 633.206.

1027 (b) A local government or a utility may charge fees that do  
1028 not exceed the actual costs incurred by the local government or  
1029 the utility for the installation and maintenance of an automatic  
1030 fire sprinkler system in a licensed assisted living facility  
1031 structure.

1032 (c) All licensed facilities must have an annual fire  
1033 inspection conducted by the local fire marshal or authority  
1034 having jurisdiction.

1035 (d) An assisted living facility that was issued a building  
1036 permit or certificate of occupancy before July 1, 2016, at its  
1037 option and after notifying the authority having jurisdiction,  
1038 may remain under the provisions of the 1994 and 1995 editions of  
1039 the National Fire Protection Association, Life Safety Code, NFPA  
1040 101 and 101A. A facility opting to remain under such provisions  
1041 may make repairs, modernizations, renovations, or additions to  
1042 or rehabilitate the facility in compliance with NFPA 101, 1994



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1043 edition, and may use the alternative approaches to life safety  
1044 in compliance with NFPA 101A, 1995 edition. However, a facility  
1045 for which a building permit or certificate of occupancy was  
1046 issued before July 1, 2016, which undergoes Level III building  
1047 alteration or rehabilitation, as defined in the Florida Building  
1048 Code, or which seeks to use features not authorized under the  
1049 1994 or 1995 editions of the Life Safety Code, shall thereafter  
1050 comply with all aspects of the uniform firesafety standards  
1051 established under s. 633.206 and the Florida Fire Prevention  
1052 Code in effect for assisted living facilities as adopted by the  
1053 State Fire Marshal.

1054 Section 13. Section 429.52, Florida Statutes, is amended to  
1055 read:

1056 429.52 Staff training and educational requirements  
1057 ~~programs; core educational requirement.~~—

1058 (1) ~~Effective October 1, 2015,~~ Each new assisted living  
1059 facility employee who has not previously completed core training  
1060 must attend a preservice orientation provided by the facility  
1061 before interacting with residents. The preservice orientation  
1062 must be at least 2 hours in duration and cover topics that help  
1063 the employee provide responsible care and respond to the needs  
1064 of facility residents. Upon completion, the employee and the  
1065 administrator of the facility must sign a statement that the  
1066 employee completed the required preservice orientation. The  
1067 facility must keep the signed statement in the employee's  
1068 personnel record.

1069 (2) Administrators and other assisted living facility staff  
1070 must meet minimum training and education requirements  
1071 established by the agency by rule. This training and education



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1072 is intended to assist facilities to appropriately respond to the  
1073 needs of residents, to maintain resident care and facility  
1074 standards, and to meet licensure requirements.

1075 (3) The agency, in conjunction with providers, shall  
1076 develop core training requirements for administrators consisting  
1077 of core training learning objectives, a competency test, and a  
1078 minimum required score to indicate successful passage completion  
1079 of the core competency test ~~training and educational~~  
1080 ~~requirements~~. The required core competency test ~~training and~~  
1081 ~~education~~ must cover at least the following topics:

1082 (a) State law and rules relating to assisted living  
1083 facilities.

1084 (b) Resident rights and identifying and reporting abuse,  
1085 neglect, and exploitation.

1086 (c) Special needs of elderly persons, persons with mental  
1087 illness, and persons with developmental disabilities and how to  
1088 meet those needs.

1089 (d) Nutrition and food service, including acceptable  
1090 sanitation practices for preparing, storing, and serving food.

1091 (e) Medication management, recordkeeping, and proper  
1092 techniques for assisting residents with self-administered  
1093 medication.

1094 (f) Firesafety requirements, including fire evacuation  
1095 drill procedures and other emergency procedures.

1096 (g) Care of persons with Alzheimer's disease and related  
1097 disorders.

1098 (4) A ~~new~~ facility administrator must complete the required  
1099 core training and education, including the competency test,  
1100 within 90 days after the date of employment as an administrator.



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1101 Failure to do so is a violation of this part and subjects the  
1102 violator to an administrative fine as prescribed in s. 429.19.  
1103 Administrators licensed in accordance with part II of chapter  
1104 468 are exempt from this requirement. Other licensed  
1105 professionals may be exempted, as determined by the agency by  
1106 rule.

1107 (5) Administrators are required to participate in  
1108 continuing education for a minimum of 12 contact hours every 2  
1109 years.

1110 (6) Staff ~~involved with the management of medications and~~  
1111 assisting with the self-administration of medications under s.  
1112 429.256 must complete a minimum of 6 additional hours of  
1113 training provided by a registered nurse or a licensed  
1114 pharmacist before providing assistance, or agency staff. Two  
1115 hours of continuing education are required annually thereafter.  
1116 The agency shall establish by rule the minimum requirements of  
1117 this ~~additional~~ training.

1118 (7) ~~Other~~ Facility staff shall participate in in-service  
1119 training relevant to their job duties as specified by agency  
1120 rule of the agency. Topics covered during the preservice  
1121 orientation are not required to be repeated during in-service  
1122 training. A single certificate of completion which covers all  
1123 required in-service training topics may be issued to a  
1124 participating staff member if the training is provided in a  
1125 single training course.

1126 (8) If the agency determines that there are problems in a  
1127 facility which could be reduced through specific staff training  
1128 ~~or education~~ beyond that already required under this section,  
1129 the agency may require, and provide, or cause to be provided,



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1130 the training ~~or education~~ of any personal care staff in the  
1131 facility.

1132 (9) The agency shall adopt rules related to these training  
1133 and education requirements, the competency test, necessary  
1134 procedures, and competency test fees and shall adopt or contract  
1135 with another entity to develop and administer the competency  
1136 test. The agency shall adopt a curriculum outline with learning  
1137 objectives to be used by core trainers, ~~which shall be used~~ as  
1138 the minimum core training content requirements. The agency shall  
1139 consult with representatives of stakeholder associations and  
1140 agencies in the development of the curriculum outline.

1141 (10) The core training required by this section ~~other than~~  
1142 ~~the preservice orientation~~ must be conducted by persons  
1143 registered with the agency as having the requisite experience  
1144 and credentials to conduct the training. A person seeking to  
1145 register as a core trainer must provide the agency with proof of  
1146 completion of the ~~minimum~~ core training ~~education~~ requirements,  
1147 successful passage of the competency test established under this  
1148 section, and proof of compliance with the continuing education  
1149 requirement in subsection (5).

1150 (11) A person seeking to register as a core trainer also  
1151 must ~~also~~:

1152 (a) Provide proof of completion of a 4-year degree from an  
1153 accredited college or university and must have worked in a  
1154 management position in an assisted living facility for 3 years  
1155 after being core certified;

1156 (b) Have worked in a management position in an assisted  
1157 living facility for 5 years after being core certified and have  
1158 1 year of teaching experience as an educator or staff trainer





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1159 for persons who work in assisted living facilities or other  
1160 long-term care settings;

1161 (c) Have been previously employed as a core trainer for the  
1162 agency or department; or

1163 (d) Meet other qualification criteria as defined in rule,  
1164 which the agency is authorized to adopt.

1165 (12) The agency shall adopt rules to establish core trainer  
1166 registration and removal requirements.

1167 Section 14. This act shall take effect July 1, 2020.