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LEGISLATIVE ACTION

Senate

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House

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Appropriations Subcommittee on Health and Human Services  
(Harrell) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

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

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



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11           (7) "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           (12)~~(11)~~ "Extended congregate care" means acts beyond those  
18 authorized in subsection (18) which ~~(17)~~ that may be performed  
19 pursuant to part I of chapter 464 by persons licensed thereunder  
20 while carrying out their professional duties, and other  
21 supportive services that ~~which~~ may be specified by rule. The  
22 purpose of such services is to enable residents to age in place  
23 in a residential environment despite mental or physical  
24 limitations that might otherwise disqualify them from residency  
25 in a facility licensed under this part.

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

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

39           429.07 License required; fee.—



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40           (3) In addition to the requirements of s. 408.806, each  
41 license granted by the agency must state the type of care for  
42 which the license is granted. Licenses shall be issued for one  
43 or more of the following categories of care: standard, extended  
44 congregate care, limited nursing services, or limited mental  
45 health.

46           (b) An extended congregate care license shall be issued to  
47 each facility that has been licensed as an assisted living  
48 facility for 2 or more years and that provides services,  
49 directly or through contract, beyond those authorized in  
50 paragraph (a), including services performed by persons licensed  
51 under part I of chapter 464 and supportive services, as defined  
52 by rule, to persons who would otherwise be disqualified from  
53 continued residence in a facility licensed under this part. An  
54 extended congregate care license may be issued to a facility  
55 that has a provisional extended congregate care license and  
56 meets the requirements for licensure under subparagraph 2. The  
57 primary purpose of extended congregate care services is to allow  
58 residents the option of remaining in a familiar setting from  
59 which they would otherwise be disqualified for continued  
60 residency as they become more impaired. A facility licensed to  
61 provide extended congregate care services may also admit an  
62 individual who exceeds the admission criteria for a facility  
63 with a standard license, if he or she is determined appropriate  
64 for admission to the extended congregate care facility.

65           1. In order for extended congregate care services to be  
66 provided, the agency must first determine that all requirements  
67 established in law and rule are met and must specifically  
68 designate, on the facility's license, that such services may be



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69 provided and whether the designation applies to all or part of  
70 the facility. This designation may be made at the time of  
71 initial licensure or relicensure, or upon request in writing by  
72 a licensee under this part and part II of chapter 408. The  
73 notification of approval or the denial of the request shall be  
74 made in accordance with part II of chapter 408. Each existing  
75 facility that qualifies to provide extended congregate care  
76 services must have maintained a standard license and may not  
77 have been subject to administrative sanctions during the  
78 previous 2 years, or since initial licensure if the facility has  
79 been licensed for less than 2 years, for any of the following  
80 reasons:

- 81 a. A class I or class II violation;
- 82 b. Three or more repeat or recurring class III violations  
83 of identical or similar resident care standards from which a  
84 pattern of noncompliance is found by the agency;
- 85 c. Three or more class III violations that were not  
86 corrected in accordance with the corrective action plan approved  
87 by the agency;
- 88 d. Violation of resident care standards which results in  
89 requiring the facility to employ the services of a consultant  
90 pharmacist or consultant dietitian;
- 91 e. Denial, suspension, or revocation of a license for  
92 another facility licensed under this part in which the applicant  
93 for an extended congregate care license has at least 25 percent  
94 ownership interest; or
- 95 f. Imposition of a moratorium pursuant to this part or part  
96 II of chapter 408 or initiation of injunctive proceedings.

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

101 2. If an assisted living facility has been licensed for  
102 less than 2 years, the initial extended congregate care license  
103 must be provisional and may not exceed 6 months. The licensee  
104 shall notify the agency, in writing, when it has admitted at  
105 least one extended congregate care resident, after which an  
106 unannounced inspection shall be made to determine compliance  
107 with the requirements of an extended congregate care license. A  
108 licensee with a provisional extended congregate care license  
109 which ~~that~~ demonstrates compliance with all the requirements of  
110 an extended congregate care license during the inspection shall  
111 be issued an extended congregate care license. In addition to  
112 sanctions authorized under this part, if violations are found  
113 during the inspection and the licensee fails to demonstrate  
114 compliance with all assisted living facility requirements during  
115 a followup inspection, the licensee shall immediately suspend  
116 extended congregate care services, and the provisional extended  
117 congregate care license expires. The agency may extend the  
118 provisional license for not more than 1 month in order to  
119 complete a followup visit.

120 3. A facility that is licensed to provide extended  
121 congregate care services shall maintain a written progress  
122 report on each person who receives nursing services from the  
123 facility's staff which describes the type, amount, duration,  
124 scope, and outcome of services that are rendered and the general  
125 status of the resident's health. A registered nurse, or  
126 appropriate designee, representing the agency shall visit the



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127 facility at least twice a year to monitor residents who are  
128 receiving extended congregate care services and to determine if  
129 the facility is in compliance with this part, part II of chapter  
130 408, and relevant rules. One of the visits may be in conjunction  
131 with the regular survey. The monitoring visits may be provided  
132 through contractual arrangements with appropriate community  
133 agencies. A registered nurse shall serve as part of the team  
134 that inspects the facility. The agency may waive one of the  
135 required yearly monitoring visits for a facility that has:

136       a. Held an extended congregate care license for at least 24  
137 months;

138       b. No class I or class II violations and no uncorrected  
139 class III violations; and

140       c. No ombudsman council complaints that resulted in a  
141 citation for licensure.

142       4. A facility that is licensed to provide extended  
143 congregate care services must:

144       a. Demonstrate the capability to meet unanticipated  
145 resident service needs.

146       b. Offer a physical environment that promotes a homelike  
147 setting, provides for resident privacy, promotes resident  
148 independence, and allows sufficient congregate space as defined  
149 by rule.

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

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



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156 in functional status are minimized or avoided.

157 e. Allow residents or, if applicable, a resident's  
158 representative, designee, surrogate, guardian, or attorney in  
159 fact to make a variety of personal choices, participate in  
160 developing service plans, and share responsibility in  
161 decisionmaking.

162 f. Implement the concept of managed risk.

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

165 h. In addition to the training mandated in s. 429.52,  
166 provide specialized training as defined by rule for facility  
167 staff.

168 5. A facility that is licensed to provide extended  
169 congregate care services is exempt from the criteria for  
170 continued residency set forth in rules adopted under s. 429.41.  
171 A licensed facility must adopt its own requirements within  
172 guidelines for continued residency set forth by rule. However,  
173 the facility may not serve residents who require 24-hour nursing  
174 supervision. A licensed facility that provides extended  
175 congregate care services must also provide each resident with a  
176 written copy of facility policies governing admission and  
177 retention.

178 6. Before the admission of an individual to a facility  
179 licensed to provide extended congregate care services, the  
180 individual must undergo a medical examination as provided in s.  
181 429.26(5) ~~s. 429.26(4)~~ and the facility must develop a  
182 preliminary service plan for the individual.

183 7. If a facility can no longer provide or arrange for  
184 services in accordance with the resident's service plan and



185 needs and the facility's policy, the facility must make  
186 arrangements for relocating the person in accordance with s.  
187 429.28(1)(k).

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

191 1. In order for limited nursing services to be provided in  
192 a facility licensed under this part, the agency must first  
193 determine that all requirements established in law and rule are  
194 met and must specifically designate, on the facility's license,  
195 that such services may be provided. This designation may be made  
196 at the time of initial licensure or licensure renewal, or upon  
197 request in writing by a licensee under this part and part II of  
198 chapter 408. Notification of approval or denial of such request  
199 shall be made in accordance with part II of chapter 408. An  
200 existing facility that qualifies to provide limited nursing  
201 services must have maintained a standard license and may not  
202 have been subject to administrative sanctions that affect the  
203 health, safety, and welfare of residents for the previous 2  
204 years or since initial licensure if the facility has been  
205 licensed for less than 2 years.

206 2. A facility that is licensed to provide limited nursing  
207 services shall maintain a written progress report on each person  
208 who receives such nursing services from the facility's staff.  
209 The report must describe the type, amount, duration, scope, and  
210 outcome of services that are rendered and the general status of  
211 the resident's health. A registered nurse representing the  
212 agency shall visit the facility at least annually to monitor  
213 residents who are receiving limited nursing services and to





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214 determine if the facility is in compliance with applicable  
215 provisions of this part, part II of chapter 408, and related  
216 rules. The monitoring visits may be provided through contractual  
217 arrangements with appropriate community agencies. A registered  
218 nurse shall also serve as part of the team that inspects such  
219 facility. Visits may be in conjunction with other agency  
220 inspections. The agency may waive the required yearly monitoring  
221 visit for a facility that has:

222       a. Had a limited nursing services license for at least 24  
223 months;

224       b. No class I or class II violations and no uncorrected  
225 class III violations; and

226       c. No ombudsman council complaints that resulted in a  
227 citation for licensure.

228       3. A person who receives limited nursing services under  
229 this part must meet the admission criteria established by the  
230 agency for assisted living facilities. When a resident no longer  
231 meets the admission criteria for a facility licensed under this  
232 part, arrangements for relocating the person shall be made in  
233 accordance with s. 429.28(1)(k), unless the facility is licensed  
234 to provide extended congregate care services.

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

237       429.11 Initial application for license; provisional  
238 license.—

239       (7) A county or municipality may not issue a business tax  
240 receipt ~~an occupational license~~ that is being obtained for the  
241 purpose of operating a facility regulated under this part  
242 without first ascertaining that the applicant has been licensed



243 to operate such facility at the specified location or locations  
244 by the agency. The agency shall furnish to local agencies  
245 responsible for issuing business tax receipts ~~occupational~~  
246 ~~licenses~~ sufficient instruction for making such determinations.

247 Section 4. Section 429.176, Florida Statutes, is amended to  
248 read:

249 429.176 Notice of change of administrator.—If, during the  
250 period for which a license is issued, the owner changes  
251 administrators, the owner must notify the agency of the change  
252 within 10 days and provide documentation within 90 days that the  
253 new administrator meets educational requirements and has  
254 completed the applicable core educational requirements under s.  
255 429.52. A facility may not be operated for more than 120  
256 consecutive days without an administrator who has completed the  
257 core educational requirements.

258 Section 5. Subsections (3), (4), and (5) of section 429.23,  
259 Florida Statutes, are amended to read:

260 429.23 Internal risk management and quality assurance  
261 program; adverse incidents and reporting requirements.—

262 (3) Licensed facilities shall provide within 1 business day  
263 after the occurrence of an adverse incident, through the  
264 agency's online portal or, if the portal is offline, by  
265 electronic mail, facsimile, or United States mail, a preliminary  
266 report to the agency on all adverse incidents specified under  
267 this section. The report must include information regarding the  
268 identity of the affected resident, the type of adverse incident,  
269 and the status of the facility's investigation of the incident.

270 (4) Licensed facilities shall provide within 15 days,  
271 through the agency's online portal or, if the portal is offline,



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272 by electronic mail, ~~facsimile, or United States mail,~~ a full  
273 report to the agency on all adverse incidents specified in this  
274 section. The report must include the results of the facility's  
275 investigation into the adverse incident.

276 (5) Three business days before the deadline for the  
277 submission of the full report required under subsection (4), the  
278 agency shall send by electronic mail a reminder to the  
279 facility's administrator and other specified facility contacts.  
280 Within 3 business days after the agency sends the reminder, a  
281 facility is not subject to any administrative or other agency  
282 action for failing to withdraw the preliminary report if the  
283 facility determines the event was not an adverse incident or for  
284 failing to file a full report if the facility determines the  
285 event was an adverse incident ~~Each facility shall report monthly~~  
286 ~~to the agency any liability claim filed against it. The report~~  
287 ~~must include the name of the resident, the dates of the incident~~  
288 ~~leading to the claim, if applicable, and the type of injury or~~  
289 ~~violation of rights alleged to have occurred. This report is not~~  
290 ~~discoverable in any civil or administrative action, except in~~  
291 ~~such actions brought by the agency to enforce the provisions of~~  
292 ~~this part.~~

293 Section 6. Paragraphs (a) and (b) of subsection (1) of  
294 section 429.255, Florida Statutes, are amended, paragraph (d) is  
295 added to that subsection, and subsection (4) of that section is  
296 amended, to read:

297 429.255 Use of personnel; emergency care.—

298 (1)(a) Persons under contract to the facility, facility  
299 staff, or volunteers, who are licensed according to part I of  
300 chapter 464, or those persons exempt under s. 464.022(1), ~~and~~



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301 ~~others as defined by rule,~~ may administer medications to  
302 residents, take residents' vital signs, change residents'  
303 bandages for minor cuts and abrasions, manage individual weekly  
304 pill organizers for residents who self-administer medication,  
305 give prepackaged enemas ordered by a physician, observe  
306 residents, document observations on the appropriate resident's  
307 record, and report observations to the resident's physician, ~~and~~  
308 ~~contract or allow residents or a resident's representative,~~  
309 ~~designee, surrogate, guardian, or attorney in fact to contract~~  
310 ~~with a third party, provided residents meet the criteria for~~  
311 ~~appropriate placement as defined in s. 429.26.~~ Nursing  
312 assistants certified pursuant to part II of chapter 464 may take  
313 residents' vital signs as directed by a licensed nurse or  
314 physician.

315 (b) All staff of ~~in~~ facilities licensed under this part  
316 shall exercise their professional responsibility to observe  
317 residents, to document observations on the appropriate  
318 resident's record, and to report the observations to the  
319 resident's physician. However, the owner or administrator of the  
320 facility shall be responsible for determining that the resident  
321 receiving services is appropriate for residence in the facility.

322 (d) A resident or his or her representative, designee,  
323 surrogate, guardian, or attorney in fact, as applicable, may  
324 contract for services with a third party, provided the resident  
325 meets the criteria for residency and continued residency as  
326 defined in s. 429.26. The third party must communicate with the  
327 facility regarding the resident's condition and the services  
328 being provided in accordance with the facility's policies. The  
329 facility must document that it received such communication.



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330 (4) Facility staff may withhold or withdraw cardiopulmonary  
331 resuscitation or the use of an automated external defibrillator  
332 if presented with an order not to resuscitate executed pursuant  
333 to s. 401.45. The agency shall adopt rules providing for the  
334 implementation of such orders. Facility staff and facilities may  
335 not be subject to criminal prosecution or civil liability, nor  
336 be considered to have engaged in negligent or unprofessional  
337 conduct, for withholding or withdrawing cardiopulmonary  
338 resuscitation or use of an automated external defibrillator  
339 pursuant to such an order and rules adopted by the agency. The  
340 absence of an order not to resuscitate executed pursuant to s.  
341 401.45 does not preclude a physician from withholding or  
342 withdrawing cardiopulmonary resuscitation or use of an automated  
343 external defibrillator as otherwise permitted by law.

344 Section 7. Subsection (2), paragraph (b) of subsection (3),  
345 and paragraphs (e), (f), and (g) of subsection (4) of section  
346 429.256, Florida Statutes, are amended to read:

347 429.256 Assistance with self-administration of medication.—

348 (2) Residents who are capable of self-administering their  
349 own medications without assistance shall be encouraged and  
350 allowed to do so. However, an unlicensed person may, consistent  
351 with a dispensed prescription's label or the package directions  
352 of an over-the-counter medication, assist a resident whose  
353 condition is medically stable with the self-administration of  
354 routine, regularly scheduled medications that are intended to be  
355 self-administered. Assistance with self-medication by an  
356 unlicensed person may occur only upon a documented request by,  
357 and the written informed consent of, a resident or the  
358 resident's surrogate, guardian, or attorney in fact. For the



359 purposes of this section, self-administered medications include  
360 both legend and over-the-counter oral dosage forms, topical  
361 dosage forms, transdermal patches, and topical ophthalmic, otic,  
362 and nasal dosage forms including solutions, suspensions, sprays,  
363 and inhalers.

364 (3) Assistance with self-administration of medication  
365 includes:

366 (b) In the presence of the resident, confirming that the  
367 medication is intended for that resident, orally advising the  
368 resident of the medication name and dosage reading the label,  
369 opening the container, removing a prescribed amount of  
370 medication from the container, and closing the container. The  
371 resident may sign a written waiver to opt out of being orally  
372 advised of the medication name and dosage. The waiver must  
373 identify all of the medications intended for the resident,  
374 including names and dosages of such medications, and must  
375 immediately be updated each time the resident's medications or  
376 dosages change.

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

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

380 (f) Assisting with rectal, urethral, or vaginal  
381 preparations.

382 (g) Assisting with medications ordered by the physician or  
383 health care professional with prescriptive authority to be given  
384 "as needed," unless the order is written with specific  
385 parameters that preclude independent judgment on the part of the  
386 unlicensed person, and ~~at the request of a competent~~ resident  
387 requesting the medication is aware of his or her need for the



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388 medication and understands the purpose for taking the  
389 medication.

390 Section 8. Section 429.26, Florida Statutes, is amended to  
391 read:

392 429.26 Appropriateness of placements; examinations of  
393 residents.—

394 (1) The owner or administrator of a facility is responsible  
395 for determining the appropriateness of admission of an  
396 individual to the facility and for determining the continued  
397 appropriateness of residence of an individual in the facility. A  
398 determination must ~~shall~~ be based upon an evaluation ~~assessment~~  
399 of the strengths, needs, and preferences of the resident, a  
400 medical examination, the care and services offered or arranged  
401 for by the facility in accordance with facility policy, and any  
402 limitations in law or rule related to admission criteria or  
403 continued residency for the type of license held by the facility  
404 under this part. The following criteria apply to the  
405 determination of appropriateness for admission and continued  
406 residency of an individual in a facility:

407 (a) A facility may admit or retain a resident who receives  
408 a health care service or treatment that is designed to be  
409 provided within a private residential setting if all  
410 requirements for providing that service or treatment are met by  
411 the facility or a third party.

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

414 (c) A facility may admit or retain an individual receiving  
415 hospice services if the arrangement is agreed to by the facility  
416 and the resident, additional care is provided by a licensed



417 hospice, and the resident is under the care of a physician who  
418 agrees that the physical needs of the resident can be met at the  
419 facility. The resident must have a plan of care which delineates  
420 how the facility and the hospice will meet the scheduled and  
421 unscheduled needs of the resident, including, if applicable,  
422 staffing for nursing care.

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

429 a. Move, turn, or reposition without total physical  
430 assistance;

431 b. Transfer to a chair or wheelchair without total physical  
432 assistance; or

433 c. Sit safely in a chair or wheelchair without personal  
434 assistance or a physical restraint.

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

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

442 (2) A resident may not be moved from one facility to  
443 another without consultation with and agreement from the  
444 resident or, if applicable, the resident's representative or  
445 designee or the resident's family, guardian, surrogate, or





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446 attorney in fact. In the case of a resident who has been placed  
447 by the department or the Department of Children and Families,  
448 the administrator must notify the appropriate contact person in  
449 the applicable department.

450 (3)~~(2)~~ A physician, physician assistant, or advanced  
451 practice registered nurse practitioner who is employed by an  
452 assisted living facility to provide an initial examination for  
453 admission purposes may not have financial interests ~~interest~~ in  
454 the facility.

455 (4)~~(3)~~ Persons licensed under part I of chapter 464 who are  
456 employed by or under contract with a facility shall, on a  
457 routine basis or at least monthly, perform a nursing assessment  
458 of the residents for whom they are providing nursing services  
459 ordered by a physician, except administration of medication, and  
460 shall document such assessment, including any substantial  
461 changes in a resident's status which may necessitate relocation  
462 to a nursing home, hospital, or specialized health care  
463 facility. Such records shall be maintained in the facility for  
464 inspection by the agency and shall be forwarded to the  
465 resident's case manager, if applicable.

466 (5) (a)~~(4)~~ ~~If possible,~~ Each resident must ~~shall~~ have been  
467 examined by a licensed physician, a licensed physician  
468 assistant, or a licensed advanced practice registered nurse  
469 ~~practitioner~~ within 60 days before admission to the facility or  
470 within 30 days after admission to the facility, except as  
471 provided in s. 429.07. The information from the medical  
472 examination must be recorded on the practitioner's form or on a  
473 form adopted by agency rule. The signed and completed medical  
474 examination form, signed only by the practitioner, must report



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475 ~~shall~~ be submitted to the owner or administrator of the  
476 facility, who shall use the information contained therein to  
477 assist in the determination of the appropriateness of the  
478 resident's admission to or ~~and~~ continued residency ~~stay~~ in the  
479 facility.

480 (b) The medical examination form may be used only to record  
481 the practitioner's direct observation of the patient at the time  
482 of examination and must include the patient's medical history.  
483 Such form does not guarantee admission to, continued residency  
484 in, or the delivery of services at the facility and must be used  
485 only as an informative tool to assist in the determination of  
486 the appropriateness of the resident's admission to or continued  
487 residency in the facility. The medical examination form,  
488 reflecting the resident's condition on the date the examination  
489 is performed, becomes ~~report shall become~~ a permanent part of  
490 the facility's record of the resident ~~at the facility~~ and must  
491 ~~shall~~ be made available to the agency during inspection or upon  
492 request. An assessment that has been completed through the  
493 Comprehensive Assessment and Review for Long-Term Care Services  
494 (CARES) Program fulfills the requirements for a medical  
495 examination under this subsection and s. 429.07(3)(b)6.

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

- 498 1. Height, weight, and known allergies.
- 499 2. Significant medical history and diagnoses.
- 500 3. Physical or sensory limitations, including the need for  
501 fall precautions or recommended use of assistive devices.
- 502 4. Cognitive or behavioral status and a brief description  
503 of any behavioral issues known or ascertained by the examining



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504 practitioner, including any known history of wandering or  
505 elopement.

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

507 6. Whether the resident needs assistance for ambulating,  
508 eating, or transferring.

509 7. Special dietary instructions.

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

512 9. Whether the resident is bedridden and the presence of  
513 any pressure sores.

514 10. Whether the resident needs 24-hour nursing supervision  
515 or psychiatric care.

516 11. A list of current prescribed medications as known or  
517 ascertained by the examining practitioner and whether the  
518 resident can self-administer medications, needs assistance with  
519 medications, or needs medication administration.

520 ~~(5) Except as provided in s. 429.07, if a medical~~  
521 ~~examination has not been completed within 60 days before the~~  
522 ~~admission of the resident to the facility, a licensed physician,~~  
523 ~~licensed physician assistant, or licensed nurse practitioner~~  
524 ~~shall examine the resident and complete a medical examination~~  
525 ~~form provided by the agency within 30 days following the~~  
526 ~~admission to the facility to enable the facility owner or~~  
527 ~~administrator to determine the appropriateness of the admission.~~  
528 ~~The medical examination form shall become a permanent part of~~  
529 ~~the record of the resident at the facility and shall be made~~  
530 ~~available to the agency during inspection by the agency or upon~~  
531 ~~request.~~

532 (6) Any resident accepted in a facility and placed by the



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533 ~~department~~ or the Department of Children and Families must ~~shall~~  
534 have been examined by medical personnel within 30 days before  
535 placement in the facility. The examination must ~~shall~~ include an  
536 assessment of the appropriateness of placement in a facility.  
537 The findings of this examination must ~~shall~~ be recorded on the  
538 examination form provided by the agency. The completed form must  
539 ~~shall~~ accompany the resident and ~~shall~~ be submitted to the  
540 facility owner or administrator. Additionally, in the case of a  
541 mental health resident, the Department of Children and Families  
542 must provide documentation that the individual has been assessed  
543 by a psychiatrist, clinical psychologist, clinical social  
544 worker, or psychiatric nurse, or an individual who is supervised  
545 by one of these professionals, and determined to be appropriate  
546 to reside in an assisted living facility. The documentation must  
547 be in the facility within 30 days after the mental health  
548 resident has been admitted to the facility. An evaluation  
549 completed upon discharge from a state mental hospital meets the  
550 requirements of this subsection related to appropriateness for  
551 placement as a mental health resident, provided that ~~providing~~  
552 it was completed within 90 days before ~~prior to~~ admission to the  
553 facility. The ~~applicable~~ Department of Children and Families  
554 shall provide to the facility administrator any information  
555 about the resident which ~~that~~ would help the administrator meet  
556 his or her responsibilities under subsection (1). Further,  
557 Department of Children and Families personnel shall explain to  
558 the facility operator any special needs of the resident and  
559 advise the operator whom to call should problems arise. The  
560 ~~applicable~~ Department of Children and Families shall advise and  
561 assist the facility administrator when ~~where~~ the special needs



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562 of residents who are recipients of optional state  
563 supplementation require such assistance.

564 (7) The facility shall ~~must~~ notify a licensed physician  
565 when a resident exhibits signs of dementia or cognitive  
566 impairment or has a change of condition in order to rule out the  
567 presence of an underlying physiological condition that may be  
568 contributing to such dementia or impairment. The notification  
569 must occur within 30 days after the acknowledgment of such signs  
570 by facility staff. If an underlying condition is determined to  
571 exist, the facility must notify the resident's representative or  
572 designee of the need for health care services and must assist in  
573 making appointments for ~~shall arrange, with the appropriate~~  
574 ~~health care provider,~~ the necessary care and services to treat  
575 the condition. If the resident does not have a representative or  
576 designee or if the resident's representative or designee cannot  
577 be located or is nonresponsive, the facility shall arrange with  
578 an appropriate health care provider for the necessary care and  
579 services to treat the condition.

580 (8) The Department of Children and Families may require an  
581 examination for supplemental security income and optional state  
582 supplementation recipients residing in facilities at any time  
583 and shall provide the examination whenever a resident's  
584 condition requires it. Any facility administrator; personnel of  
585 the agency, the department, or the Department of Children and  
586 Families; or a representative of the State Long-Term Care  
587 Ombudsman Program who believes a resident needs to be evaluated  
588 shall notify the resident's case manager, who shall take  
589 appropriate action. A report of the examination findings must  
590 ~~shall~~ be provided to the resident's case manager and the



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

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

599 (9) ~~(10)~~ Facilities licensed to provide extended congregate  
600 care services shall promote aging in place by determining  
601 appropriateness of continued residency based on a comprehensive  
602 review of the resident's physical and functional status; the  
603 ability of the facility, family members, friends, or any other  
604 pertinent individuals or agencies to provide the care and  
605 services required; and documentation that a written service plan  
606 consistent with facility policy has been developed and  
607 implemented to ensure that the resident's needs and preferences  
608 are addressed.

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

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

615 429.28 Resident bill of rights.—

616 (1) No resident of a facility shall be deprived of any  
617 civil or legal rights, benefits, or privileges guaranteed by  
618 law, the Constitution of the State of Florida, or the  
619 Constitution of the United States as a resident of a facility.



620 Every resident of a facility shall have the right to:

621 (k) At least 45 days' notice of relocation or termination  
622 of residency from the facility unless, for medical reasons, the  
623 resident is certified by a physician to require an emergency  
624 relocation to a facility providing a more skilled level of care  
625 or the resident engages in a pattern of conduct that is harmful  
626 or offensive to other residents. In the case of a resident who  
627 has been adjudicated mentally incapacitated, the guardian shall  
628 be given at least 45 days' notice of a nonemergency relocation  
629 or residency termination. Reasons for relocation must ~~shall~~ be  
630 set forth in writing and provided to the resident or the  
631 resident's legal representative. In order for a facility to  
632 terminate the residency of an individual without notice as  
633 provided herein, the facility shall show good cause in a court  
634 of competent jurisdiction.

635 (3) (a) The agency shall conduct a survey to determine  
636 whether the facility is complying with this part ~~general~~  
637 ~~compliance with facility standards and compliance with~~  
638 ~~residents' rights~~ as a prerequisite to initial licensure or  
639 licensure renewal. ~~The agency shall adopt rules for uniform~~  
640 ~~standards and criteria that will be used to determine compliance~~  
641 ~~with facility standards and compliance with residents' rights.~~

642 (b) In order to determine whether the facility is  
643 adequately protecting residents' rights, the licensure renewal  
644 ~~biennial~~ survey must ~~shall~~ include private informal  
645 conversations with a sample of residents and consultation with  
646 the ombudsman council in the district in which the facility is  
647 located to discuss residents' experiences within the facility.

648 Section 10. Subsections (1) and (2) of section 429.31,



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649 Florida Statutes, are amended to read:

650 429.31 Closing of facility; notice; penalty.—

651 (1) In addition to the requirements of part II of chapter  
652 408, the facility shall inform, in writing, the agency and each  
653 resident or the next of kin, legal representative, or agency  
654 acting on each resident's behalf, of the fact and the proposed  
655 time of discontinuance of operation, following the notification  
656 requirements provided in s. 429.28(1)(k). In the event a  
657 resident has no person to represent him or her, the facility  
658 shall be responsible for referral to an appropriate social  
659 service agency for placement.

660 (2) Immediately upon the notice by the agency of the  
661 voluntary or involuntary termination of such operation, the  
662 agency shall inform the State Long-Term Care Ombudsman Program  
663 and monitor the transfer of residents to other facilities and  
664 ensure that residents' rights are being protected. The agency,  
665 in consultation with the Department of Children and Families,  
666 shall specify procedures for ensuring that all residents who  
667 receive services are appropriately relocated.

668 Section 11. Subsections (1), (2), and (5) of section  
669 429.41, Florida Statutes, are amended to read:

670 429.41 Rules establishing standards.—

671 (1) It is the intent of the Legislature that rules  
672 published and enforced pursuant to this section shall include  
673 criteria by which a reasonable and consistent quality of  
674 resident care and quality of life may be ensured and the results  
675 of such resident care may be demonstrated. Such rules shall also  
676 promote ~~ensure~~ a safe and sanitary environment that is  
677 residential and noninstitutional in design or nature and may





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678 allow for technological advances in the provision of care,  
679 safety, and security, including the use of devices, equipment,  
680 and other security measures related to wander management,  
681 emergency response, staff risk management, and the general  
682 safety and security of residents, staff, and the facility. It is  
683 further intended that reasonable efforts be made to accommodate  
684 the needs and preferences of residents to enhance the quality of  
685 life in a facility. ~~Uniform firesafety standards for assisted~~  
686 ~~living facilities shall be established by the State Fire Marshal~~  
687 ~~pursuant to s. 633.206. The agency may adopt rules to administer~~  
688 ~~part II of chapter 408. In order to provide safe and sanitary~~  
689 ~~facilities and the highest quality of resident care~~  
690 ~~accommodating the needs and preferences of residents,~~ The  
691 agency, in consultation with the Department of Children and  
692 Families and the Department of Health, shall adopt rules,  
693 ~~policies, and procedures~~ to administer this part, which must  
694 include reasonable and fair minimum standards in relation to:  
695       (a) The requirements for ~~and~~ maintenance and the sanitary  
696 condition of facilities, not in conflict with, or duplicative  
697 of, the requirements in s. 381.006, s. 381.0072, chapter 553, or  
698 s. 633.206, relating to a safe and decent living environment,  
699 including furnishings for resident bedrooms or sleeping areas,  
700 locking devices, linens ~~plumbing, heating, cooling, lighting,~~  
701 ventilation, living space, and other housing conditions relating  
702 to hazards, which will promote ~~ensure~~ the health, safety, and  
703 welfare ~~comfort~~ of residents suitable to the size of the  
704 structure. The rules must clearly delineate the respective  
705 responsibilities of the agency's licensure and survey staff and  
706 the county health departments and ensure that inspections are



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707 not duplicative. The agency may collect fees for food service  
708 inspections conducted by county health departments and may  
709 transfer such fees to the Department of Health.

710 ~~1. Firesafety evacuation capability determination. An~~  
711 ~~evacuation capability evaluation for initial licensure shall be~~  
712 ~~conducted within 6 months after the date of licensure.~~

713 ~~2. Firesafety requirements.—~~

714 ~~a. The National Fire Protection Association, Life Safety~~  
715 ~~Code, NFPA 101 and 101A, current editions, shall be used in~~  
716 ~~determining the uniform firesafety code adopted by the State~~  
717 ~~Fire Marshal for assisted living facilities, pursuant to s.~~  
718 ~~633.206.~~

719 ~~b. A local government or a utility may charge fees only in~~  
720 ~~an amount not to exceed the actual expenses incurred by the~~  
721 ~~local government or the utility relating to the installation and~~  
722 ~~maintenance of an automatic fire sprinkler system in a licensed~~  
723 ~~assisted living facility structure.~~

724 ~~e. All licensed facilities must have an annual fire~~  
725 ~~inspection conducted by the local fire marshal or authority~~  
726 ~~having jurisdiction.~~

727 ~~d. An assisted living facility that is issued a building~~  
728 ~~permit or certificate of occupancy before July 1, 2016, may at~~  
729 ~~its option and after notifying the authority having~~  
730 ~~jurisdiction, remain under the provisions of the 1994 and 1995~~  
731 ~~editions of the National Fire Protection Association, Life~~  
732 ~~Safety Code, NFPA 101, and NFPA 101A. The facility opting to~~  
733 ~~remain under such provisions may make repairs, modernizations,~~  
734 ~~renovations, or additions to, or rehabilitate, the facility in~~  
735 ~~compliance with NFPA 101, 1994 edition, and may utilize the~~



736 ~~alternative approaches to life safety in compliance with NFPA~~  
737 ~~101A, 1995 edition. However, a facility for which a building~~  
738 ~~permit or certificate of occupancy is issued before July 1,~~  
739 ~~2016, that undergoes Level III building alteration or~~  
740 ~~rehabilitation, as defined in the Florida Building Code, or~~  
741 ~~seeks to utilize features not authorized under the 1994 or 1995~~  
742 ~~editions of the Life Safety Code must thereafter comply with all~~  
743 ~~aspects of the uniform firesafety standards established under s.~~  
744 ~~633.206, and the Florida Fire Prevention Code, in effect for~~  
745 ~~assisted living facilities as adopted by the State Fire Marshal.~~

746 ~~3. Resident elopement requirements. Facilities are required~~  
747 ~~to conduct a minimum of two resident elopement prevention and~~  
748 ~~response drills per year. All administrators and direct care~~  
749 ~~staff must participate in the drills, which shall include a~~  
750 ~~review of procedures to address resident elopement. Facilities~~  
751 ~~must document the implementation of the drills and ensure that~~  
752 ~~the drills are conducted in a manner consistent with the~~  
753 ~~facility's resident elopement policies and procedures.~~

754 (b) The preparation and annual update of a comprehensive  
755 emergency management plan. Such standards must be included in  
756 the rules adopted by the agency after consultation with the  
757 Division of Emergency Management. At a minimum, the rules must  
758 provide for plan components that address emergency evacuation  
759 transportation; adequate sheltering arrangements; postdisaster  
760 activities, including provision of emergency power, food, and  
761 water; postdisaster transportation; supplies; staffing;  
762 emergency equipment; individual identification of residents and  
763 transfer of records; communication with families; and responses  
764 to family inquiries. The comprehensive emergency management plan



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765 is subject to review and approval by the county local emergency  
766 management agency. During its review, the county local emergency  
767 management agency shall ensure that the following agencies, at a  
768 minimum, are given the opportunity to review the plan: the  
769 Department of Health, the Agency for Health Care Administration,  
770 and the Division of Emergency Management. ~~Also, appropriate~~  
771 ~~volunteer organizations must be given the opportunity to review~~  
772 ~~the plan.~~ The county local emergency management agency shall  
773 complete its review within 60 days and either approve the plan  
774 or advise the facility of necessary revisions. A facility must  
775 submit a comprehensive emergency management plan to the county  
776 emergency management agency within 30 days after issuance of a  
777 license.

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

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

792 (d)(e) License application and license renewal, transfer of  
793 ownership, proper management of resident funds and personal



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794 property, surety bonds, resident contracts, refund policies,  
795 financial ability to operate, and facility and staff records.

796 (e)~~(f)~~ Inspections, complaint investigations, moratoriums,  
797 classification of deficiencies, levying and enforcement of  
798 penalties,~~and use of income from fees and fines.~~

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

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

- 803 1. The supervision of residents;
- 804 2. The provision of personal services;
- 805 3. The provision of, or arrangement for, social and leisure  
806 activities;
- 807 4. The assistance in making arrangements ~~arrangement~~ for  
808 appointments and transportation to appropriate medical, dental,  
809 nursing, or mental health services, as needed by residents;
- 810 5. The management of medication stored within the facility  
811 and as needed by residents;
- 812 6. The dietary ~~nutritional~~ needs of residents;
- 813 7. Resident records; and
- 814 8. Internal risk management and quality assurance.

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

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

821 (j)~~(k)~~ The use of physical or chemical restraints. The use  
822 of Posey restraints is prohibited. Other physical restraints may



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823 be used in accordance with agency rules when ordered ~~is limited~~  
824 ~~to half-bed rails as prescribed and documented~~ by the resident's  
825 physician and consented to by ~~with the consent of~~ the resident  
826 or, if applicable, the resident's representative or designee or  
827 the resident's surrogate, guardian, or attorney in fact. Such  
828 rules must specify requirements for care planning, staff  
829 monitoring, and periodic review by a physician. The use of  
830 chemical restraints is limited to prescribed dosages of  
831 medications authorized by the resident's physician and must be  
832 consistent with the resident's diagnosis. Residents who are  
833 receiving medications that can serve as chemical restraints must  
834 be evaluated by their physician at least annually to assess:  
835       1. The continued need for the medication.  
836       2. The level of the medication in the resident's blood.  
837       3. The need for adjustments in the prescription.  
838       (k) ~~(l)~~ The establishment of specific resident elopement  
839 drill requirements and policies and procedures on resident  
840 elopement. Facilities shall conduct a minimum of two resident  
841 elopement drills each year. All administrators and direct care  
842 staff shall participate in the drills, which must include a  
843 review of the facility's procedures to address resident  
844 elopement. Facilities shall document participation in the  
845 drills.  
846       (2) In adopting any rules pursuant to this part, the agency  
847 shall make distinct standards for facilities based upon facility  
848 size; the types of care provided; the physical and mental  
849 capabilities and needs of residents; the type, frequency, and  
850 amount of services and care offered; and the staffing  
851 characteristics of the facility. Rules developed pursuant to



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

878 (5) The agency may use an abbreviated biennial standard  
879 licensure inspection that consists of a review of key quality-  
880 of-care standards in lieu of a full inspection in a facility



881 that has a good record of past performance. However, a full  
882 inspection must be conducted in a facility that has a history of  
883 class I or class II violations;~~7~~ uncorrected class III  
884 violations; or a class I, class II, or uncorrected class III  
885 violation resulting from a complaint referred by the State Long-  
886 Term Care Ombudsman Program, ~~confirmed ombudsman council~~  
887 ~~complaints, or confirmed licensure complaints~~ within the  
888 previous licensure period immediately preceding the inspection  
889 or if a potentially serious problem is identified during the  
890 abbreviated inspection. The agency shall adopt by rule develop  
891 the key quality-of-care standards with input from the State  
892 Long-Term Care Ombudsman Council and representatives of provider  
893 groups for incorporation into its rules.

894 Section 12. Section 429.435, Florida Statutes, is created  
895 to read:

896 429.435 Uniform firesafety standards.—Uniform firesafety  
897 standards for assisted living facilities that are residential  
898 board and care occupancies shall be established by the State  
899 Fire Marshal pursuant to s. 633.206.

900 (1) EVACUATION CAPABILITY.—A firesafety evacuation  
901 capability determination shall be conducted within 6 months  
902 after the date of initial licensure of an assisted living  
903 facility, if required.

904 (2) FIRESAFETY REQUIREMENTS.—

905 (a) The National Fire Protection Association, Life Safety  
906 Code, NFPA 101 and 101A, current editions, must be used in  
907 determining the uniform firesafety code adopted by the State  
908 Fire Marshal for assisted living facilities, pursuant to s.  
909 633.206.





910 (b) A local government or a utility may charge fees that do  
911 not exceed the actual costs incurred by the local government or  
912 the utility for the installation and maintenance of an automatic  
913 fire sprinkler system in a licensed assisted living facility  
914 structure.

915 (c) All licensed facilities must have an annual fire  
916 inspection conducted by the local fire marshal or authority  
917 having jurisdiction.

918 (d) An assisted living facility that was issued a building  
919 permit or certificate of occupancy before July 1, 2016, at its  
920 option and after notifying the authority having jurisdiction,  
921 may remain under the provisions of the 1994 and 1995 editions of  
922 the National Fire Protection Association, Life Safety Code, NFPA  
923 101 and 101A. A facility opting to remain under such provisions  
924 may make repairs, modernizations, renovations, or additions to  
925 or rehabilitate the facility in compliance with NFPA 101, 1994  
926 edition, and may use the alternative approaches to life safety  
927 in compliance with NFPA 101A, 1995 edition. However, a facility  
928 for which a building permit or certificate of occupancy was  
929 issued before July 1, 2016, which undergoes Level III building  
930 alteration or rehabilitation, as defined in the Florida Building  
931 Code, or which seeks to use features not authorized under the  
932 1994 or 1995 editions of the Life Safety Code, shall thereafter  
933 comply with all aspects of the uniform firesafety standards  
934 established under s. 633.206 and the Florida Fire Prevention  
935 Code in effect for assisted living facilities as adopted by the  
936 State Fire Marshal.

937 Section 13. Section 429.52, Florida Statutes, is amended to  
938 read:



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939 429.52 Staff training and educational requirements  
940 ~~programs; core educational requirement.~~-

941 (1) ~~Effective October 1, 2015,~~ Each new assisted living  
942 facility employee who has not previously completed core training  
943 must attend a preservice orientation provided by the facility  
944 before interacting with residents. The preservice orientation  
945 must be at least 2 hours in duration and cover topics that help  
946 the employee provide responsible care and respond to the needs  
947 of facility residents. Upon completion, the employee and the  
948 administrator of the facility must sign a statement that the  
949 employee completed the required preservice orientation. The  
950 facility must keep the signed statement in the employee's  
951 personnel record.

952 (2) Administrators and other assisted living facility staff  
953 must meet minimum training and education requirements  
954 established by the agency by rule. This training and education  
955 is intended to assist facilities to appropriately respond to the  
956 needs of residents, to maintain resident care and facility  
957 standards, and to meet licensure requirements.

958 (3) The agency, in conjunction with providers, shall  
959 develop core training requirements for administrators consisting  
960 of core training learning objectives, a competency test, and a  
961 minimum required score to indicate successful passage ~~completion~~  
962 of the core competency test ~~training and educational~~  
963 ~~requirements~~. The required core competency test ~~training and~~  
964 ~~education~~ must cover at least the following topics:

965 (a) State law and rules relating to assisted living  
966 facilities.

967 (b) Resident rights and identifying and reporting abuse,



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968 neglect, and exploitation.

969 (c) Special needs of elderly persons, persons with mental  
970 illness, and persons with developmental disabilities and how to  
971 meet those needs.

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

974 (e) Medication management, recordkeeping, and proper  
975 techniques for assisting residents with self-administered  
976 medication.

977 (f) Firesafety requirements, including fire evacuation  
978 drill procedures and other emergency procedures.

979 (g) Care of persons with Alzheimer's disease and related  
980 disorders.

981 (4) A ~~new~~ facility administrator must complete the required  
982 core training ~~and education~~, including the competency test,  
983 within 90 days after the date of employment as an administrator.  
984 Failure to do so is a violation of this part and subjects the  
985 violator to an administrative fine as prescribed in s. 429.19.  
986 Administrators licensed in accordance with part II of chapter  
987 468 are exempt from this requirement. Other licensed  
988 professionals may be exempted, as determined by the agency by  
989 rule.

990 (5) Administrators are required to participate in  
991 continuing education for a minimum of 12 contact hours every 2  
992 years.

993 (6) Staff ~~involved with the management of medications and~~  
994 assisting with the self-administration of medications under s.  
995 429.256 must complete a minimum of 6 additional hours of  
996 training provided by a registered nurse or a licensed



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997 pharmacist before providing assistance, or agency staff. Two  
998 hours of continuing education are required annually thereafter.  
999 The agency shall establish by rule the minimum requirements of  
1000 this ~~additional~~ training.

1001 (7) ~~Other~~ Facility staff shall participate in inservice  
1002 training relevant to their job duties as specified by agency  
1003 rule of the agency. Topics covered during the preservice  
1004 orientation are not required to be repeated during inservice  
1005 training. A single certificate of completion which covers all  
1006 required inservice training topics may be issued to a  
1007 participating staff member if the training is provided in a  
1008 single training course.

1009 (8) If the agency determines that there are problems in a  
1010 facility which could be reduced through specific staff training  
1011 ~~or education~~ beyond that already required under this section,  
1012 the agency may require, and provide, or cause to be provided,  
1013 the training ~~or education~~ of any personal care staff in the  
1014 facility.

1015 (9) The agency shall adopt rules related to these training  
1016 and education requirements, the competency test, necessary  
1017 procedures, and competency test fees and shall adopt or contract  
1018 with another entity to develop and administer the competency  
1019 test. The agency shall adopt a curriculum outline with learning  
1020 objectives to be used by core trainers, which shall be used as  
1021 the minimum core training content requirements. The agency shall  
1022 consult with representatives of stakeholder associations and  
1023 agencies in the development of the curriculum outline.

1024 (10) The core training required by this section ~~other than~~  
1025 ~~the preservice orientation~~ must be conducted by persons



1026 registered with the agency as having the requisite experience  
1027 and credentials to conduct the training. A person seeking to  
1028 register as a core trainer must provide the agency with proof of  
1029 completion of the ~~minimum~~ core training ~~education~~ requirements,  
1030 successful passage of the competency test established under this  
1031 section, and proof of compliance with the continuing education  
1032 requirement in subsection (5).

1033 (11) A person seeking to register as a core trainer also  
1034 must ~~also~~:

1035 (a) Provide proof of completion of a 4-year degree from an  
1036 accredited college or university and must have worked in a  
1037 management position in an assisted living facility for 3 years  
1038 after being core certified;

1039 (b) Have worked in a management position in an assisted  
1040 living facility for 5 years after being core certified and have  
1041 1 year of teaching experience as an educator or staff trainer  
1042 for persons who work in assisted living facilities or other  
1043 long-term care settings;

1044 (c) Have been previously employed as a core trainer for the  
1045 agency or department; or

1046 (d) Meet other qualification criteria as defined in rule,  
1047 which the agency is authorized to adopt.

1048 (12) The agency shall adopt rules to establish core trainer  
1049 registration and removal requirements.

1050 Section 14. This act shall take effect July 1, 2020.

1051  
1052 ===== T I T L E A M E N D M E N T =====

1053 And the title is amended as follows:

1054 Delete everything before the enacting clause



1055 and insert:

1056                   A bill to be entitled  
1057           An act relating to assisted living facilities;  
1058           amending s. 429.02, F.S.; defining and revising terms;  
1059           amending s. 429.07, F.S.; requiring assisted living  
1060           facilities that provide certain services to maintain a  
1061           written progress report on each person receiving  
1062           services from the facility's staff; conforming a  
1063           cross-reference; amending s. 429.11, F.S.; prohibiting  
1064           a county or municipality from issuing a business tax  
1065           receipt, rather than an occupational license, to a  
1066           facility under certain circumstances; amending s.  
1067           429.176, F.S.; requiring an owner of a facility to  
1068           provide certain documentation to the Agency for Health  
1069           Care Administration within a specified timeframe;  
1070           amending s. 429.23, F.S.; authorizing a facility to  
1071           send certain reports regarding adverse incidents  
1072           through the agency's online portal; requiring the  
1073           agency to send reminders by electronic mail to certain  
1074           facility contacts regarding submission deadlines for  
1075           such reports within a specified timeframe; amending s.  
1076           429.255, F.S.; authorizing certain persons to change a  
1077           resident's bandage for a minor cut or abrasion;  
1078           authorizing certain persons to contract with a third-  
1079           party to provide services to a resident under certain  
1080           circumstances; providing requirements relating to the  
1081           third-party provider; clarifying that the absence of  
1082           an order not to resuscitate does not preclude a  
1083           physician from withholding or withdrawing



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1084 cardiopulmonary resuscitation or use of an automated  
1085 external defibrillator; amending s. 429.256, F.S. ;  
1086 revising the types of medications that may be self-  
1087 administered; revising provisions relating to  
1088 assistance with the self-administration of such  
1089 medications; requiring a person assisting with a  
1090 resident's self-administration of medication to  
1091 confirm and advise the patient of specified  
1092 information; authorizing a resident to opt out of such  
1093 advisement through a signed waiver; providing  
1094 requirements for such waiver; revising provisions  
1095 relating to certain medications that are not self-  
1096 administered with assistance; amending s. 429.26,  
1097 F.S.; including medical examinations in the criteria  
1098 used for admission to an assisted living facility;  
1099 providing specified criteria for determination of  
1100 appropriateness for admission to and continued  
1101 residency in an assisted living facility; prohibiting  
1102 such facility from admitting certain individuals;  
1103 defining the term "bedridden"; authorizing a facility  
1104 to retain certain individuals under certain  
1105 conditions; requiring that a resident receive a  
1106 medical examination within a specified timeframe after  
1107 admission to a facility; requiring that such  
1108 examination be recorded on a form; providing  
1109 limitations on the use of such form; providing  
1110 requirements for the content of the form; revising  
1111 provisions relating to the placement of residents by  
1112 the Department of Children and Families; requiring a



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1113 facility to notify a resident's representative or  
1114 designee of specified information under certain  
1115 circumstances; requiring the facility to arrange with  
1116 an appropriate health care provider for the care and  
1117 services needed to treat a resident under certain  
1118 circumstances; removing provisions relating to the  
1119 retention of certain residents in a facility; amending  
1120 s. 429.28, F.S.; requiring facilities to provide  
1121 written notice of relocation or termination of  
1122 residency from a facility to the resident or the  
1123 resident's legal guardian; revising provisions related  
1124 to a licensure survey required by the agency; deleting  
1125 a requirement that the agency adopt certain rules;  
1126 amending s. 429.31, F.S.; revising notice requirements  
1127 for facilities that are terminating operations;  
1128 requiring the agency to inform the State Long-Term  
1129 Ombudsman Program immediately upon notice of a  
1130 facility's termination of operations; amending s.  
1131 429.41, F.S.; revising legislative intent; revising  
1132 provisions related to rules the agency, in  
1133 consultation with the Department of Children and  
1134 Families and the Department of Health, is required to  
1135 adopt regarding minimum standards of resident care;  
1136 requiring county emergency management agencies, rather  
1137 than local emergency management agencies, to review  
1138 and approve or disapprove of a facility's  
1139 comprehensive emergency management plan; requiring a  
1140 facility to submit a comprehensive emergency  
1141 management plan to the county emergency management





1142 agency within a specified timeframe; prohibiting the  
1143 use of Posey restraints; authorizing the use of other  
1144 restraints under certain circumstances; revising the  
1145 criteria under which a facility must be fully  
1146 inspected; creating s. 429.435, F.S.; requiring the  
1147 State Fire Marshall to establish uniform firesafety  
1148 standards for assisted living facilities; providing  
1149 for a firesafety evacuation capability determination  
1150 within a specified timeframe under certain  
1151 circumstances; requiring the State Fire Marshall to  
1152 use certain standards from a specified national  
1153 association to determine the uniform firesafety  
1154 standards to be adopted; authorizing local governments  
1155 and utilities to charge certain fees relating to fire  
1156 sprinkler systems; requiring licensed facilities to  
1157 have an annual fire inspection; specifying certain  
1158 code requirements for facilities that undergo a  
1159 specific alteration or rehabilitation; amending s.  
1160 429.52, F.S.; revising certain provisions relating to  
1161 facility staff training and educational requirements;  
1162 requiring the agency, in conjunction with providers,  
1163 to establish core training requirements for facility  
1164 administrators; revising the training and continuing  
1165 education requirements for facility staff who assist  
1166 residents with the self-administration of medications;  
1167 revising provisions relating to the training  
1168 responsibilities of the agency; requiring the agency  
1169 to contract with another entity to administer a  
1170 certain competency test; requiring the agency to adopt



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1171 a curriculum outline with learning objectives to be  
1172 used by core trainers; conforming provisions to  
1173 changes made by the act; providing an effective date.