

By Senator Harrell

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1 A bill to be entitled
2 An act relating to assisted living facilities;
3 amending s. 429.02, F.S.; defining and redefining
4 terms; amending s. 429.07, F.S.; clarifying that an
5 assisted living facility licensed to provide extended
6 congregate care services or limited nursing services
7 must maintain a written progress report on each person
8 receiving services from the facility's staff;
9 conforming a cross-reference; amending s. 429.11,
10 F.S.; prohibiting a county or municipality from
11 issuing a business tax receipt, rather than an
12 occupational license, to a facility under certain
13 circumstances; amending s. 429.176, F.S.; amending
14 educational requirements for an administrator who is
15 replacing another administrator; amending s. 429.23,
16 F.S.; requiring a facility to initiate an
17 investigation of an adverse incident within 24 hours
18 and provide a report of such investigation to the
19 Agency for Health Care Administration within 15 days;
20 amending s. 429.255, F.S.; clarifying that the absence
21 of an order not to resuscitate does not preclude a
22 physician from withholding or withdrawing
23 cardiopulmonary resuscitation or use of an automated
24 external defibrillator; amending s. 429.256, F.S.;
25 requiring a person assisting with a resident's self-
26 administration of medication to confirm that the
27 medication is intended for that resident and to orally
28 advise the resident of the medication name and
29 purpose; amending s. 429.26, F.S.; including medical

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30 examinations within criteria used for admission to an
31 assisted living facility; providing specified criteria
32 for determination of appropriateness for admission and
33 continued residency at an assisted living facility;
34 defining the term "bedridden"; requiring that a
35 resident receive a medical examination within a
36 specified timeframe after admission to a facility;
37 requiring that such examination be recorded on a
38 specified form; providing minimum requirements for
39 such form; revising provisions relating to the
40 placement of residents by the Department of Children
41 and Families; requiring a facility to notify a
42 resident's representative or designee of the need for
43 health care services and to assist in making
44 appointments for such care and services under certain
45 circumstances; removing provisions relating to the
46 retention of certain residents in a facility; amending
47 s. 429.28, F.S.; revising residents' rights relating
48 to a safe and secure living environment; amending s.
49 429.41, F.S.; revising legislative intent; removing a
50 provision to conform to changes made by the act;
51 removing a redundant provision authorizing the Agency
52 for Health Care Administration to adopt certain rules;
53 removing provisions relating to firesafety
54 requirements, which are relocated to another section;
55 requiring county emergency management agencies, rather
56 than local emergency management agencies, to review
57 and approve or disapprove of a facility's
58 comprehensive emergency management plan; requiring a

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59 facility to submit a comprehensive emergency
60 management plan to the county emergency management
61 agency within a specified timeframe after its
62 licensure; revising the criteria under which a
63 facility must be fully inspected; revising standards
64 for the care of residents provided by a facility;
65 prohibiting the use of geriatric chairs and Posey
66 restraints in facilities; authorizing other physical
67 restraints to be used under certain conditions and in
68 accordance with certain rules; requiring the agency to
69 establish resident elopement drill requirements;
70 requiring that elopement drills include a review of a
71 facility's procedures to address elopement; revising
72 the criteria under which a facility must be fully
73 inspected; revising provisions requiring the agency to
74 adopt by rule key quality-of-care standards; creating
75 s. 429.435, F.S.; revising uniform firesafety
76 standards for assisted living facilities, which are
77 relocated to this section; amending s. 429.52, F.S.;
78 revising provisions relating to facility staff
79 training and educational requirements; requiring the
80 agency, in conjunction with providers, to establish
81 core training requirements for facility
82 administrators; revising the training and continuing
83 education requirements for facility staff who assist
84 residents with the self-administration of medications;
85 revising provisions relating to the training
86 responsibilities of the agency; requiring the agency
87 to contract with another entity to administer a

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88 certain competency test; requiring the department to
89 adopt a curriculum outline to be used by core
90 trainers; providing an effective date.

91

92 Be It Enacted by the Legislature of the State of Florida:

93

94 Section 1. Present subsections (1) through (5), (6) through
95 (10), (11) through (15), and (16) through (27) of section
96 429.02, Florida Statutes, are redesignated as subsections (2)
97 through (6), (8) through (12), (14) through (18), and (20)
98 through (31), respectively, new subsections (1), (7), (13), and
99 (19) are added, and present subsections (11) and (18) of that
100 section are amended, to read:

101 429.02 Definitions.—When used in this part, the term:

102 (1) "Abuse" has the same meaning as in s. 415.102.

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

109 (13) "Exploitation" has the same meaning as in s. 415.102.

110 (14)~~(11)~~ "Extended congregate care" means acts beyond those
111 authorized in subsection (21) ~~(17)~~ that may be performed
112 pursuant to part I of chapter 464 by persons licensed thereunder
113 while carrying out their professional duties, and other
114 supportive services that ~~which~~ may be specified by rule. The
115 purpose of such services is to enable residents to age in place
116 in a residential environment despite mental or physical

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117 limitations that might otherwise disqualify them from residency
118 in a facility licensed under this part.

119 (19) "Neglect" has the same meaning as in s. 415.102.

120 (22)~~(18)~~ "Physical restraint" means a device that ~~which~~
121 physically limits, restricts, or deprives an individual of
122 movement or mobility, including, ~~but not limited to, a half-bed~~
123 ~~rail, a full-bed rail, a geriatric chair, and a posey restraint.~~
124 ~~The term "physical restraint" shall also include any device that~~
125 is ~~which was~~ not specifically manufactured as a restraint but is
126 ~~which has been~~ altered, arranged, or otherwise used for that
127 ~~this~~ purpose. The term does ~~shall~~ not include any device that
128 the resident chooses to use and is able to remove or avoid
129 independently, or any bandage material used for the purpose of
130 binding a wound or injury.

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

133 429.07 License required; fee.—

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

140 (b) An extended congregate care license shall be issued to
141 each facility that has been licensed as an assisted living
142 facility for 2 or more years and that provides services,
143 directly or through contract, beyond those authorized in
144 paragraph (a), including services performed by persons licensed
145 under part I of chapter 464 and supportive services, as defined

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

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

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

191
192 The agency may deny or revoke a facility's extended congregate
193 care license for not meeting the criteria for an extended
194 congregate care license as provided in this subparagraph.

195 2. If an assisted living facility has been licensed for
196 less than 2 years, the initial extended congregate care license
197 must be provisional and may not exceed 6 months. The licensee
198 shall notify the agency, in writing, when it has admitted at
199 least one extended congregate care resident, after which an
200 unannounced inspection shall be made to determine compliance
201 with the requirements of an extended congregate care license. A
202 licensee with a provisional extended congregate care license
203 which ~~that~~ demonstrates compliance with all the requirements of

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

214 3. A facility that is licensed to provide extended
215 congregate care services shall maintain a written progress
216 report on each person who receives services from the facility's
217 staff which describes the type, amount, duration, scope, and
218 outcome of services that are rendered and the general status of
219 the resident's health. A registered nurse, or appropriate
220 designee, representing the agency shall visit the facility at
221 least twice a year to monitor residents who are receiving
222 extended congregate care services and to determine if the
223 facility is in compliance with this part, part II of chapter
224 408, and relevant rules. One of the visits may be in conjunction
225 with the regular survey. The monitoring visits may be provided
226 through contractual arrangements with appropriate community
227 agencies. A registered nurse shall serve as part of the team
228 that inspects the facility. The agency may waive one of the
229 required yearly monitoring visits for a facility that has:

- 230 a. Held an extended congregate care license for at least 24
231 months;
- 232 b. No class I or class II violations and no uncorrected

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- 233 class III violations; and
- 234 c. No ombudsman council complaints that resulted in a
235 citation for licensure.
- 236 4. A facility that is licensed to provide extended
237 congregate care services must:
- 238 a. Demonstrate the capability to meet unanticipated
239 resident service needs.
- 240 b. Offer a physical environment that promotes a homelike
241 setting, provides for resident privacy, promotes resident
242 independence, and allows sufficient congregate space as defined
243 by rule.
- 244 c. Have sufficient staff available, taking into account the
245 physical plant and firesafety features of the building, to
246 assist with the evacuation of residents in an emergency.
- 247 d. Adopt and follow policies and procedures that maximize
248 resident independence, dignity, choice, and decisionmaking to
249 permit residents to age in place, so that moves due to changes
250 in functional status are minimized or avoided.
- 251 e. Allow residents or, if applicable, a resident's
252 representative, designee, surrogate, guardian, or attorney in
253 fact to make a variety of personal choices, participate in
254 developing service plans, and share responsibility in
255 decisionmaking.
- 256 f. Implement the concept of managed risk.
- 257 g. Provide, directly or through contract, the services of a
258 person licensed under part I of chapter 464.
- 259 h. In addition to the training mandated in s. 429.52,
260 provide specialized training as defined by rule for facility
261 staff.

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

272 6. Before the admission of an individual to a facility
273 licensed to provide extended congregate care services, the
274 individual must undergo a medical examination as provided in s.
275 429.26(5) ~~s. 429.26(4)~~ and the facility must develop a
276 preliminary service plan for the individual.

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

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

285 1. In order for limited nursing services to be provided in
286 a facility licensed under this part, the agency must first
287 determine that all requirements established in law and rule are
288 met and must specifically designate, on the facility's license,
289 that such services may be provided. This designation may be made
290 at the time of initial licensure or licensure renewal, or upon

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291 request in writing by a licensee under this part and part II of
292 chapter 408. Notification of approval or denial of such request
293 shall be made in accordance with part II of chapter 408. An
294 existing facility that qualifies to provide limited nursing
295 services must have maintained a standard license and may not
296 have been subject to administrative sanctions that affect the
297 health, safety, and welfare of residents for the previous 2
298 years or since initial licensure if the facility has been
299 licensed for less than 2 years.

300 2. A facility that is licensed to provide limited nursing
301 services shall maintain a written progress report on each person
302 who receives such nursing services from the facility's staff.
303 The report must describe the type, amount, duration, scope, and
304 outcome of services that are rendered and the general status of
305 the resident's health. A registered nurse representing the
306 agency shall visit the facility at least annually to monitor
307 residents who are receiving limited nursing services and to
308 determine if the facility is in compliance with applicable
309 provisions of this part, part II of chapter 408, and related
310 rules. The monitoring visits may be provided through contractual
311 arrangements with appropriate community agencies. A registered
312 nurse shall also serve as part of the team that inspects such
313 facility. Visits may be in conjunction with other agency
314 inspections. The agency may waive the required yearly monitoring
315 visit for a facility that has:

316 a. Had a limited nursing services license for at least 24
317 months;

318 b. No class I or class II violations and no uncorrected
319 class III violations; and

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320 c. No ombudsman council complaints that resulted in a
321 citation for licensure.

322 3. A person who receives limited nursing services under
323 this part must meet the admission criteria established by the
324 agency for assisted living facilities. When a resident no longer
325 meets the admission criteria for a facility licensed under this
326 part, arrangements for relocating the person shall be made in
327 accordance with s. 429.28(1)(k), unless the facility is licensed
328 to provide extended congregate care services.

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

331 429.11 Initial application for license; provisional
332 license.—

333 (7) A county or municipality may not issue a business tax
334 receipt ~~an occupational license~~ that is being obtained for the
335 purpose of operating a facility regulated under this part
336 without first ascertaining that the applicant has been licensed
337 to operate such facility at the specified location or locations
338 by the agency. The agency shall furnish to local agencies
339 responsible for issuing business tax receipts ~~occupational~~
340 ~~licenses~~ sufficient instruction for making such determinations.

341 Section 4. Section 429.176, Florida Statutes, is amended to
342 read:

343 429.176 Notice of change of administrator.—If, during the
344 period for which a license is issued, the owner changes
345 administrators, the owner must notify the agency of the change
346 within 10 days and provide documentation within 90 days that the
347 new administrator meets educational requirements and has
348 completed the applicable core educational requirements under s.

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349 429.52. A facility may not be operated for more than 120
 350 consecutive days without an administrator who has completed the
 351 core educational requirements.

352 Section 5. Present subsections (6) through (10) of section
 353 429.23, Florida Statutes, are redesignated as subsections (4)
 354 through (8), respectively, and subsections (2) and (3) and
 355 present subsections (4), (5), and (9) of that section are
 356 amended, to read:

357 429.23 Internal risk management and quality assurance
 358 program; adverse incidents and reporting requirements.—

359 (2) Every facility licensed under this part is required to
 360 maintain adverse incident reports. For purposes of this section,
 361 the term ~~“adverse incident”~~ means:

362 (a) An event over which facility personnel could exercise
 363 control which is associated with the facility’s intervention,
 364 rather than as a result of the resident’s underlying disease or
 365 condition, and the injury results in:

- 366 1. Death;
- 367 2. Brain or spinal damage;
- 368 3. Permanent disfigurement;
- 369 4. Fracture or dislocation of bones or joints;
- 370 5. Any condition that required medical attention to which
 371 the resident has not given his or her consent, including failure
 372 to honor advanced directives;
- 373 6. Any condition that requires the transfer of the resident
 374 from the facility to a unit providing more acute care due to the
 375 incident rather than the resident’s condition before the
 376 incident; or
- 377 7. A report made ~~An event that is reported~~ to law

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378 enforcement or its personnel for investigation; or

379 (b) Resident elopement, if the elopement places the
380 resident at risk of harm or injury.

381 (3) Licensed facilities shall initiate an investigation
382 within 24 hours ~~provide within 1 business day~~ after the
383 occurrence of an adverse incident, ~~by electronic mail,~~
384 ~~facsimile, or United States mail, a preliminary report to the~~
385 ~~agency on all adverse incidents specified under this section.~~
386 The facility must complete the investigation and submit a report
387 to the agency within 15 days after the occurrence of the adverse
388 incident. The report must include information regarding the
389 identity of the affected resident, the type of adverse incident,
390 and the result ~~status~~ of the facility's investigation of the
391 incident.

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

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

404 ~~(7)(9)~~ (7) The adverse incident reports and ~~preliminary adverse~~
405 ~~incident reports~~ required under this section are confidential as
406 provided by law and are not discoverable or admissible in any

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407 civil or administrative action, except in disciplinary
408 proceedings by the agency or appropriate regulatory board.

409 Section 6. Subsection (4) of section 429.255, Florida
410 Statutes, is amended to read:

411 429.255 Use of personnel; emergency care.—

412 (4) Facility staff may withhold or withdraw cardiopulmonary
413 resuscitation or the use of an automated external defibrillator
414 if presented with an order not to resuscitate executed pursuant
415 to s. 401.45. The agency shall adopt rules providing for the
416 implementation of such orders. Facility staff and facilities may
417 not be subject to criminal prosecution or civil liability, nor
418 be considered to have engaged in negligent or unprofessional
419 conduct, for withholding or withdrawing cardiopulmonary
420 resuscitation or use of an automated external defibrillator
421 pursuant to such an order and rules adopted by the agency. The
422 absence of an order not to resuscitate executed pursuant to s.
423 401.45 does not preclude a physician from withholding or
424 withdrawing cardiopulmonary resuscitation or use of an automated
425 external defibrillator as otherwise permitted by law.

426 Section 7. Subsection (2), paragraph (b) of subsection (3),
427 and paragraphs (e), (f), and (g) of subsection (4) of section
428 429.256, Florida Statutes, are amended to read:

429 429.256 Assistance with self-administration of medication.—

430 (2) Residents who are capable of self-administering their
431 own medications without assistance shall be encouraged and
432 allowed to do so. However, an unlicensed person may, consistent
433 with a dispensed prescription's label or the package directions
434 of an over-the-counter medication, assist a resident whose
435 condition is medically stable with the self-administration of

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436 routine, regularly scheduled medications that are intended to be
437 self-administered. Assistance with self-medication by an
438 unlicensed person may occur only upon a documented request by,
439 and the written informed consent of, a resident or the
440 resident's surrogate, guardian, or attorney in fact. For the
441 purposes of this section, self-administered medications include
442 both legend and over-the-counter oral dosage forms, topical
443 dosage forms, transdermal patches, and topical ophthalmic, otic,
444 and nasal dosage forms including solutions, suspensions, sprays,
445 and inhalers.

446 (3) Assistance with self-administration of medication
447 includes:

448 (b) In the presence of the resident, confirming that the
449 medication is intended for that resident, orally advising the
450 resident of the medication name and purpose ~~reading the label~~,
451 opening the container, removing a prescribed amount of
452 medication from the container, and closing the container.

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

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

456 (f) Assisting with rectal, urethral, or vaginal
457 preparations.

458 (g) Assisting with medications ordered by the physician or
459 health care professional with prescriptive authority to be given
460 "as needed," unless the order is written with specific
461 parameters that preclude independent judgment on the part of the
462 unlicensed person, and ~~at the request of a competent~~ resident
463 requesting the medication is aware of his or her need for the
464 medication and understands the purpose for taking the

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465 medication.

466 Section 8. Section 429.26, Florida Statutes, is amended to
467 read:

468 429.26 Appropriateness of placements; examinations of
469 residents.—

470 (1) The owner or administrator of a facility is responsible
471 for determining the appropriateness of admission of an
472 individual to the facility and for determining the continued
473 appropriateness of residence of an individual in the facility. A
474 determination must ~~shall~~ be based upon an evaluation ~~assessment~~
475 of the strengths, needs, and preferences of the resident, a
476 medical examination, the care and services offered or arranged
477 for by the facility in accordance with facility policy, and any
478 limitations in law or rule related to admission criteria or
479 continued residency for the type of license held by the facility
480 under this part. The following criteria apply to the
481 determination of appropriateness for admission and continued
482 residency of an individual in a facility:

483 (a) A facility may admit or retain a resident who receives
484 a health care service or treatment that is designed to be
485 provided within a private residential setting if all
486 requirements for providing that service or treatment are met by
487 the facility or a third party.

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

490 (c) A facility may admit or retain an individual receiving
491 hospice services if the arrangement is agreed to by the facility
492 and the resident, additional care is provided by a licensed
493 hospice, and the resident is under the care of a physician who

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494 agrees that the physical needs of the resident can be met at the
495 facility. A facility may not retain a resident who requires 24-
496 hour nursing supervision, except for a resident who is enrolled
497 in hospice services pursuant to part IV of chapter 400. The
498 resident must have a plan of care which delineates how the
499 facility and the hospice will meet the scheduled and unscheduled
500 needs of the resident.

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

505 a. Move, turn, or reposition without total physical
506 assistance;

507 b. Transfer to a chair or wheelchair without total physical
508 assistance; or

509 c. Sit safely in a chair or wheelchair without personal
510 assistance or a physical restraint.

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

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

518 (2) A resident may not be moved from one facility to
519 another without consultation with and agreement from the
520 resident or, if applicable, the resident's representative or
521 designee or the resident's family, guardian, surrogate, or
522 attorney in fact. In the case of a resident who has been placed

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523 by the department or the Department of Children and Families,
524 the administrator must notify the appropriate contact person in
525 the applicable department.

526 (3)~~(2)~~ A physician, physician assistant, or advanced
527 practice registered nurse practitioner who is employed by an
528 assisted living facility to provide an initial examination for
529 admission purposes may not have financial interests ~~interest~~ in
530 the facility.

531 (4)~~(3)~~ Persons licensed under part I of chapter 464 who are
532 employed by or under contract with a facility shall, on a
533 routine basis or at least monthly, perform a nursing assessment
534 of the residents for whom they are providing nursing services
535 ordered by a physician, except administration of medication, and
536 shall document such assessment, including any substantial
537 changes in a resident's status which may necessitate relocation
538 to a nursing home, hospital, or specialized health care
539 facility. Such records shall be maintained in the facility for
540 inspection by the agency and shall be forwarded to the
541 resident's case manager, if applicable.

542 (5)~~(4)~~ ~~If possible,~~ Each resident must ~~shall~~ have been
543 examined by a licensed physician, a licensed physician
544 assistant, or a licensed advanced practice registered nurse
545 ~~practitioner~~ within 60 days before admission to the facility or
546 within 30 days after admission to the facility, except as
547 provided in s. 429.07. The information from the medical
548 examination must be recorded on the practitioner's form or on a
549 form adopted by agency rule. The signed and completed medical
550 examination form, signed by the practitioner, must ~~report shall~~
551 be submitted to the owner or administrator of the facility, who

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552 shall use the information contained therein to assist in the
553 determination of the appropriateness of the resident's admission
554 to or and continued stay in the facility. The medical
555 examination form, reflecting the resident's condition on the
556 date the examination is performed, becomes ~~report shall become~~ a
557 permanent part of the facility's record of the resident ~~at the~~
558 ~~facility~~ and must ~~shall~~ be made available to the agency during
559 inspection or upon request. An assessment that has been
560 completed through the Comprehensive Assessment and Review for
561 Long-Term Care Services (CARES) Program fulfills the
562 requirements for a medical examination under this subsection and
563 s. 429.07(3)(b)6.

564 (6) The medical examination form submitted under subsection
565 (5) must include the following information relating to the
566 resident:

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

568 (b) Significant medical history and diagnoses.

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

571 (d) Cognitive or behavioral status and a brief description
572 of any behavioral issues known or ascertained by the examining
573 practitioner, including any known history of wandering or
574 elopement.

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

576 (f) Whether assistance is needed for ambulating, eating, or
577 transferring.

578 (g) Special dietary instructions.

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

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

583 (j) Whether the resident needs 24-hour nursing supervision
584 or psychiatric care.

585 (k) A list of current prescribed medications as known or
586 ascertained by the examining practitioner and whether the
587 resident can self-administer medications, needs assistance, or
588 needs medication administration.

589 ~~(5) Except as provided in s. 429.07, if a medical~~
590 ~~examination has not been completed within 60 days before the~~
591 ~~admission of the resident to the facility, a licensed physician,~~
592 ~~licensed physician assistant, or licensed nurse practitioner~~
593 ~~shall examine the resident and complete a medical examination~~
594 ~~form provided by the agency within 30 days following the~~
595 ~~admission to the facility to enable the facility owner or~~
596 ~~administrator to determine the appropriateness of the admission.~~
597 ~~The medical examination form shall become a permanent part of~~
598 ~~the record of the resident at the facility and shall be made~~
599 ~~available to the agency during inspection by the agency or upon~~
600 ~~request.~~

601 (7)~~(6)~~ Any resident accepted in a facility and placed by
602 ~~the department or the Department of Children and Families~~ must
603 ~~shall~~ have been examined by medical personnel within 30 days
604 before placement in the facility. The examination must ~~shall~~
605 include an assessment of the appropriateness of placement in a
606 facility. The findings of this examination must ~~shall~~ be
607 recorded on the examination form provided by the agency. The
608 completed form must ~~shall~~ accompany the resident and ~~shall~~ be
609 submitted to the facility owner or administrator. Additionally,

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610 in the case of a mental health resident, the Department of
611 Children and Families must provide documentation that the
612 individual has been assessed by a psychiatrist, clinical
613 psychologist, clinical social worker, or psychiatric nurse, or
614 an individual who is supervised by one of these professionals,
615 and determined to be appropriate to reside in an assisted living
616 facility. The documentation must be in the facility within 30
617 days after the mental health resident has been admitted to the
618 facility. An evaluation completed upon discharge from a state
619 mental hospital meets the requirements of this subsection
620 related to appropriateness for placement as a mental health
621 resident provided that ~~providing~~ it was completed within 90 days
622 prior to admission to the facility. The ~~applicable~~ Department of
623 Children and Families shall provide to the facility
624 administrator any information about the resident which ~~that~~
625 would help the administrator meet his or her responsibilities
626 under subsection (1). Further, Department of Children and
627 Families personnel shall explain to the facility operator any
628 special needs of the resident and advise the operator whom to
629 call should problems arise. The ~~applicable~~ Department of
630 Children and Families shall advise and assist the facility
631 administrator when ~~where~~ the special needs of residents who are
632 recipients of optional state supplementation require such
633 assistance.

634 ~~(8)-(7)~~ The facility shall ~~must~~ notify a licensed physician
635 when a resident exhibits signs of dementia or cognitive
636 impairment or has a change of condition in order to rule out the
637 presence of an underlying physiological condition that may be
638 contributing to such dementia or impairment. The notification

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639 must occur within 30 days after the acknowledgment of such signs
640 by facility staff. If an underlying condition is determined to
641 exist, the facility must notify the resident's representative or
642 designee of the need for health care services and must assist in
643 making appointments for ~~shall arrange, with the appropriate~~
644 ~~health care provider,~~ the necessary care and services to treat
645 the condition.

646 (9) ~~(8)~~ The Department of Children and Families may require
647 an examination for supplemental security income and optional
648 state supplementation recipients residing in facilities at any
649 time and shall provide the examination whenever a resident's
650 condition requires it. Any facility administrator; personnel of
651 the agency, the department, or the Department of Children and
652 Families; or a representative of the State Long-Term Care
653 Ombudsman Program who believes a resident needs to be evaluated
654 shall notify the resident's case manager, who shall take
655 appropriate action. A report of the examination findings must
656 ~~shall~~ be provided to the resident's case manager and the
657 facility administrator to help the administrator meet his or her
658 responsibilities under subsection (1).

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

665 (10) Facilities licensed to provide extended congregate
666 care services shall promote aging in place by determining
667 appropriateness of continued residency based on a comprehensive

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668 review of the resident's physical and functional status; the
669 ability of the facility, family members, friends, or any other
670 pertinent individuals or agencies to provide the care and
671 services required; and documentation that a written service plan
672 consistent with facility policy has been developed and
673 implemented to ensure that the resident's needs and preferences
674 are addressed.

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

679 Section 9. Paragraphs (a) and (k) of subsection (1) and
680 subsection (3) of section 429.28, Florida Statutes, are amended
681 to read:

682 429.28 Resident bill of rights.—

683 (1) No resident of a facility shall be deprived of any
684 civil or legal rights, benefits, or privileges guaranteed by
685 law, the Constitution of the State of Florida, or the
686 Constitution of the United States as a resident of a facility.
687 Every resident of a facility shall have the right to:

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

690 (k) At least 45 days' notice of relocation or termination
691 of residency from the facility unless, for medical reasons, the
692 resident is certified by a physician to require an emergency
693 relocation to a facility providing a more skilled level of care
694 or the resident engages in a pattern of conduct that is harmful
695 or offensive to other residents. In the case of a resident who
696 has been adjudicated mentally incapacitated, the guardian shall

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697 be given at least 45 days' notice of a nonemergency relocation
698 or residency termination. Reasons for relocation must ~~shall~~ be
699 set forth in writing and provided to the resident or the
700 resident's legal representative. In order for a facility to
701 terminate the residency of an individual without notice as
702 provided herein, the facility shall show good cause in a court
703 of competent jurisdiction.

704 (3) (a) The agency shall conduct a survey to determine
705 whether the facility is complying with this section ~~general~~
706 ~~compliance with facility standards and compliance with~~
707 ~~residents' rights~~ as a prerequisite to initial licensure or
708 licensure renewal. ~~The agency shall adopt rules for uniform~~
709 ~~standards and criteria that will be used to determine compliance~~
710 ~~with facility standards and compliance with residents' rights.~~

711 (b) In order to determine whether the facility is
712 adequately protecting residents' rights, the licensure renewal
713 ~~biennial~~ survey must ~~shall~~ include private informal
714 conversations with a sample of residents and consultation with
715 the ombudsman council in the district in which the facility is
716 located to discuss residents' experiences within the facility.

717 Section 10. Section 429.41, Florida Statutes, is amended to
718 read:

719 429.41 Rules establishing standards.—

720 (1) It is the intent of the Legislature that rules
721 published and enforced pursuant to this section shall include
722 criteria by which a reasonable and consistent quality of
723 resident care and quality of life may be ensured and the results
724 of such resident care may be demonstrated. Such rules shall also
725 promote ~~ensure~~ a safe and sanitary environment that is

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726 residential and noninstitutional in design or nature and may
727 allow for technological advances in the provision of care,
728 safety, and security, including the use of devices, equipment,
729 and other security measures related to wander management,
730 emergency response, staff risk management, and the general
731 safety and security of residents, staff, and the facility. It is
732 further intended that reasonable efforts be made to accommodate
733 the needs and preferences of residents to enhance the quality of
734 life in a facility. ~~Uniform firesafety standards for assisted~~
735 ~~living facilities shall be established by the State Fire Marshal~~
736 ~~pursuant to s. 633.206. The agency may adopt rules to administer~~
737 ~~part II of chapter 408. In order to provide safe and sanitary~~
738 ~~facilities and the highest quality of resident care~~
739 ~~accommodating the needs and preferences of residents,~~ The
740 agency, in consultation with the Department of Children and
741 Families and the Department of Health, shall adopt rules,
742 ~~policies, and procedures~~ to administer this part, which must
743 include reasonable and fair minimum standards in relation to:
744 (a) The requirements for ~~and~~ maintenance and the sanitary
745 condition of facilities, not in conflict with, or duplicative
746 of, the requirements in chapter 553, chapter 381, or s. 633.206,
747 relating to a safe and decent living environment, including
748 furnishings for resident bedrooms or sleeping areas, locking
749 devices, linens plumbing, heating, cooling, lighting,
750 ventilation, living space, and other housing conditions relating
751 to hazards, which will promote ensure the health, safety, and
752 welfare ~~comfort~~ of residents suitable to the size of the
753 structure. The rules must clearly delineate the respective
754 responsibilities of the agency's licensure and survey staff and

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755 the county health departments and ensure that inspections are
756 not duplicative. The agency may collect fees for food service
757 inspections conducted by county health departments and may
758 transfer such fees to the Department of Health.

759 ~~1. Firesafety evacuation capability determination. An~~
760 ~~evacuation capability evaluation for initial licensure shall be~~
761 ~~conducted within 6 months after the date of licensure.~~

762 ~~2. Firesafety requirements.—~~

763 ~~a. The National Fire Protection Association, Life Safety~~
764 ~~Code, NFPA 101 and 101A, current editions, shall be used in~~
765 ~~determining the uniform firesafety code adopted by the State~~
766 ~~Fire Marshal for assisted living facilities, pursuant to s.~~
767 ~~633.206.~~

768 ~~b. A local government or a utility may charge fees only in~~
769 ~~an amount not to exceed the actual expenses incurred by the~~
770 ~~local government or the utility relating to the installation and~~
771 ~~maintenance of an automatic fire sprinkler system in a licensed~~
772 ~~assisted living facility structure.~~

773 ~~c. All licensed facilities must have an annual fire~~
774 ~~inspection conducted by the local fire marshal or authority~~
775 ~~having jurisdiction.~~

776 ~~d. An assisted living facility that is issued a building~~
777 ~~permit or certificate of occupancy before July 1, 2016, may at~~
778 ~~its option and after notifying the authority having~~
779 ~~jurisdiction, remain under the provisions of the 1994 and 1995~~
780 ~~editions of the National Fire Protection Association, Life~~
781 ~~Safety Code, NFPA 101, and NFPA 101A. The facility opting to~~
782 ~~remain under such provisions may make repairs, modernizations,~~
783 ~~renovations, or additions to, or rehabilitate, the facility in~~

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784 ~~compliance with NFPA 101, 1994 edition, and may utilize the~~
785 ~~alternative approaches to life safety in compliance with NFPA~~
786 ~~101A, 1995 edition. However, a facility for which a building~~
787 ~~permit or certificate of occupancy is issued before July 1,~~
788 ~~2016, that undergoes Level III building alteration or~~
789 ~~rehabilitation, as defined in the Florida Building Code, or~~
790 ~~seeks to utilize features not authorized under the 1994 or 1995~~
791 ~~editions of the Life Safety Code must thereafter comply with all~~
792 ~~aspects of the uniform firesafety standards established under s.~~
793 ~~633.206, and the Florida Fire Prevention Code, in effect for~~
794 ~~assisted living facilities as adopted by the State Fire Marshal.~~

795 ~~3. Resident elopement requirements. Facilities are required~~
796 ~~to conduct a minimum of two resident elopement prevention and~~
797 ~~response drills per year. All administrators and direct care~~
798 ~~staff must participate in the drills, which shall include a~~
799 ~~review of procedures to address resident elopement. Facilities~~
800 ~~must document the implementation of the drills and ensure that~~
801 ~~the drills are conducted in a manner consistent with the~~
802 ~~facility's resident elopement policies and procedures.~~

803 (b) The preparation and annual update of a comprehensive
804 emergency management plan. Such standards must be included in
805 the rules adopted by the agency after consultation with the
806 Division of Emergency Management. At a minimum, the rules must
807 provide for plan components that address emergency evacuation
808 transportation; adequate sheltering arrangements; postdisaster
809 activities, including provision of emergency power, food, and
810 water; postdisaster transportation; supplies; staffing;
811 emergency equipment; individual identification of residents and
812 transfer of records; communication with families; and responses

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813 to family inquiries. The comprehensive emergency management plan
814 is subject to review and approval by the county local emergency
815 management agency. During its review, the county local emergency
816 management agency shall ensure that the following agencies, at a
817 minimum, are given the opportunity to review the plan: the
818 Department of Health, the Agency for Health Care Administration,
819 and the Division of Emergency Management. ~~Also, appropriate~~
820 ~~volunteer organizations must be given the opportunity to review~~
821 ~~the plan.~~ The county local emergency management agency shall
822 complete its review within 60 days and either approve the plan
823 or advise the facility of necessary revisions. A facility must
824 submit a comprehensive emergency management plan to the county
825 emergency management agency within 30 days after issuance of a
826 license.

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

832 ~~(d) All sanitary conditions within the facility and its~~
833 ~~surroundings which will ensure the health and comfort of~~
834 ~~residents. The rules must clearly delineate the responsibilities~~
835 ~~of the agency's licensure and survey staff, the county health~~
836 ~~departments, and the local authority having jurisdiction over~~
837 ~~firesafety and ensure that inspections are not duplicative. The~~
838 ~~agency may collect fees for food service inspections conducted~~
839 ~~by the county health departments and transfer such fees to the~~
840 ~~Department of Health.~~

841 (d)(e) License application and license renewal, transfer of

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842 ownership, proper management of resident funds and personal
843 property, surety bonds, resident contracts, refund policies,
844 financial ability to operate, and facility and staff records.

845 (e)~~(f)~~ Inspections, complaint investigations, moratoriums,
846 classification of deficiencies, ~~levying~~ and enforcement of
847 penalties, ~~and use of income from fees and fines.~~

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

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

- 852 1. The supervision of residents;
- 853 2. The provision of personal services;
- 854 3. The provision of, or arrangement for, social and leisure
855 activities;
- 856 4. The assistance in making arrangements ~~arrangement~~ for
857 appointments and transportation to appropriate medical, dental,
858 nursing, or mental health services, as needed by residents;
- 859 5. The management of medication stored within the facility
860 and as needed by residents;
- 861 6. The dietary nutritional needs of residents;
- 862 7. Resident records; ~~and~~
- 863 8. Internal risk management and quality assurance.

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

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

870 (j)~~(k)~~ The use of physical or chemical restraints. The use

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871 of geriatric chairs or Posey restraints is prohibited. Other
872 physical restraints may be used in accordance with agency rules
873 when ordered ~~is limited to half-bed rails as prescribed and~~
874 ~~documented~~ by the resident's physician and consented to by ~~with~~
875 ~~the consent of~~ the resident or, if applicable, the resident's
876 representative or designee or the resident's surrogate,
877 guardian, or attorney in fact. Such rules must specify
878 requirements for care planning, staff monitoring, and periodic
879 review by a physician. The use of chemical restraints is limited
880 to prescribed dosages of medications authorized by the
881 resident's physician and must be consistent with the resident's
882 diagnosis. Residents who are receiving medications that can
883 serve as chemical restraints must be evaluated by their
884 physician at least annually to assess:

- 885 1. The continued need for the medication.
- 886 2. The level of the medication in the resident's blood.
- 887 3. The need for adjustments in the prescription.

888 (k) ~~(l)~~ The establishment of specific resident elopement
889 drill requirements ~~policies and procedures on resident~~
890 ~~elopement~~. Facilities shall conduct a minimum of two resident
891 elopement drills each year. All administrators and direct care
892 staff shall participate in the drills, which must include a
893 review of the facility's procedures to address resident
894 elopement. Facilities shall document participation in the
895 drills.

896 (2) In adopting any rules pursuant to this part, the agency
897 shall make distinct standards for facilities based upon facility
898 size; the types of care provided; the physical and mental
899 capabilities and needs of residents; the type, frequency, and

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900 amount of services and care offered; and the staffing
901 characteristics of the facility. Rules developed pursuant to
902 this section may not restrict the use of shared staffing and
903 shared programming in facilities that are part of retirement
904 communities that provide multiple levels of care and otherwise
905 meet the requirements of law and rule. If a continuing care
906 facility licensed under chapter 651 or a retirement community
907 offering multiple levels of care licenses a building or part of
908 a building designated for independent living for assisted
909 living, staffing requirements established in rule apply only to
910 residents who receive personal, limited nursing, or extended
911 congregate care services under this part. Such facilities shall
912 retain a log listing the names and unit number for residents
913 receiving these services. The log must be available to surveyors
914 upon request. ~~Except for uniform firesafety standards,~~ The
915 agency shall adopt by rule separate and distinct standards for
916 facilities with 16 or fewer beds and for facilities with 17 or
917 more beds. The standards for facilities with 16 or fewer beds
918 must be appropriate for a noninstitutional residential
919 environment; however, the structure may not be more than two
920 stories in height and all persons who cannot exit the facility
921 unassisted in an emergency must reside on the first floor. The
922 agency may make other distinctions among types of facilities as
923 necessary to enforce this part. Where appropriate, the agency
924 shall offer alternate solutions for complying with established
925 standards, based on distinctions made by the agency relative to
926 the physical characteristics of facilities and the types of care
927 offered.

928 (3) Rules adopted by the agency shall encourage the

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929 development of homelike facilities that promote the dignity,
930 individuality, personal strengths, and decisionmaking ability of
931 residents.

932 (4) The agency may waive rules adopted under this part to
933 demonstrate and evaluate innovative or cost-effective congregate
934 care alternatives that enable individuals to age in place. Such
935 waivers may be granted only in instances where there is
936 reasonable assurance that the health, safety, or welfare of
937 residents will not be endangered. To apply for a waiver, the
938 licensee shall submit to the agency a written description of the
939 concept to be demonstrated, including goals, objectives, and
940 anticipated benefits; the number and types of residents who will
941 be affected, if applicable; a brief description of how the
942 demonstration will be evaluated; and any other information
943 deemed appropriate by the agency. Any facility granted a waiver
944 shall submit a report of findings to the agency within 12
945 months. At such time, the agency may renew or revoke the waiver
946 or pursue any regulatory or statutory changes necessary to allow
947 other facilities to adopt the same practices. The agency may by
948 rule clarify terms and establish waiver application procedures,
949 criteria for reviewing waiver proposals, and procedures for
950 reporting findings, as necessary to implement this subsection.

951 (5) The agency may use an abbreviated biennial standard
952 licensure inspection that consists of a review of key quality-
953 of-care standards in lieu of a full inspection in a facility
954 that has a good record of past performance. However, a full
955 inspection must be conducted in a facility that has a history of
956 class I or class II violations;; uncorrected class III
957 violations; or a class I, class II, or uncorrected class III

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958 violation resulting from a complaint referred by the State Long-
 959 Term Care Ombudsman Program, confirmed ombudsman council
 960 complaints, or confirmed licensure complaints within the
 961 previous licensure period immediately preceding the inspection
 962 or if a potentially serious problem is identified during the
 963 abbreviated inspection. The agency shall adopt by rule ~~develop~~
 964 the key quality-of-care standards ~~with input from the State~~
 965 ~~Long Term Care Ombudsman Council and representatives of provider~~
 966 ~~groups for incorporation into its rules.~~

967 Section 11. Section 429.435, Florida Statutes, is created
 968 to read:

969 429.435 Uniform firesafety standards.—Uniform firesafety
 970 standards for assisted living facilities, which are residential
 971 board and care occupancies, shall be established by the State
 972 Fire Marshal pursuant to s. 633.206.

973 (1) EVACUATION CAPABILITY.—A firesafety evacuation
 974 capability determination shall be conducted within 6 months
 975 after the date of initial licensure of an assisted living
 976 facility, if required.

977 (2) FIRESAFETY REQUIREMENTS.—

978 (a) The National Fire Protection Association, Life Safety
 979 Code, NFPA 101 and 101A, current editions, must be used in
 980 determining the uniform firesafety code adopted by the State
 981 Fire Marshal for assisted living facilities, pursuant to s.
 982 633.206.

983 (b) A local government or a utility may charge fees that do
 984 not exceed the actual costs incurred by the local government or
 985 the utility for the installation and maintenance of an automatic
 986 fire sprinkler system in a licensed assisted living facility

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987 structure.

988 (c) All licensed facilities must have an annual fire
989 inspection conducted by the local fire marshal or authority
990 having jurisdiction.

991 (d) An assisted living facility that was issued a building
992 permit or certificate of occupancy before July 1, 2016, at its
993 option and after notifying the authority having jurisdiction,
994 may remain under the provisions of the 1994 and 1995 editions of
995 the National Fire Protection Association, Life Safety Code, NFPA
996 101 and 101A. A facility opting to remain under such provisions
997 may make repairs, modernizations, renovations, or additions to,
998 or rehabilitate, the facility in compliance with NFPA 101, 1994
999 edition, and may utilize the alternative approaches to life
1000 safety in compliance with NFPA 101A, 1995 edition. However, a
1001 facility for which a building permit or certificate of occupancy
1002 was issued before July 1, 2016, which undergoes Level III
1003 building alteration or rehabilitation, as defined in the Florida
1004 Building Code, or which seeks to utilize features not authorized
1005 under the 1994 or 1995 editions of the Life Safety Code, shall
1006 thereafter comply with all aspects of the uniform firesafety
1007 standards established under s. 633.206 and the Florida Fire
1008 Prevention Code in effect for assisted living facilities as
1009 adopted by the State Fire Marshal.

1010 Section 12. Section 429.52, Florida Statutes, is amended to
1011 read:

1012 429.52 Staff training and educational requirements
1013 ~~programs; core educational requirement.~~-

1014 (1) ~~Effective October 1, 2015,~~ Each new assisted living
1015 facility employee who has not previously completed core training

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1016 must attend a preservice orientation provided by the facility
1017 before interacting with residents. The preservice orientation
1018 must be at least 2 hours in duration and cover topics that help
1019 the employee provide responsible care and respond to the needs
1020 of facility residents. Upon completion, the employee and the
1021 administrator of the facility must sign a statement that the
1022 employee completed the required preservice orientation. The
1023 facility must keep the signed statement in the employee's
1024 personnel record.

1025 (2) Administrators and other assisted living facility staff
1026 must meet minimum training and education requirements
1027 established by the agency by rule. This training and education
1028 is intended to assist facilities to appropriately respond to the
1029 needs of residents, to maintain resident care and facility
1030 standards, and to meet licensure requirements.

1031 (3) The agency, in conjunction with providers, shall
1032 develop core training requirements for administrators consisting
1033 of core training learning objectives, a competency test, and a
1034 minimum required score to indicate successful passage completion
1035 of the core competency test ~~training and educational~~
1036 ~~requirements~~. The required core competency test ~~training and~~
1037 ~~education~~ must cover at least the following topics:

1038 (a) State law and rules relating to assisted living
1039 facilities.

1040 (b) Resident rights and identifying and reporting abuse,
1041 neglect, and exploitation.

1042 (c) Special needs of elderly persons, persons with mental
1043 illness, and persons with developmental disabilities and how to
1044 meet those needs.

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1045 (d) Nutrition and food service, including acceptable
1046 sanitation practices for preparing, storing, and serving food.

1047 (e) Medication management, recordkeeping, and proper
1048 techniques for assisting residents with self-administered
1049 medication.

1050 (f) Firesafety requirements, including fire evacuation
1051 drill procedures and other emergency procedures.

1052 (g) Care of persons with Alzheimer's disease and related
1053 disorders.

1054 (4) A ~~new~~ facility administrator must complete the required
1055 core training and education, including the competency test,
1056 within 90 days after the date of employment as an administrator.
1057 Failure to do so is a violation of this part and subjects the
1058 violator to an administrative fine as prescribed in s. 429.19.
1059 Administrators licensed in accordance with part II of chapter
1060 468 are exempt from this requirement. Other licensed
1061 professionals may be exempted, as determined by the agency by
1062 rule.

1063 (5) Administrators are required to participate in
1064 continuing education for a minimum of 12 contact hours every 2
1065 years.

1066 (6) Staff ~~involved with the management of medications and~~
1067 assisting with the self-administration of medications under s.
1068 429.256 must complete a minimum of 6 ~~additional~~ hours of
1069 training provided by a registered nurse or, a licensed
1070 pharmacist before providing assistance, ~~or agency staff~~. Two
1071 hours of continuing education are required annually thereafter.
1072 The agency shall establish by rule the minimum requirements of
1073 this ~~additional~~ training.

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1074 (7) ~~Other~~ Facility staff shall participate in in-service
1075 training relevant to their job duties as specified by agency
1076 ~~rule of the agency~~. Topics covered during the preservice
1077 orientation are not required to be repeated during in-service
1078 training. A single certificate of completion that covers all
1079 required in-service training topics may be issued to a
1080 participating staff member if the training is provided in a
1081 single training course.

1082 (8) If the agency determines that there are problems in a
1083 facility which could be reduced through specific staff training
1084 ~~or education~~ beyond that already required under this section,
1085 the agency may require, and provide, or cause to be provided,
1086 the training ~~or education~~ of any personal care staff in the
1087 facility.

1088 (9) The agency shall adopt rules related to these training
1089 and education requirements, the competency test, necessary
1090 procedures, and competency test fees and shall adopt or contract
1091 with another entity to develop and administer the competency
1092 test. The agency shall adopt a curriculum outline with learning
1093 objectives to be used by core trainers, ~~which shall be used as~~
1094 the minimum core training content requirements. The agency shall
1095 consult with representatives of stakeholder associations and
1096 agencies in the development of the curriculum outline.

1097 (10) The core training required by this section ~~other than~~
1098 ~~the preservice orientation~~ must be conducted by persons
1099 registered with the agency as having the requisite experience
1100 and credentials to conduct the training. A person seeking to
1101 register as a core trainer must provide the agency with proof of
1102 completion of the ~~minimum~~ core training ~~education~~ requirements,

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1103 successful passage of the competency test established under this
1104 section, and proof of compliance with the continuing education
1105 requirement in subsection (5).

1106 (11) A person seeking to register as a core trainer also
1107 must ~~also~~:

1108 (a) Provide proof of completion of a 4-year degree from an
1109 accredited college or university and must have worked in a
1110 management position in an assisted living facility for 3 years
1111 after being core certified;

1112 (b) Have worked in a management position in an assisted
1113 living facility for 5 years after being core certified and have
1114 1 year of teaching experience as an educator or staff trainer
1115 for persons who work in assisted living facilities or other
1116 long-term care settings;

1117 (c) Have been previously employed as a core trainer for the
1118 agency or department; or

1119 (d) Meet other qualification criteria as defined in rule,
1120 which the agency is authorized to adopt.

1121 (12) The agency shall adopt rules to establish core trainer
1122 registration and removal requirements.

1123 Section 13. This act shall take effect July 1, 2020.