

By the Committee on Health Policy; and 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.; removing restrictions on the method by which a  
17          facility may send a report to the Agency for Health  
18          Care Administration; requiring the agency to send a  
19          reminder to the facility 3 business days prior to the  
20          deadline for submission of the full report; removing a  
21          requirement that each facility file reports of  
22          liability claims; amending s. 429.255, F.S.;  
23          clarifying that the absence of an order not to  
24          resuscitate does not preclude a physician from  
25          withholding or withdrawing cardiopulmonary  
26          resuscitation or use of an automated external  
27          defibrillator; amending s. 429.256, F.S.; requiring a  
28          person assisting with a resident's self-administration  
29          of medication to confirm that the medication is

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30 intended for that resident and to orally advise the  
31 resident of the medication name and purpose; amending  
32 s. 429.26, F.S.; including medical examinations within  
33 criteria used for admission to an assisted living  
34 facility; providing specified criteria for  
35 determination of appropriateness for admission and  
36 continued residency at an assisted living facility;  
37 defining the term "bedridden"; requiring that a  
38 resident receive a medical examination within a  
39 specified timeframe after admission to a facility;  
40 requiring that such examination be recorded on a  
41 specified form; providing limitations on the use of  
42 such form; providing minimum requirements for such  
43 form; conforming a provision to changes made by the  
44 act; eliminating the role of the Department of Elderly  
45 Affairs in certain provisions relating to the  
46 placement of residents in assisted living facilities;  
47 requiring a facility to notify a resident's  
48 representative or designee of the need for health care  
49 services and to assist in making appointments for such  
50 care and services under certain circumstances;  
51 requiring the facility to arrange for necessary care  
52 and services if no resident representative or designee  
53 is available or responsive; removing provisions  
54 relating to the retention of certain residents in a  
55 facility; amending s. 429.28, F.S.; revising  
56 residents' rights relating to a safe and secure living  
57 environment; amending s. 429.41, F.S.; revising  
58 legislative intent; removing a provision to conform to

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59 changes made by the act; removing a redundant  
60 provision authorizing the Agency for Health Care  
61 Administration to adopt certain rules; removing  
62 provisions relating to firesafety requirements, which  
63 are relocated to another section; requiring county  
64 emergency management agencies, rather than local  
65 emergency management agencies, to review and approve  
66 or disapprove of a facility's comprehensive emergency  
67 management plan; requiring a facility to submit a  
68 comprehensive emergency management plan to the county  
69 emergency management agency within a specified  
70 timeframe after its licensure; revising the criteria  
71 under which a facility must be fully inspected;  
72 revising standards for the care of residents provided  
73 by a facility; prohibiting the use of geriatric chairs  
74 and Posey restraints in facilities; authorizing other  
75 physical restraints to be used under certain  
76 conditions and in accordance with certain rules;  
77 requiring the agency to establish resident elopement  
78 drill requirements; requiring that elopement drills  
79 include a review of a facility's procedures to address  
80 elopement; revising the criteria under which a  
81 facility must be fully inspected; revising provisions  
82 requiring the agency to adopt by rule key quality-of-  
83 care standards; creating s. 429.435, F.S.; revising  
84 uniform firesafety standards for assisted living  
85 facilities, which are relocated to this section;  
86 amending s. 429.52, F.S.; revising provisions relating  
87 to facility staff training and educational

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88 requirements; requiring the agency, in conjunction  
89 with providers, to establish core training  
90 requirements for facility administrators; revising  
91 continuing education requirements for facility staff  
92 who assist residents with the self-administration of  
93 medications; revising the training requirements for  
94 facility staff; revising provisions relating to the  
95 training responsibilities of the agency; requiring the  
96 agency to contract with another entity to administer a  
97 certain competency test; requiring the department to  
98 adopt a curriculum outline to be used by core  
99 trainers; providing an effective date.

100  
101 Be It Enacted by the Legislature of the State of Florida:  
102

103 Section 1. Present subsections (1) through (5), (6) through  
104 (10), (11) through (15), and (16) through (27) of section  
105 429.02, Florida Statutes, are redesignated as subsections (2)  
106 through (6), (8) through (12), (14) through (18), and (20)  
107 through (31), respectively, new subsections (1), (7), (13), and  
108 (19) are added, and present subsections (11) and (18) of that  
109 section are amended, to read:

110 429.02 Definitions.—When used in this part, the term:

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

112 (7) "Assistive device" means any device designed or adapted  
113 to help a resident perform an action, a task, an activity of  
114 daily living, or a transfer; prevent a fall; or recover from a  
115 fall. The term does not include a total body lift or a motorized  
116 sit-to-stand lift, with the exception of a chair lift or

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117 recliner lift that a resident is able to operate independently.

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

119 (14)~~(11)~~ "Extended congregate care" means acts beyond those  
120 authorized in subsection (21) which ~~(17) that~~ may be performed  
121 pursuant to part I of chapter 464 by persons licensed thereunder  
122 while carrying out their professional duties, and other  
123 supportive services that ~~which~~ may be specified by rule. The  
124 purpose of such services is to enable residents to age in place  
125 in a residential environment despite mental or physical  
126 limitations that might otherwise disqualify them from residency  
127 in a facility licensed under this part.

128 (19) "Neglect" has the same meaning as in s. 415.102. For  
129 purposes other than reporting requirements within this part,  
130 "neglect" may also include the failure to prevent sexual abuse  
131 as defined in s. 415.102.

132 (22)~~(18)~~ "Physical restraint" means a device that ~~which~~  
133 physically limits, restricts, or deprives an individual of  
134 movement or mobility, including, ~~but not limited to, a half-bed~~  
135 ~~rail, a full-bed rail, a geriatric chair, and a posey restraint.~~  
136 ~~The term "physical restraint" shall also include any device that~~  
137 is ~~which was~~ not specifically manufactured as a restraint but is  
138 ~~which has been~~ altered, arranged, or otherwise used for that  
139 ~~this~~ purpose. The term does ~~shall~~ not include any device that  
140 the resident chooses to use and is able to remove or avoid  
141 independently, or any bandage material used for the purpose of  
142 binding a wound or injury.

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

145 429.07 License required; fee.—

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146 (3) In addition to the requirements of s. 408.806, each  
147 license granted by the agency must state the type of care for  
148 which the license is granted. Licenses shall be issued for one  
149 or more of the following categories of care: standard, extended  
150 congregate care, limited nursing services, or limited mental  
151 health.

152 (b) An extended congregate care license shall be issued to  
153 each facility that has been licensed as an assisted living  
154 facility for 2 or more years and that provides services,  
155 directly or through contract, beyond those authorized in  
156 paragraph (a), including services performed by persons licensed  
157 under part I of chapter 464 and supportive services, as defined  
158 by rule, to persons who would otherwise be disqualified from  
159 continued residence in a facility licensed under this part. An  
160 extended congregate care license may be issued to a facility  
161 that has a provisional extended congregate care license and  
162 meets the requirements for licensure under subparagraph 2. The  
163 primary purpose of extended congregate care services is to allow  
164 residents the option of remaining in a familiar setting from  
165 which they would otherwise be disqualified for continued  
166 residency as they become more impaired. A facility licensed to  
167 provide extended congregate care services may also admit an  
168 individual who exceeds the admission criteria for a facility  
169 with a standard license, if he or she is determined appropriate  
170 for admission to the extended congregate care facility.

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

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175 provided and whether the designation applies to all or part of  
176 the facility. This designation may be made at the time of  
177 initial licensure or relicensure, or upon request in writing by  
178 a licensee under this part and part II of chapter 408. The  
179 notification of approval or the denial of the request shall be  
180 made in accordance with part II of chapter 408. Each existing  
181 facility that qualifies to provide extended congregate care  
182 services must have maintained a standard license and may not  
183 have been subject to administrative sanctions during the  
184 previous 2 years, or since initial licensure if the facility has  
185 been licensed for less than 2 years, for any of the following  
186 reasons:

- 187       a. A class I or class II violation;
- 188       b. Three or more repeat or recurring class III violations  
189 of identical or similar resident care standards from which a  
190 pattern of noncompliance is found by the agency;
- 191       c. Three or more class III violations that were not  
192 corrected in accordance with the corrective action plan approved  
193 by the agency;
- 194       d. Violation of resident care standards which results in  
195 requiring the facility to employ the services of a consultant  
196 pharmacist or consultant dietitian;
- 197       e. Denial, suspension, or revocation of a license for  
198 another facility licensed under this part in which the applicant  
199 for an extended congregate care license has at least 25 percent  
200 ownership interest; or
- 201       f. Imposition of a moratorium pursuant to this part or part  
202 II of chapter 408 or initiation of injunctive proceedings.
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204 The agency may deny or revoke a facility's extended congregate  
205 care license for not meeting the criteria for an extended  
206 congregate care license as provided in this subparagraph.

207 2. If an assisted living facility has been licensed for  
208 less than 2 years, the initial extended congregate care license  
209 must be provisional and may not exceed 6 months. The licensee  
210 shall notify the agency, in writing, when it has admitted at  
211 least one extended congregate care resident, after which an  
212 unannounced inspection shall be made to determine compliance  
213 with the requirements of an extended congregate care license. A  
214 licensee with a provisional extended congregate care license  
215 which ~~that~~ demonstrates compliance with all the requirements of  
216 an extended congregate care license during the inspection shall  
217 be issued an extended congregate care license. In addition to  
218 sanctions authorized under this part, if violations are found  
219 during the inspection and the licensee fails to demonstrate  
220 compliance with all assisted living facility requirements during  
221 a followup inspection, the licensee shall immediately suspend  
222 extended congregate care services, and the provisional extended  
223 congregate care license expires. The agency may extend the  
224 provisional license for not more than 1 month in order to  
225 complete a followup visit.

226 3. A facility that is licensed to provide extended  
227 congregate care services shall maintain a written progress  
228 report on each person who receives services from the facility's  
229 staff which describes the type, amount, duration, scope, and  
230 outcome of services that are rendered and the general status of  
231 the resident's health. A registered nurse, or appropriate  
232 designee, representing the agency shall visit the facility at



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233 least twice a year to monitor residents who are receiving  
234 extended congregate care services and to determine if the  
235 facility is in compliance with this part, part II of chapter  
236 408, and relevant rules. One of the visits may be in conjunction  
237 with the regular survey. The monitoring visits may be provided  
238 through contractual arrangements with appropriate community  
239 agencies. A registered nurse shall serve as part of the team  
240 that inspects the facility. The agency may waive one of the  
241 required yearly monitoring visits for a facility that has:

242 a. Held an extended congregate care license for at least 24  
243 months;

244 b. No class I or class II violations and no uncorrected  
245 class III violations; and

246 c. No ombudsman council complaints that resulted in a  
247 citation for licensure.

248 4. A facility that is licensed to provide extended  
249 congregate care services must:

250 a. Demonstrate the capability to meet unanticipated  
251 resident service needs.

252 b. Offer a physical environment that promotes a homelike  
253 setting, provides for resident privacy, promotes resident  
254 independence, and allows sufficient congregate space as defined  
255 by rule.

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

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

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262 in functional status are minimized or avoided.

263 e. Allow residents or, if applicable, a resident's  
264 representative, designee, surrogate, guardian, or attorney in  
265 fact to make a variety of personal choices, participate in  
266 developing service plans, and share responsibility in  
267 decisionmaking.

268 f. Implement the concept of managed risk.

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

271 h. In addition to the training mandated in s. 429.52,  
272 provide specialized training as defined by rule for facility  
273 staff.

274 5. A facility that is licensed to provide extended  
275 congregate care services is exempt from the criteria for  
276 continued residency set forth in rules adopted under s. 429.41.  
277 A licensed facility must adopt its own requirements within  
278 guidelines for continued residency set forth by rule. However,  
279 the facility may not serve residents who require 24-hour nursing  
280 supervision. A licensed facility that provides extended  
281 congregate care services must also provide each resident with a  
282 written copy of facility policies governing admission and  
283 retention.

284 6. Before the admission of an individual to a facility  
285 licensed to provide extended congregate care services, the  
286 individual must undergo a medical examination as provided in s.  
287 429.26(5) ~~s. 429.26(4)~~ and the facility must develop a  
288 preliminary service plan for the individual.

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

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291 needs and the facility's policy, the facility must make  
292 arrangements for relocating the person in accordance with s.  
293 429.28(1)(k).

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

297 1. In order for limited nursing services to be provided in  
298 a facility licensed under this part, the agency must first  
299 determine that all requirements established in law and rule are  
300 met and must specifically designate, on the facility's license,  
301 that such services may be provided. This designation may be made  
302 at the time of initial licensure or licensure renewal, or upon  
303 request in writing by a licensee under this part and part II of  
304 chapter 408. Notification of approval or denial of such request  
305 shall be made in accordance with part II of chapter 408. An  
306 existing facility that qualifies to provide limited nursing  
307 services must have maintained a standard license and may not  
308 have been subject to administrative sanctions that affect the  
309 health, safety, and welfare of residents for the previous 2  
310 years or since initial licensure if the facility has been  
311 licensed for less than 2 years.

312 2. A facility that is licensed to provide limited nursing  
313 services shall maintain a written progress report on each person  
314 who receives such nursing services from the facility's staff.  
315 The report must describe the type, amount, duration, scope, and  
316 outcome of services that are rendered and the general status of  
317 the resident's health. A registered nurse representing the  
318 agency shall visit the facility at least annually to monitor  
319 residents who are receiving limited nursing services and to

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320 determine if the facility is in compliance with applicable  
321 provisions of this part, part II of chapter 408, and related  
322 rules. The monitoring visits may be provided through contractual  
323 arrangements with appropriate community agencies. A registered  
324 nurse shall also serve as part of the team that inspects such  
325 facility. Visits may be in conjunction with other agency  
326 inspections. The agency may waive the required yearly monitoring  
327 visit for a facility that has:

328 a. Had a limited nursing services license for at least 24  
329 months;

330 b. No class I or class II violations and no uncorrected  
331 class III violations; and

332 c. No ombudsman council complaints that resulted in a  
333 citation for licensure.

334 3. A person who receives limited nursing services under  
335 this part must meet the admission criteria established by the  
336 agency for assisted living facilities. When a resident no longer  
337 meets the admission criteria for a facility licensed under this  
338 part, arrangements for relocating the person shall be made in  
339 accordance with s. 429.28(1)(k), unless the facility is licensed  
340 to provide extended congregate care services.

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

343 429.11 Initial application for license; provisional  
344 license.—

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

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349 to operate such facility at the specified location or locations  
 350 by the agency. The agency shall furnish to local agencies  
 351 responsible for issuing business tax receipts ~~occupational~~  
 352 ~~licenses~~ sufficient instruction for making such determinations.

353 Section 4. Section 429.176, Florida Statutes, is amended to  
 354 read:

355 429.176 Notice of change of administrator.—If, during the  
 356 period for which a license is issued, the owner changes  
 357 administrators, the owner must notify the agency of the change  
 358 within 10 days and provide documentation within 90 days that the  
 359 new administrator meets educational requirements and has  
 360 completed the applicable core educational requirements under s.  
 361 429.52. A facility may not be operated for more than 120  
 362 consecutive days without an administrator who has completed the  
 363 core educational requirements.

364 Section 5. Subsections (2) through (5) of section 429.23,  
 365 Florida Statutes, are amended to read:

366 429.23 Internal risk management and quality assurance  
 367 program; adverse incidents and reporting requirements.—

368 (2) Every facility licensed under this part is required to  
 369 maintain adverse incident reports. For purposes of this section,  
 370 the term, "adverse incident" means:

371 (a) An event over which facility personnel could exercise  
 372 control which is associated with the facility's intervention,  
 373 rather than as a result of the resident's underlying disease or  
 374 condition, and the injury results in:

- 375 1. Death;
- 376 2. Brain or spinal damage;
- 377 3. Permanent disfigurement;

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- 378 4. Fracture or dislocation of bones or joints;
- 379 5. Any condition that required medical attention to which  
380 the resident has not given his or her consent, including failure  
381 to honor advanced directives;
- 382 6. Any condition that requires the transfer of the resident  
383 from the facility to a unit providing more acute care due to the  
384 incident rather than the resident's condition before the  
385 incident; or
- 386 7. A report made ~~An event that is reported~~ to law  
387 enforcement or its personnel for investigation; or
- 388 (b) Resident elopement, if the elopement places the  
389 resident at risk of harm or injury.
- 390 (3) Licensed facilities shall provide within 1 business day  
391 after the occurrence of an adverse incident, ~~by electronic mail,~~  
392 ~~facsimile, or United States mail,~~ a preliminary report to the  
393 agency on all adverse incidents specified under this section.  
394 The report must include information regarding the identity of  
395 the affected resident, the type of adverse incident, and the  
396 result status of the facility's investigation of the incident.
- 397 (4) Licensed facilities shall provide within 15 days, ~~by~~  
398 ~~electronic mail, facsimile, or United States mail,~~ a full report  
399 to the agency on all adverse incidents specified in this  
400 section. The report must include the results of the facility's  
401 investigation into the adverse incident.
- 402 (5) The agency shall send, by electronic mail, reminders to  
403 the facility's administrator and other specified facility  
404 contacts 3 business days before the deadline for the submission  
405 of the full report. If the facility determines that the event is  
406 not an adverse incident, the facility must withdraw the

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407 preliminary report. Until 3 business days after the agency  
408 provides the reminder, facilities shall not be subject to any  
409 administrative or other action for failing to file a full report  
410 if the facility determined that the event was not an adverse  
411 incident after filing the preliminary report. ~~Each facility~~  
412 ~~shall report monthly to the agency any liability claim filed~~  
413 ~~against it. The report must include the name of the resident,~~  
414 ~~the dates of the incident leading to the claim, if applicable,~~  
415 ~~and the type of injury or violation of rights alleged to have~~  
416 ~~occurred. This report is not discoverable in any civil or~~  
417 ~~administrative action, except in such actions brought by the~~  
418 ~~agency to enforce the provisions of this part.~~

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

421 429.255 Use of personnel; emergency care.—

422 (4) Facility staff may withhold or withdraw cardiopulmonary  
423 resuscitation or the use of an automated external defibrillator  
424 if presented with an order not to resuscitate executed pursuant  
425 to s. 401.45. The agency shall adopt rules providing for the  
426 implementation of such orders. Facility staff and facilities may  
427 not be subject to criminal prosecution or civil liability, nor  
428 be considered to have engaged in negligent or unprofessional  
429 conduct, for withholding or withdrawing cardiopulmonary  
430 resuscitation or use of an automated external defibrillator  
431 pursuant to such an order and rules adopted by the agency. The  
432 absence of an order not to resuscitate executed pursuant to s.  
433 401.45 does not preclude a physician from withholding or  
434 withdrawing cardiopulmonary resuscitation or use of an automated  
435 external defibrillator as otherwise permitted by law.

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436 Section 7. Subsection (2), paragraph (b) of subsection (3),  
437 and paragraphs (e), (f), and (g) of subsection (4) of section  
438 429.256, Florida Statutes, are amended to read:

439 429.256 Assistance with self-administration of medication.—

440 (2) Residents who are capable of self-administering their  
441 own medications without assistance shall be encouraged and  
442 allowed to do so. However, an unlicensed person may, consistent  
443 with a dispensed prescription's label or the package directions  
444 of an over-the-counter medication, assist a resident whose  
445 condition is medically stable with the self-administration of  
446 routine, regularly scheduled medications that are intended to be  
447 self-administered. Assistance with self-medication by an  
448 unlicensed person may occur only upon a documented request by,  
449 and the written informed consent of, a resident or the  
450 resident's surrogate, guardian, or attorney in fact. For the  
451 purposes of this section, self-administered medications include  
452 both legend and over-the-counter oral dosage forms, topical  
453 dosage forms, transdermal patches, and topical ophthalmic, otic,  
454 and nasal dosage forms including solutions, suspensions, sprays,  
455 and inhalers.

456 (3) Assistance with self-administration of medication  
457 includes:

458 (b) In the presence of the resident, confirming that the  
459 medication is intended for that resident, orally advising the  
460 resident of the medication name and purpose ~~reading the label~~,  
461 opening the container, removing a prescribed amount of  
462 medication from the container, and closing the container.

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

464 (e) The use of irrigations or debriding agents used in the



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465 treatment of a skin condition.

466 (f) Assisting with rectal, urethral, or vaginal  
467 preparations.

468 (g) Assisting with medications ordered by the physician or  
469 health care professional with prescriptive authority to be given  
470 "as needed," unless the order is written with specific  
471 parameters that preclude independent judgment on the part of the  
472 unlicensed person, and ~~at the request of a competent~~ resident  
473 requesting the medication is aware of his or her need for the  
474 medication and understands the purpose for taking the  
475 medication.

476 Section 8. Section 429.26, Florida Statutes, is amended to  
477 read:

478 429.26 Appropriateness of placements; examinations of  
479 residents.—

480 (1) The owner or administrator of a facility is responsible  
481 for determining the appropriateness of admission of an  
482 individual to the facility and for determining the continued  
483 appropriateness of residence of an individual in the facility. A  
484 determination must ~~shall~~ be based upon an evaluation ~~assessment~~  
485 of the strengths, needs, and preferences of the resident, a  
486 medical examination, the care and services offered or arranged  
487 for by the facility in accordance with facility policy, and any  
488 limitations in law or rule related to admission criteria or  
489 continued residency for the type of license held by the facility  
490 under this part. The following criteria apply to the  
491 determination of appropriateness for admission and continued  
492 residency of an individual in a facility:

493 (a) A facility may admit or retain a resident who receives

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494 a health care service or treatment that is designed to be  
495 provided within a private residential setting if all  
496 requirements for providing that service or treatment are met by  
497 the facility or a third party.

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

500 (c) A facility may admit or retain an individual receiving  
501 hospice services if the arrangement is agreed to by the facility  
502 and the resident, additional care is provided by a licensed  
503 hospice, and the resident is under the care of a physician who  
504 agrees that the physical needs of the resident can be met at the  
505 facility. The resident must have a plan of care which delineates  
506 how the facility and the hospice will meet the scheduled and  
507 unscheduled needs of the resident.

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

514 a. Move, turn, or reposition without total physical  
515 assistance;

516 b. Transfer to a chair or wheelchair without total physical  
517 assistance; or

518 c. Sit safely in a chair or wheelchair without personal  
519 assistance or a physical restraint.

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

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

527       (2) A resident may not be moved from one facility to  
528 another without consultation with and agreement from the  
529 resident or, if applicable, the resident's representative or  
530 designee or the resident's family, guardian, surrogate, or  
531 attorney in fact. In the case of a resident who has been placed  
532 by the department or the Department of Children and Families,  
533 the administrator must notify the appropriate contact person in  
534 the applicable department.

535       (3)~~(2)~~ A physician, physician assistant, or advanced  
536 practice registered nurse ~~practitioner~~ who is employed by an  
537 assisted living facility to provide an initial examination for  
538 admission purposes may not have financial interests ~~interest~~ in  
539 the facility.

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

551       (5)~~(4)~~ ~~If possible,~~ Each resident must ~~shall~~ have been

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552 examined by a licensed physician, a licensed physician  
553 assistant, or a licensed advanced practice registered nurse  
554 ~~practitioner~~ within 60 days before admission to the facility or  
555 within 30 days after admission to the facility, except as  
556 provided in s. 429.07. The information from the medical  
557 examination must be recorded on the practitioner's form or on a  
558 form adopted by agency rule. The ~~signed and completed~~ medical  
559 examination form, signed by the practitioner, must ~~report~~ shall  
560 be submitted to the owner or administrator of the facility, who  
561 shall use the information contained therein to assist in the  
562 determination of the appropriateness of the resident's admission  
563 to or ~~and~~ continued residency stay in the facility. The medical  
564 examination form may be used only to record the health care  
565 provider's direct observation of the patient at the time of  
566 examination and must include any known medical history. The  
567 medical examination form is not a guarantee of admission,  
568 continued residency, or the delivery of services and may be used  
569 only as an informative tool to assist in the determination of  
570 the appropriateness of the resident's admission to or continued  
571 residency in the facility. The medical examination form,  
572 reflecting the resident's condition on the date the examination  
573 is performed, becomes ~~report shall become~~ a permanent part of  
574 the facility's record of the resident ~~at the facility~~ and must  
575 shall be made available to the agency during inspection or upon  
576 request. An assessment that has been completed through the  
577 Comprehensive Assessment and Review for Long-Term Care Services  
578 (CARES) Program fulfills the requirements for a medical  
579 examination under this subsection and s. 429.07(3)(b)6.

580 (6) The medical examination form submitted under subsection

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581 (5) must include the following information relating to the  
582 resident:

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

584 (b) Significant medical history and diagnoses.

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

587 (d) Cognitive or behavioral status and a brief description  
588 of any behavioral issues known or ascertained by the examining  
589 practitioner, including any known history of wandering or  
590 elopement.

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

592 (f) Whether assistance is needed for ambulating, eating, or  
593 transferring.

594 (g) Special dietary instructions.

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

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

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

601 (k) A list of current prescribed medications as known or  
602 ascertained by the examining practitioner and whether the  
603 resident can self-administer medications, needs assistance, or  
604 needs medication administration.

605 ~~(5) Except as provided in s. 429.07, if a medical~~  
606 ~~examination has not been completed within 60 days before the~~  
607 ~~admission of the resident to the facility, a licensed physician,~~  
608 ~~licensed physician assistant, or licensed nurse practitioner~~  
609 ~~shall examine the resident and complete a medical examination~~

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610 ~~form provided by the agency within 30 days following the~~  
611 ~~admission to the facility to enable the facility owner or~~  
612 ~~administrator to determine the appropriateness of the admission.~~  
613 ~~The medical examination form shall become a permanent part of~~  
614 ~~the record of the resident at the facility and shall be made~~  
615 ~~available to the agency during inspection by the agency or upon~~  
616 ~~request.~~

617 (7)~~(6)~~ Any resident accepted in a facility and placed by  
618 ~~the department or~~ the Department of Children and Families must  
619 ~~shall~~ have been examined by medical personnel within 30 days  
620 before placement in the facility. The examination must ~~shall~~  
621 include an assessment of the appropriateness of placement in a  
622 facility. The findings of this examination must ~~shall~~ be  
623 recorded on the examination form provided by the agency. The  
624 completed form must ~~shall~~ accompany the resident and ~~shall~~ be  
625 submitted to the facility owner or administrator. Additionally,  
626 in the case of a mental health resident, the Department of  
627 Children and Families must provide documentation that the  
628 individual has been assessed by a psychiatrist, clinical  
629 psychologist, clinical social worker, or psychiatric nurse, or  
630 an individual who is supervised by one of these professionals,  
631 and determined to be appropriate to reside in an assisted living  
632 facility. The documentation must be in the facility within 30  
633 days after the mental health resident has been admitted to the  
634 facility. An evaluation completed upon discharge from a state  
635 mental hospital meets the requirements of this subsection  
636 related to appropriateness for placement as a mental health  
637 resident provided that ~~providing~~ it was completed within 90 days  
638 prior to admission to the facility. The ~~applicable~~ Department of of

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639 Children and Families shall provide to the facility  
640 administrator any information about the resident which ~~that~~  
641 would help the administrator meet his or her responsibilities  
642 under subsection (1). Further, Department of Children and  
643 Families personnel shall explain to the facility operator any  
644 special needs of the resident and advise the operator whom to  
645 call should problems arise. The ~~applicable~~ Department of  
646 Children and Families shall advise and assist the facility  
647 administrator when ~~where~~ the special needs of residents who are  
648 recipients of optional state supplementation require such  
649 assistance.

650 ~~(8)-(7)~~ The facility shall ~~must~~ notify a licensed physician  
651 when a resident exhibits signs of dementia or cognitive  
652 impairment or has a change of condition in order to rule out the  
653 presence of an underlying physiological condition that may be  
654 contributing to such dementia or impairment. The notification  
655 must occur within 30 days after the acknowledgment of such signs  
656 by facility staff. If an underlying condition is determined to  
657 exist, the facility must notify the resident's representative or  
658 designee of the need for health care services and must assist in  
659 making appointments for ~~shall arrange, with the appropriate~~  
660 ~~health care provider,~~ the necessary care and services to treat  
661 the condition. If the resident does not have a representative or  
662 designee or if the resident's representative or designee cannot  
663 be located or is unresponsive, the facility shall arrange, with  
664 the appropriate health care provider, the necessary care and  
665 services to treat the condition.

666 ~~(9)-(8)~~ The Department of Children and Families may require  
667 an examination for supplemental security income and optional

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668 state supplementation recipients residing in facilities at any  
669 time and shall provide the examination whenever a resident's  
670 condition requires it. Any facility administrator; personnel of  
671 the agency, the department, or the Department of Children and  
672 Families; or a representative of the State Long-Term Care  
673 Ombudsman Program who believes a resident needs to be evaluated  
674 shall notify the resident's case manager, who shall take  
675 appropriate action. A report of the examination findings must  
676 ~~shall~~ be provided to the resident's case manager and the  
677 facility administrator to help the administrator meet his or her  
678 responsibilities under subsection (1).

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

685 (10) Facilities licensed to provide extended congregate  
686 care services shall promote aging in place by determining  
687 appropriateness of continued residency based on a comprehensive  
688 review of the resident's physical and functional status; the  
689 ability of the facility, family members, friends, or any other  
690 pertinent individuals or agencies to provide the care and  
691 services required; and documentation that a written service plan  
692 consistent with facility policy has been developed and  
693 implemented to ensure that the resident's needs and preferences  
694 are addressed.

695 ~~(11) No resident who requires 24-hour nursing supervision,~~  
696 ~~except for a resident who is an enrolled hospice patient~~



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697 ~~pursuant to part IV of chapter 400, shall be retained in a~~  
698 ~~facility licensed under this part.~~

699 Section 9. Paragraphs (a) and (k) of subsection (1) and  
700 subsection (3) of section 429.28, Florida Statutes, are amended  
701 to read:

702 429.28 Resident bill of rights.—

703 (1) No resident of a facility shall be deprived of any  
704 civil or legal rights, benefits, or privileges guaranteed by  
705 law, the Constitution of the State of Florida, or the  
706 Constitution of the United States as a resident of a facility.  
707 Every resident of a facility shall have the right to:

708 (a) Live in a safe and decent living environment, free from  
709 abuse, ~~and neglect, and exploitation.~~

710 (k) At least 45 days' notice of relocation or termination  
711 of residency from the facility unless, for medical reasons, the  
712 resident is certified by a physician to require an emergency  
713 relocation to a facility providing a more skilled level of care  
714 or the resident engages in a pattern of conduct that is harmful  
715 or offensive to other residents. In the case of a resident who  
716 has been adjudicated mentally incapacitated, the guardian shall  
717 be given at least 45 days' notice of a nonemergency relocation  
718 or residency termination. Reasons for relocation must ~~shall~~ be  
719 set forth in writing and provided to the resident or the  
720 resident's legal representative. In order for a facility to  
721 terminate the residency of an individual without notice as  
722 provided herein, the facility shall show good cause in a court  
723 of competent jurisdiction.

724 (3) (a) The agency shall conduct a survey to determine  
725 whether the facility is complying with this section ~~general~~

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726 ~~compliance with facility standards and compliance with~~  
727 ~~residents' rights~~ as a prerequisite to initial licensure or  
728 licensure renewal. ~~The agency shall adopt rules for uniform~~  
729 ~~standards and criteria that will be used to determine compliance~~  
730 ~~with facility standards and compliance with residents' rights.~~

731 (b) In order to determine whether the facility is  
732 adequately protecting residents' rights, the licensure renewal  
733 ~~biennial~~ survey must ~~shall~~ include private informal  
734 conversations with a sample of residents and consultation with  
735 the ombudsman council in the district in which the facility is  
736 located to discuss residents' experiences within the facility.

737 Section 10. Section 429.41, Florida Statutes, is amended to  
738 read:

739 429.41 Rules establishing standards.—

740 (1) It is the intent of the Legislature that rules  
741 published and enforced pursuant to this section shall include  
742 criteria by which a reasonable and consistent quality of  
743 resident care and quality of life may be ensured and the results  
744 of such resident care may be demonstrated. Such rules shall also  
745 promote ~~ensure~~ a safe and sanitary environment that is  
746 residential and noninstitutional in design or nature and may  
747 allow for technological advances in the provision of care,  
748 safety, and security, including the use of devices, equipment,  
749 and other security measures related to wander management,  
750 emergency response, staff risk management, and the general  
751 safety and security of residents, staff, and the facility. It is  
752 further intended that reasonable efforts be made to accommodate  
753 the needs and preferences of residents to enhance the quality of  
754 life in a facility. ~~Uniform firesafety standards for assisted~~

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755 ~~living facilities shall be established by the State Fire Marshal~~  
756 ~~pursuant to s. 633.206. The agency may adopt rules to administer~~  
757 ~~part II of chapter 408. In order to provide safe and sanitary~~  
758 ~~facilities and the highest quality of resident care~~  
759 ~~accommodating the needs and preferences of residents,~~ The  
760 agency, in consultation with the Department of Children and  
761 Families and the Department of Health, shall adopt rules,  
762 ~~policies, and procedures~~ to administer this part, which must  
763 include reasonable and fair minimum standards in relation to:

764 (a) The requirements for ~~and~~ maintenance and the sanitary  
765 condition of facilities, not in conflict with, or duplicative  
766 of, rules adopted pursuant to s. 381.006(16) and s. 381.0072 and  
767 standards established under chapter 553 and s. 633.206, relating  
768 to a safe and decent living environment, including furnishings  
769 for resident bedrooms or sleeping areas, locking devices, linens  
770 ~~plumbing, heating, cooling, lighting, ventilation, living space,~~  
771 and other housing conditions relating to hazards, which will  
772 promote ~~ensure~~ the health, safety, and welfare ~~comfort~~ of  
773 residents suitable to the size of the structure. The rules must  
774 clearly delineate the respective responsibilities of the  
775 agency's licensure and survey staff and the county health  
776 departments and ensure that inspections are not duplicative. The  
777 agency may collect fees for food service inspections conducted  
778 by county health departments and may transfer such fees to the  
779 Department of Health.

780 ~~1. Firesafety evacuation capability determination. An~~  
781 ~~evacuation capability evaluation for initial licensure shall be~~  
782 ~~conducted within 6 months after the date of licensure.~~

783 ~~2. Firesafety requirements.~~

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784 ~~a. The National Fire Protection Association, Life Safety~~  
785 ~~Code, NFPA 101 and 101A, current editions, shall be used in~~  
786 ~~determining the uniform firesafety code adopted by the State~~  
787 ~~Fire Marshal for assisted living facilities, pursuant to s.~~  
788 ~~633.206.~~

789 ~~b. A local government or a utility may charge fees only in~~  
790 ~~an amount not to exceed the actual expenses incurred by the~~  
791 ~~local government or the utility relating to the installation and~~  
792 ~~maintenance of an automatic fire sprinkler system in a licensed~~  
793 ~~assisted living facility structure.~~

794 ~~e. All licensed facilities must have an annual fire~~  
795 ~~inspection conducted by the local fire marshal or authority~~  
796 ~~having jurisdiction.~~

797 ~~d. An assisted living facility that is issued a building~~  
798 ~~permit or certificate of occupancy before July 1, 2016, may at~~  
799 ~~its option and after notifying the authority having~~  
800 ~~jurisdiction, remain under the provisions of the 1994 and 1995~~  
801 ~~editions of the National Fire Protection Association, Life~~  
802 ~~Safety Code, NFPA 101, and NFPA 101A. The facility opting to~~  
803 ~~remain under such provisions may make repairs, modernizations,~~  
804 ~~renovations, or additions to, or rehabilitate, the facility in~~  
805 ~~compliance with NFPA 101, 1994 edition, and may utilize the~~  
806 ~~alternative approaches to life safety in compliance with NFPA~~  
807 ~~101A, 1995 edition. However, a facility for which a building~~  
808 ~~permit or certificate of occupancy is issued before July 1,~~  
809 ~~2016, that undergoes Level III building alteration or~~  
810 ~~rehabilitation, as defined in the Florida Building Code, or~~  
811 ~~seeks to utilize features not authorized under the 1994 or 1995~~  
812 ~~editions of the Life Safety Code must thereafter comply with all~~

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813 ~~aspects of the uniform firesafety standards established under s.~~  
814 ~~633.206, and the Florida Fire Prevention Code, in effect for~~  
815 ~~assisted living facilities as adopted by the State Fire Marshal.~~

816 ~~3. Resident elopement requirements. Facilities are required~~  
817 ~~to conduct a minimum of two resident elopement prevention and~~  
818 ~~response drills per year. All administrators and direct care~~  
819 ~~staff must participate in the drills, which shall include a~~  
820 ~~review of procedures to address resident elopement. Facilities~~  
821 ~~must document the implementation of the drills and ensure that~~  
822 ~~the drills are conducted in a manner consistent with the~~  
823 ~~facility's resident elopement policies and procedures.~~

824 (b) The preparation and annual update of a comprehensive  
825 emergency management plan. Such standards must be included in  
826 the rules adopted by the agency after consultation with the  
827 Division of Emergency Management. At a minimum, the rules must  
828 provide for plan components that address emergency evacuation  
829 transportation; adequate sheltering arrangements; postdisaster  
830 activities, including provision of emergency power, food, and  
831 water; postdisaster transportation; supplies; staffing;  
832 emergency equipment; individual identification of residents and  
833 transfer of records; communication with families; and responses  
834 to family inquiries. The comprehensive emergency management plan  
835 is subject to review and approval by the county local emergency  
836 management agency. During its review, the county local emergency  
837 management agency shall ensure that the following agencies, at a  
838 minimum, are given the opportunity to review the plan: the  
839 Department of Health, the Agency for Health Care Administration,  
840 and the Division of Emergency Management. ~~Also, appropriate~~  
841 ~~volunteer organizations must be given the opportunity to review~~

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842 ~~the plan.~~ The county ~~local~~ emergency management agency shall  
843 complete its review within 60 days and either approve the plan  
844 or advise the facility of necessary revisions. A facility must  
845 submit a comprehensive emergency management plan to the county  
846 emergency management agency within 30 days after issuance of a  
847 license.

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

853 ~~(d) All sanitary conditions within the facility and its~~  
854 ~~surroundings which will ensure the health and comfort of~~  
855 ~~residents. The rules must clearly delineate the responsibilities~~  
856 ~~of the agency's licensure and survey staff, the county health~~  
857 ~~departments, and the local authority having jurisdiction over~~  
858 ~~firesafety and ensure that inspections are not duplicative. The~~  
859 ~~agency may collect fees for food service inspections conducted~~  
860 ~~by the county health departments and transfer such fees to the~~  
861 ~~Department of Health.~~

862 (d)(e) License application and license renewal, transfer of  
863 ownership, proper management of resident funds and personal  
864 property, surety bonds, resident contracts, refund policies,  
865 financial ability to operate, and facility and staff records.

866 (e)(f) Inspections, complaint investigations, moratoriums,  
867 classification of deficiencies, ~~levying~~ and enforcement of  
868 penalties, ~~and use of income from fees and fines.~~

869 (f)(g) The enforcement of the resident bill of rights  
870 specified in s. 429.28.

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- 871        (g)~~(h)~~ The care ~~and maintenance~~ of residents provided by  
872 the facility, which must include, ~~but is not limited to~~:
- 873            1. The supervision of residents;
  - 874            2. The provision of personal services;
  - 875            3. The provision of, or arrangement for, social and leisure  
876 activities;
  - 877            4. The assistance in making arrangements ~~arrangement~~ for  
878 appointments and transportation to appropriate medical, dental,  
879 nursing, or mental health services, as needed by residents;
  - 880            5. The management of medication stored within the facility  
881 and as needed by residents;
  - 882            6. The dietary ~~nutritional~~ needs of residents;
  - 883            7. Resident records; and
  - 884            8. Internal risk management and quality assurance.
- 885        (h)~~(i)~~ Facilities holding a limited nursing, extended  
886 congregate care, or limited mental health license.
- 887        (i)~~(j)~~ The establishment of specific criteria to define  
888 appropriateness of resident admission and continued residency in  
889 a facility holding a standard, limited nursing, extended  
890 congregate care, and limited mental health license.
- 891        (j)~~(k)~~ The use of physical or chemical restraints. The use  
892 of geriatric chairs or Posey restraints is prohibited. Other  
893 physical restraints may be used in accordance with agency rules  
894 when ordered ~~is limited to half-bed rails as prescribed and~~  
895 ~~documented~~ by the resident's physician and consented to by ~~with~~  
896 ~~the consent~~ of the resident or, if applicable, the resident's  
897 representative or designee or the resident's surrogate,  
898 guardian, or attorney in fact. Such rules must specify  
899 requirements for care planning, staff monitoring, and periodic

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900 review by a physician. The use of chemical restraints is limited  
901 to prescribed dosages of medications authorized by the  
902 resident's physician and must be consistent with the resident's  
903 diagnosis. Residents who are receiving medications that can  
904 serve as chemical restraints must be evaluated by their  
905 physician at least annually to assess:

- 906 1. The continued need for the medication.
- 907 2. The level of the medication in the resident's blood.
- 908 3. The need for adjustments in the prescription.

909 (k)(1) The establishment of specific resident elopement  
910 drill requirements, policies, and procedures ~~on resident~~  
911 ~~elopement~~. Facilities shall conduct a minimum of two resident  
912 elopement drills each year. All administrators and direct care  
913 staff shall participate in the drills, which must include a  
914 review of the facility's procedures to address resident  
915 elopement. Facilities shall document participation in the  
916 drills.

917 (2) In adopting any rules pursuant to this part, the agency  
918 shall make distinct standards for facilities based upon facility  
919 size; the types of care provided; the physical and mental  
920 capabilities and needs of residents; the type, frequency, and  
921 amount of services and care offered; and the staffing  
922 characteristics of the facility. Rules developed pursuant to  
923 this section may not restrict the use of shared staffing and  
924 shared programming in facilities that are part of retirement  
925 communities that provide multiple levels of care and otherwise  
926 meet the requirements of law and rule. If a continuing care  
927 facility licensed under chapter 651 or a retirement community  
928 offering multiple levels of care licenses a building or part of



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929 a building designated for independent living for assisted  
930 living, staffing requirements established in rule apply only to  
931 residents who receive personal, limited nursing, or extended  
932 congregate care services under this part. Such facilities shall  
933 retain a log listing the names and unit number for residents  
934 receiving these services. The log must be available to surveyors  
935 upon request. ~~Except for uniform firesafety standards,~~ The  
936 agency shall adopt by rule separate and distinct standards for  
937 facilities with 16 or fewer beds and for facilities with 17 or  
938 more beds. The standards for facilities with 16 or fewer beds  
939 must be appropriate for a noninstitutional residential  
940 environment; however, the structure may not be more than two  
941 stories in height and all persons who cannot exit the facility  
942 unassisted in an emergency must reside on the first floor. The  
943 agency may make other distinctions among types of facilities as  
944 necessary to enforce this part. Where appropriate, the agency  
945 shall offer alternate solutions for complying with established  
946 standards, based on distinctions made by the agency relative to  
947 the physical characteristics of facilities and the types of care  
948 offered.

949 (3) Rules adopted by the agency shall encourage the  
950 development of homelike facilities that promote the dignity,  
951 individuality, personal strengths, and decisionmaking ability of  
952 residents.

953 (4) The agency may waive rules adopted under this part to  
954 demonstrate and evaluate innovative or cost-effective congregate  
955 care alternatives that enable individuals to age in place. Such  
956 waivers may be granted only in instances where there is  
957 reasonable assurance that the health, safety, or welfare of

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958 residents will not be endangered. To apply for a waiver, the  
959 licensee shall submit to the agency a written description of the  
960 concept to be demonstrated, including goals, objectives, and  
961 anticipated benefits; the number and types of residents who will  
962 be affected, if applicable; a brief description of how the  
963 demonstration will be evaluated; and any other information  
964 deemed appropriate by the agency. Any facility granted a waiver  
965 shall submit a report of findings to the agency within 12  
966 months. At such time, the agency may renew or revoke the waiver  
967 or pursue any regulatory or statutory changes necessary to allow  
968 other facilities to adopt the same practices. The agency may by  
969 rule clarify terms and establish waiver application procedures,  
970 criteria for reviewing waiver proposals, and procedures for  
971 reporting findings, as necessary to implement this subsection.

972 (5) The agency may use an abbreviated biennial standard  
973 licensure inspection that consists of a review of key quality-  
974 of-care standards in lieu of a full inspection in a facility  
975 that has a good record of past performance. However, a full  
976 inspection must be conducted in a facility that has a history of  
977 class I or class II violations;; ~~uncorrected class III~~  
978 ~~violations; or a class I, class II, or uncorrected class III~~  
979 ~~violation resulting from a complaint referred by the State Long-~~  
980 ~~Term Care Ombudsman Program, confirmed ombudsman council~~  
981 ~~complaints, or confirmed licensure complaints~~ within the  
982 previous licensure period immediately preceding the inspection  
983 or if a potentially serious problem is identified during the  
984 abbreviated inspection. The agency shall adopt by rule develop  
985 the key quality-of-care standards ~~with input from the State~~  
986 ~~Long Term Care Ombudsman Council and representatives of provider~~

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987 ~~groups for incorporation into its rules.~~

988 Section 11. Section 429.435, Florida Statutes, is created  
989 to read:

990 429.435 Uniform firesafety standards.—Uniform firesafety  
991 standards for assisted living facilities, which are residential  
992 board and care occupancies, shall be established by the State  
993 Fire Marshal pursuant to s. 633.206.

994 (1) EVACUATION CAPABILITY.—A firesafety evacuation  
995 capability determination shall be conducted within 6 months  
996 after the date of initial licensure of an assisted living  
997 facility, if required.

998 (2) FIRESAFETY REQUIREMENTS.—

999 (a) The National Fire Protection Association, Life Safety  
1000 Code, NFPA 101 and 101A, current editions, must be used in  
1001 determining the uniform firesafety code adopted by the State  
1002 Fire Marshal for assisted living facilities, pursuant to s.  
1003 633.206.

1004 (b) A local government or a utility may charge fees that do  
1005 not exceed the actual costs incurred by the local government or  
1006 the utility for the installation and maintenance of an automatic  
1007 fire sprinkler system in a licensed assisted living facility  
1008 structure.

1009 (c) All licensed facilities must have an annual fire  
1010 inspection conducted by the local fire marshal or authority  
1011 having jurisdiction.

1012 (d) An assisted living facility that was issued a building  
1013 permit or certificate of occupancy before July 1, 2016, at its  
1014 option and after notifying the authority having jurisdiction,  
1015 may remain under the provisions of the 1994 and 1995 editions of

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1016 the National Fire Protection Association, Life Safety Code, NFPA  
1017 101 and 101A. A facility opting to remain under such provisions  
1018 may make repairs, modernizations, renovations, or additions to,  
1019 or rehabilitate, the facility in compliance with NFPA 101, 1994  
1020 edition, and may utilize the alternative approaches to life  
1021 safety in compliance with NFPA 101A, 1995 edition. However, a  
1022 facility for which a building permit or certificate of occupancy  
1023 was issued before July 1, 2016, which undergoes Level III  
1024 building alteration or rehabilitation, as defined in the Florida  
1025 Building Code, or which seeks to utilize features not authorized  
1026 under the 1994 or 1995 editions of the Life Safety Code, shall  
1027 thereafter comply with all aspects of the uniform firesafety  
1028 standards established under s. 633.206 and the Florida Fire  
1029 Prevention Code in effect for assisted living facilities as  
1030 adopted by the State Fire Marshal.

1031 Section 12. Section 429.52, Florida Statutes, is amended to  
1032 read:

1033 429.52 Staff training and educational requirements  
1034 ~~programs; core educational requirement.~~-

1035 (1) ~~Effective October 1, 2015,~~ Each new assisted living  
1036 facility employee who has not previously completed core training  
1037 must attend a preservice orientation provided by the facility  
1038 before interacting with residents. The preservice orientation  
1039 must be at least 2 hours in duration and cover topics that help  
1040 the employee provide responsible care and respond to the needs  
1041 of facility residents. Upon completion, the employee and the  
1042 administrator of the facility must sign a statement that the  
1043 employee completed the required preservice orientation. The  
1044 facility must keep the signed statement in the employee's

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1045 personnel record.

1046 (2) Administrators and other assisted living facility staff  
1047 must meet minimum training and education requirements  
1048 established by the agency by rule. This training and education  
1049 is intended to assist facilities to appropriately respond to the  
1050 needs of residents, to maintain resident care and facility  
1051 standards, and to meet licensure requirements.

1052 (3) The agency, in conjunction with providers, shall  
1053 develop core training requirements for administrators consisting  
1054 of core training learning objectives, a competency test, and a  
1055 minimum required score to indicate successful passage completion  
1056 of the core competency test ~~training and educational~~  
1057 ~~requirements~~. The required core competency test ~~training and~~  
1058 ~~education~~ must cover at least the following topics:

1059 (a) State law and rules relating to assisted living  
1060 facilities.

1061 (b) Resident rights and identifying and reporting abuse,  
1062 neglect, and exploitation.

1063 (c) Special needs of elderly persons, persons with mental  
1064 illness, and persons with developmental disabilities and how to  
1065 meet those needs.

1066 (d) Nutrition and food service, including acceptable  
1067 sanitation practices for preparing, storing, and serving food.

1068 (e) Medication management, recordkeeping, and proper  
1069 techniques for assisting residents with self-administered  
1070 medication.

1071 (f) Firesafety requirements, including fire evacuation  
1072 drill procedures and other emergency procedures.

1073 (g) Care of persons with Alzheimer's disease and related

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1074 disorders.

1075 (4) A ~~new~~ facility administrator must complete the required  
1076 core training and education, including the competency test,  
1077 within 90 days after the date of employment as an administrator.  
1078 Failure to do so is a violation of this part and subjects the  
1079 violator to an administrative fine as prescribed in s. 429.19.  
1080 Administrators licensed in accordance with part II of chapter  
1081 468 are exempt from this requirement. Other licensed  
1082 professionals may be exempted, as determined by the agency by  
1083 rule.

1084 (5) Administrators are required to participate in  
1085 continuing education for a minimum of 12 contact hours every 2  
1086 years.

1087 ~~(6) Staff involved with the management of medications and~~  
1088 ~~assisting with the self-administration of medications under s.~~  
1089 ~~429.256 must complete a minimum of 6 additional hours of~~  
1090 ~~training provided by a registered nurse or, a licensed~~  
1091 ~~pharmacist before providing assistance, ~~or agency staff~~. Two~~  
1092 ~~hours of continuing education are required annually thereafter.~~  
1093 The agency shall establish by rule the minimum requirements of  
1094 this additional training.

1095 (7) ~~Other~~ Facility staff shall participate in in-service  
1096 training relevant to their job duties as specified by agency  
1097 ~~rule of the agency~~. Topics covered during the preservice  
1098 orientation are not required to be repeated during in-service  
1099 training. A single certificate of completion that covers all  
1100 required in-service training topics may be issued to a  
1101 participating staff member if the training is provided in a  
1102 single training course.

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1103 (8) If the agency determines that there are problems in a  
1104 facility which could be reduced through specific staff training  
1105 ~~or education~~ beyond that already required under this section,  
1106 the agency may require, and provide, or cause to be provided,  
1107 the training ~~or education~~ of any personal care staff in the  
1108 facility.

1109 (9) The agency shall adopt rules related to these training  
1110 and education requirements, the competency test, necessary  
1111 procedures, and competency test fees and shall adopt or contract  
1112 with another entity to develop and administer the competency  
1113 test. The agency shall adopt a curriculum outline with learning  
1114 objectives to be used by core trainers, ~~which shall be used~~ as  
1115 the minimum core training content requirements. The agency shall  
1116 consult with representatives of stakeholder associations and  
1117 agencies in the development of the curriculum outline.

1118 (10) The core training required by this section ~~other than~~  
1119 ~~the preservice orientation~~ must be conducted by persons  
1120 registered with the agency as having the requisite experience  
1121 and credentials to conduct the training. A person seeking to  
1122 register as a core trainer must provide the agency with proof of  
1123 completion of the ~~minimum~~ core training ~~education~~ requirements,  
1124 successful passage of the competency test established under this  
1125 section, and proof of compliance with the continuing education  
1126 requirement in subsection (5).

1127 (11) A person seeking to register as a core trainer also  
1128 must ~~also~~:

1129 (a) Provide proof of completion of a 4-year degree from an  
1130 accredited college or university and must have worked in a  
1131 management position in an assisted living facility for 3 years

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1132 after being core certified;

1133 (b) Have worked in a management position in an assisted  
1134 living facility for 5 years after being core certified and have  
1135 1 year of teaching experience as an educator or staff trainer  
1136 for persons who work in assisted living facilities or other  
1137 long-term care settings;

1138 (c) Have been previously employed as a core trainer for the  
1139 agency or department; or

1140 (d) Meet other qualification criteria as defined in rule,  
1141 which the agency is authorized to adopt.

1142 (12) The agency shall adopt rules to establish core trainer  
1143 registration and removal requirements.

1144 Section 13. This act shall take effect July 1, 2020.