

1 A bill to be entitled
2 An act relating to assisted living facilities;
3 amending s. 429.02, F.S.; providing and revising
4 definitions; amending s. 429.07, F.S.; providing that
5 an assisted living facility licensed to provide
6 extended congregate care services or limited nursing
7 services must maintain a written progress report on
8 each person receiving services from the facility's
9 staff; conforming a cross-reference; amending s.
10 429.11, F.S.; prohibiting a county or municipality
11 from issuing a business tax receipt, rather than an
12 occupational license, to a facility under certain
13 circumstances; amending s. 429.176, F.S.; requiring an
14 owner of a facility to provide certain documentation
15 to the Agency for Health Care Administration regarding
16 a new administrator; amending s. 429.23, F.S.;
17 authorizing a facility to send certain reports
18 regarding adverse incidents through the agency's
19 online portal; requiring the agency to send reminders
20 by electronic mail to certain facility contacts
21 regarding submission deadlines for such reports within
22 a specified timeframe; 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.; revising the
28 types of medications that may be self-administered;
29 revising provisions relating to assistance with the
30 self-administration of such medications; requiring a
31 person assisting with a resident's self-administration
32 of medication to confirm that the medication is
33 intended for that resident and to orally advise the
34 resident of the medication name and dosage;
35 authorizing a resident to opt out of such advisement
36 through a signed waiver; revising provisions relating
37 to certain medications that are not self-administered
38 with assistance; amending s. 429.26, F.S.; including
39 medical examinations within criteria used for
40 admission to an assisted living facility; providing
41 specified criteria for determinations of
42 appropriateness for admission to and continued
43 residency in an assisted living facility; authorizing
44 such facility to admit certain individuals under
45 certain conditions; defining the term "bedridden";
46 requiring that a resident receive a medical
47 examination within a specified timeframe after
48 admission to a facility; requiring that such
49 examination be recorded on a form; providing that such
50 form may be used only to record a practitioner's

51 direct observations of the patient at the time of the
52 examination; providing that such form is not a
53 guarantee of a resident's admission to, continued
54 residency in, or delivery of services at the facility;
55 revising provisions relating to the placement of
56 residents by the Department of Children and Families;
57 requiring a facility to notify a resident's
58 representative or designee of the need for health care
59 services and to assist in making appointments for such
60 care and services under certain circumstances;
61 requiring the facility to arrange with an appropriate
62 health care provider for the care and services needed
63 to treat a resident under certain circumstances;
64 removing provisions relating to the retention of
65 certain residents in a facility; amending s. 429.28,
66 F.S.; providing requirements for a notice of
67 relocation or termination of residency from a
68 facility; revising provisions requiring the agency to
69 conduct a licensure survey to determine whether a
70 facility has complied with certain standards and
71 residents' rights; amending s. 429.31, F.S.; revising
72 notice requirements for facilities that are
73 terminating operations; requiring the agency to inform
74 the State Long-Term Ombudsman Program immediately upon
75 notice of a facility's termination of operations;

76 | amending s. 429.41, F.S.; revising legislative intent;
77 | removing provisions to conform to changes made by the
78 | act; requiring county emergency management agencies,
79 | rather than local emergency management agencies, to
80 | review and approve or disapprove of a facility's
81 | comprehensive emergency management plan; requiring a
82 | facility to submit a comprehensive emergency
83 | management plan to the county emergency management
84 | agency within a specified timeframe after its
85 | licensure; revising the criteria under which a
86 | facility must be fully inspected; revising standards
87 | for the care of residents provided by a facility;
88 | prohibiting the use of Posey restraints in facilities;
89 | authorizing other physical restraints to be used under
90 | certain conditions and in accordance with certain
91 | rules; requiring the agency to establish resident
92 | elopement drill requirements; requiring that elopement
93 | drills include a review of a facility's procedures
94 | addressing elopement; requiring a facility to document
95 | participation in such drills; revising provisions
96 | requiring the agency to adopt by rule key quality-of-
97 | care standards; creating s. 429.435, F.S.; providing
98 | uniform firesafety standards for assisted living
99 | facilities; amending s. 429.52, F.S.; revising certain
100 | provisions relating to facility staff training and

101 educational requirements; requiring the agency, in
 102 conjunction with providers, to establish core training
 103 requirements for facility administrators; revising the
 104 training and continuing education requirements for
 105 facility staff who assist residents with the self-
 106 administration of medications; revising provisions
 107 relating to the training responsibilities of the
 108 agency; requiring the agency to contract with another
 109 entity to administer a certain competency test;
 110 requiring the agency to adopt a curriculum outline
 111 with learning objectives to be used by core trainers;
 112 conforming provisions to changes made by the act;
 113 providing an effective date.

114

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

116

117 Section 1. Subsections (7) through (27) of section 429.02,
 118 Florida Statutes, are renumbered as subsections (8) through
 119 (28), respectively, present subsections (11) and (18) are
 120 amended, and a new subsection (7) is added to that section, to
 121 read:

122 429.02 Definitions.—When used in this part, the term:

123 (7) "Assistive device" means any device designed or
 124 adapted to help a resident perform an action, a task, an
 125 activity of daily living, or a transfer; prevent a fall; or

126 recover from a fall. The term does not include a total body lift
 127 or a motorized sit-to-stand lift, with the exception of a chair
 128 lift or recliner lift that a resident is able to operate
 129 independently.

130 (12)~~(11)~~ "Extended congregate care" means acts beyond
 131 those authorized in subsection (18) ~~which~~ ~~(17)~~ ~~that~~ may be
 132 performed pursuant to part I of chapter 464 by persons licensed
 133 thereunder while carrying out their professional duties, and
 134 other supportive services that ~~which~~ may be specified by rule.
 135 The purpose of such services is to enable residents to age in
 136 place in a residential environment despite mental or physical
 137 limitations that might otherwise disqualify them from residency
 138 in a facility licensed under this part.

139 (19)~~(18)~~ "Physical restraint" means a device that ~~which~~
 140 physically limits, restricts, or deprives an individual of
 141 movement or mobility, including, ~~but not limited to, a half-bed~~
 142 ~~rail, a full-bed rail, a geriatric chair, and a posey restraint.~~
 143 ~~The term "physical restraint" shall also include any device that~~
 144 is ~~which was~~ not specifically manufactured as a restraint but is
 145 ~~which has been~~ altered, arranged, or otherwise used for that
 146 ~~this~~ purpose. The term does ~~shall~~ not include any device that
 147 the resident chooses to use and is able to remove or avoid
 148 independently, or any bandage material used for the purpose of
 149 binding a wound or injury.

150 Section 2. Paragraphs (b) and (c) of subsection (3) of

151 section 429.07, Florida Statutes, are amended to read:

152 429.07 License required; fee.—

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

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

176 | with a standard license, if he or she is determined appropriate
177 | for admission to the extended congregate care facility.

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

- 194 | a. A class I or class II violation;
- 195 | b. Three or more repeat or recurring class III violations
196 | of identical or similar resident care standards from which a
197 | pattern of noncompliance is found by the agency;
- 198 | c. Three or more class III violations that were not
199 | corrected in accordance with the corrective action plan approved
200 | by the agency;

201 d. Violation of resident care standards which results in
 202 requiring the facility to employ the services of a consultant
 203 pharmacist or consultant dietitian;

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

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

210
 211 The agency may deny or revoke a facility's extended congregate
 212 care license for not meeting the criteria for an extended
 213 congregate care license as provided in this subparagraph.

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

226 | during the inspection and the licensee fails to demonstrate
227 | compliance with all assisted living facility requirements during
228 | a followup inspection, the licensee shall immediately suspend
229 | extended congregate care services, and the provisional extended
230 | congregate care license expires. The agency may extend the
231 | provisional license for not more than 1 month in order to
232 | complete a followup visit.

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

249 | a. Held an extended congregate care license for at least
250 | 24 months;

251 b. No class I or class II violations and no uncorrected
252 class III violations; and

253 c. No ombudsman council complaints that resulted in a
254 citation for licensure.

255 4. A facility that is licensed to provide extended
256 congregate care services must:

257 a. Demonstrate the capability to meet unanticipated
258 resident service needs.

259 b. Offer a physical environment that promotes a homelike
260 setting, provides for resident privacy, promotes resident
261 independence, and allows sufficient congregate space as defined
262 by rule.

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

266 d. Adopt and follow policies and procedures that maximize
267 resident independence, dignity, choice, and decisionmaking to
268 permit residents to age in place, so that moves due to changes
269 in functional status are minimized or avoided.

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

275 f. Implement the concept of managed risk.

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

278 h. In addition to the training mandated in s. 429.52,
279 provide specialized training as defined by rule for facility
280 staff.

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

291 6. Before the admission of an individual to a facility
292 licensed to provide extended congregate care services, the
293 individual must undergo a medical examination as provided in s.
294 429.26(5) ~~s. 429.26(4)~~ and the facility must develop a
295 preliminary service plan for the individual.

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

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

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

319 2. A facility that is licensed to provide limited nursing
320 services shall maintain a written progress report on each person
321 who receives such nursing services from the facility's staff.
322 The report must describe the type, amount, duration, scope, and
323 outcome of services that are rendered and the general status of
324 the resident's health. A registered nurse representing the
325 agency shall visit the facility at least annually to monitor

326 residents who are receiving limited nursing services and to
327 determine if the facility is in compliance with applicable
328 provisions of this part, part II of chapter 408, and related
329 rules. The monitoring visits may be provided through contractual
330 arrangements with appropriate community agencies. A registered
331 nurse shall also serve as part of the team that inspects such
332 facility. Visits may be in conjunction with other agency
333 inspections. The agency may waive the required yearly monitoring
334 visit for a facility that has:

335 a. Had a limited nursing services license for at least 24
336 months;

337 b. No class I or class II violations and no uncorrected
338 class III violations; and

339 c. No ombudsman council complaints that resulted in a
340 citation for licensure.

341 3. A person who receives limited nursing services under
342 this part must meet the admission criteria established by the
343 agency for assisted living facilities. When a resident no longer
344 meets the admission criteria for a facility licensed under this
345 part, arrangements for relocating the person shall be made in
346 accordance with s. 429.28(1)(k), unless the facility is licensed
347 to provide extended congregate care services.

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

350 429.11 Initial application for license; provisional

351 license.-

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

360 Section 4. Section 429.176, Florida Statutes, is amended
361 to read:

362 429.176 Notice of change of administrator.-If, during the
363 period for which a license is issued, the owner changes
364 administrators, the owner must notify the agency of the change
365 within 10 days and provide documentation within 90 days that the
366 new administrator meets educational requirements and has
367 completed the applicable core educational requirements under s.
368 429.52. A facility may not be operated for more than 120
369 consecutive days without an administrator who has completed the
370 core educational requirements.

371 Section 5. Subsections (3), (4), and (5) of section
372 429.23, Florida Statutes, are amended to read:

373 429.23 Internal risk management and quality assurance
374 program; adverse incidents and reporting requirements.-

375 (3) Licensed facilities shall provide within 1 business

376 | day after the occurrence of an adverse incident, through the
377 | agency's online portal, or if the portal is offline, by
378 | electronic mail, ~~facsimile, or United States mail,~~ a preliminary
379 | report to the agency on all adverse incidents specified under
380 | this section. The report must include information regarding the
381 | identity of the affected resident, the type of adverse incident,
382 | and the status of the facility's investigation of the incident.

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

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

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

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

408 429.255 Use of personnel; emergency care.-

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

424 Section 7. Subsection (2), paragraph (b) of subsection
425 (3), and paragraphs (e), (f), and (g) of subsection (4) of

426 | section 429.256, Florida Statutes, are amended to read:

427 | 429.256 Assistance with self-administration of
428 | medication.—

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

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

447 | (b) In the presence of the resident, confirming that the
448 | medication is intended for that resident, orally advising the
449 | resident of the medication name and dosage ~~reading the label,~~
450 | opening the container, removing a prescribed amount of

451 medication from the container, and closing the container. The
452 resident may sign a written waiver to opt out of being orally
453 advised of the medication name and dosage. The waiver must
454 identify all of the medications intended for the resident,
455 including names and dosages of such medications, and must
456 immediately be updated each time the resident's medications or
457 dosages change.

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

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

461 (f) Assisting with rectal, urethral, or vaginal
462 preparations.

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

471 Section 8. Section 429.26, Florida Statutes, is amended to
472 read:

473 429.26 Appropriateness of placements; examinations of
474 residents.—

475 (1) The owner or administrator of a facility is

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

488 (a) A facility may admit or retain a resident who receives
489 a health care service or treatment that is designed to be
490 provided within a private residential setting if all
491 requirements for providing that service or treatment are met by
492 the facility or a third party.

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

495 (c) A facility may admit or retain an individual receiving
496 hospice services if the arrangement is agreed to by the facility
497 and the resident, additional care is provided by a licensed
498 hospice, and the resident is under the care of a physician who
499 agrees that the physical needs of the resident can be met at the
500 facility. The resident must have a plan of care which delineates

501 how the facility and the hospice will meet the scheduled and
502 unscheduled needs of the resident.

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

509 a. Move, turn, or reposition without total physical
510 assistance;

511 b. Transfer to a chair or wheelchair without total
512 physical assistance; or

513 c. Sit safely in a chair or wheelchair without personal
514 assistance or a physical restraint.

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

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

522 (2) A resident may not be moved from one facility to
523 another without consultation with and agreement from the
524 resident or, if applicable, the resident's representative or
525 designee or the resident's family, guardian, surrogate, or

526 attorney in fact. In the case of a resident who has been placed
527 by the department or the Department of Children and Families,
528 the administrator must notify the appropriate contact person in
529 the applicable department.

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

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

546 (5)~~(4)~~ ~~If possible,~~ Each resident must ~~shall~~ have been
547 examined by a licensed physician, a licensed physician
548 assistant, or a licensed advanced practice registered nurse
549 ~~practitioner~~ within 60 days before admission to the facility or
550 within 30 days after admission to the facility, except as

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

576 ~~(5) Except as provided in s. 429.07, if a medical~~
577 ~~examination has not been completed within 60 days before the~~
578 ~~admission of the resident to the facility, a licensed physician,~~
579 ~~licensed physician assistant, or licensed nurse practitioner~~
580 ~~shall examine the resident and complete a medical examination~~
581 ~~form provided by the agency within 30 days following the~~
582 ~~admission to the facility to enable the facility owner or~~
583 ~~administrator to determine the appropriateness of the admission.~~
584 ~~The medical examination form shall become a permanent part of~~
585 ~~the record of the resident at the facility and shall be made~~
586 ~~available to the agency during inspection by the agency or upon~~
587 ~~request.~~

588 (6) Any resident accepted in a facility and placed by ~~the~~
589 ~~department or~~ the Department of Children and Families must ~~shall~~
590 have been examined by medical personnel within 30 days before
591 placement in the facility. The examination must ~~shall~~ include an
592 assessment of the appropriateness of placement in a facility.
593 The findings of this examination must ~~shall~~ be recorded on the
594 examination form provided by the agency. The completed form must
595 ~~shall~~ accompany the resident and ~~shall~~ be submitted to the
596 facility owner or administrator. Additionally, in the case of a
597 mental health resident, the Department of Children and Families
598 must provide documentation that the individual has been assessed
599 by a psychiatrist, clinical psychologist, clinical social
600 worker, or psychiatric nurse, or an individual who is supervised

601 by one of these professionals, and determined to be appropriate
602 to reside in an assisted living facility. The documentation must
603 be in the facility within 30 days after the mental health
604 resident has been admitted to the facility. An evaluation
605 completed upon discharge from a state mental hospital meets the
606 requirements of this subsection related to appropriateness for
607 placement as a mental health resident provided that ~~providing~~ it
608 was completed within 90 days prior to admission to the facility.
609 The ~~applicable~~ Department of Children and Families shall provide
610 to the facility administrator any information about the resident
611 which ~~that~~ would help the administrator meet his or her
612 responsibilities under subsection (1). Further, Department of
613 Children and Families personnel shall explain to the facility
614 operator any special needs of the resident and advise the
615 operator whom to call should problems arise. The ~~applicable~~
616 Department of Children and Families shall advise and assist the
617 facility administrator when ~~where~~ the special needs of residents
618 who are recipients of optional state supplementation require
619 such assistance.

620 (7) The facility shall ~~must~~ notify a licensed physician
621 when a resident exhibits signs of dementia or cognitive
622 impairment or has a change of condition in order to rule out the
623 presence of an underlying physiological condition that may be
624 contributing to such dementia or impairment. The notification
625 must occur within 30 days after the acknowledgment of such signs

626 by facility staff. If an underlying condition is determined to
627 exist, the facility must notify the resident's representative or
628 designee of the need for health care services and must assist in
629 making appointments for ~~shall arrange, with the appropriate~~
630 ~~health care provider,~~ the necessary care and services to treat
631 the condition. If the resident does not have a representative or
632 designee or if the resident's representative or designee cannot
633 be located or is unresponsive, the facility shall arrange with
634 the appropriate health care provider for the necessary care and
635 services to treat the condition.

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

649 ~~(9) A terminally ill resident who no longer meets the~~
650 ~~criteria for continued residency may remain in the facility if~~

651 ~~the arrangement is mutually agreeable to the resident and the~~
652 ~~facility; additional care is rendered through a licensed~~
653 ~~hospice, and the resident is under the care of a physician who~~
654 ~~agrees that the physical needs of the resident are being met.~~

655 (9)~~(10)~~ Facilities licensed to provide extended congregate
656 care services shall promote aging in place by determining
657 appropriateness of continued residency based on a comprehensive
658 review of the resident's physical and functional status; the
659 ability of the facility, family members, friends, or any other
660 pertinent individuals or agencies to provide the care and
661 services required; and documentation that a written service plan
662 consistent with facility policy has been developed and
663 implemented to ensure that the resident's needs and preferences
664 are addressed.

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

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

671 429.28 Resident bill of rights.—

672 (1) No resident of a facility shall be deprived of any
673 civil or legal rights, benefits, or privileges guaranteed by
674 law, the Constitution of the State of Florida, or the
675 Constitution of the United States as a resident of a facility.

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

677 (k) At least 45 days' notice of relocation or termination
678 of residency from the facility unless, for medical reasons, the
679 resident is certified by a physician to require an emergency
680 relocation to a facility providing a more skilled level of care
681 or the resident engages in a pattern of conduct that is harmful
682 or offensive to other residents. In the case of a resident who
683 has been adjudicated mentally incapacitated, the guardian shall
684 be given at least 45 days' notice of a nonemergency relocation
685 or residency termination. Reasons for relocation must ~~shall~~ be
686 set forth in writing and provided to the resident or the
687 resident's legal representative. The notice must state that the
688 resident may contact the State Long-Term Care Ombudsman Program
689 for assistance with relocation and must include the statewide
690 toll-free telephone number of the program. In order for a
691 facility to terminate the residency of an individual without
692 notice as provided herein, the facility shall show good cause in
693 a court of competent jurisdiction.

694 (3) (a) The agency shall conduct a survey to determine
695 whether the facility is complying with this section ~~general~~
696 ~~compliance with facility standards and compliance with~~
697 ~~residents' rights~~ as a prerequisite to initial licensure or
698 licensure renewal. The agency shall adopt rules for uniform
699 standards and criteria that will be used to determine compliance
700 with facility standards and compliance with residents' rights.

701 (b) In order to determine whether the facility is
702 adequately protecting residents' rights, the licensure renewal
703 ~~biennial~~ survey must ~~shall~~ include private informal
704 conversations with a sample of residents and consultation with
705 the ombudsman council in the district in which the facility is
706 located to discuss residents' experiences within the facility.

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

709 429.31 Closing of facility; notice; penalty.—

710 (1) In addition to the requirements of part II of chapter
711 408, the facility shall inform, in writing, the agency and each
712 resident or the next of kin, legal representative, or agency
713 acting on each resident's behalf, of the fact and the proposed
714 time of discontinuance of operation, following the notification
715 requirements provided in s. 429.28(1)(k). In the event a
716 resident has no person to represent him or her, the facility
717 shall be responsible for referral to an appropriate social
718 service agency for placement.

719 (2) Immediately upon the notice by the agency of the
720 voluntary or involuntary termination of such operation, the
721 agency shall inform the State Long-Term Care Ombudsman Program
722 and monitor the transfer of residents to other facilities and
723 ensure that residents' rights are being protected. The agency,
724 in consultation with the Department of Children and Families,
725 shall specify procedures for ensuring that all residents who

726 receive services are appropriately relocated.

727 Section 11. Subsections (1), (2), and (5) of section
728 429.41, Florida Statutes, are amended to read:

729 429.41 Rules establishing standards.—

730 (1) It is the intent of the Legislature that rules
731 published and enforced pursuant to this section shall include
732 criteria by which a reasonable and consistent quality of
733 resident care and quality of life may be ensured and the results
734 of such resident care may be demonstrated. Such rules shall also
735 promote ~~ensure~~ a safe and sanitary environment that is
736 residential and noninstitutional in design or nature and may
737 allow for technological advances in the provision of care,
738 safety, and security, including the use of devices, equipment,
739 and other security measures related to wander management,
740 emergency response, staff risk management, and the general
741 safety and security of residents, staff, and the facility. It is
742 further intended that reasonable efforts be made to accommodate
743 the needs and preferences of residents to enhance the quality of
744 life in a facility. ~~Uniform firesafety standards for assisted~~
745 ~~living facilities shall be established by the State Fire Marshal~~
746 ~~pursuant to s. 633.206. The agency may adopt rules to administer~~
747 ~~part II of chapter 408. In order to provide safe and sanitary~~
748 ~~facilities and the highest quality of resident care~~
749 ~~accommodating the needs and preferences of residents,~~ The
750 agency, in consultation with the Department of Children and

751 Families and the Department of Health, shall adopt rules,
752 ~~policies, and procedures~~ to administer this part, which must
753 include reasonable and fair minimum standards in relation to:

754 (a) The requirements for ~~and~~ maintenance and the sanitary
755 condition of facilities, not in conflict with, or duplicative
756 of, the requirements in chapter 553, s. 381.006, s. 381.0072, or
757 s. 633.206, relating to a safe and decent living environment,
758 including furnishings for resident bedrooms or sleeping areas,
759 locking devices, linens plumbing, heating, cooling, lighting,
760 ventilation, living space, and other housing conditions relating
761 to hazards, which will promote ensure the health, safety, and
762 welfare ~~comfort~~ of residents suitable to the size of the
763 structure. The rules must clearly delineate the respective
764 responsibilities of the agency's licensure and survey staff and
765 the county health departments and ensure that inspections are
766 not duplicative. The agency may collect fees for food service
767 inspections conducted by county health departments and may
768 transfer such fees to the Department of Health.

769 ~~1. Firesafety evacuation capability determination.—An~~
770 ~~evacuation capability evaluation for initial licensure shall be~~
771 ~~conducted within 6 months after the date of licensure.~~

772 ~~2. Firesafety requirements.—~~

773 ~~a. The National Fire Protection Association, Life Safety~~
774 ~~Code, NFPA 101 and 101A, current editions, shall be used in~~
775 ~~determining the uniform firesafety code adopted by the State~~

776 ~~Fire Marshal for assisted living facilities, pursuant to s.~~
777 ~~633.206.~~

778 ~~b. A local government or a utility may charge fees only in~~
779 ~~an amount not to exceed the actual expenses incurred by the~~
780 ~~local government or the utility relating to the installation and~~
781 ~~maintenance of an automatic fire sprinkler system in a licensed~~
782 ~~assisted living facility structure.~~

783 ~~e. All licensed facilities must have an annual fire~~
784 ~~inspection conducted by the local fire marshal or authority~~
785 ~~having jurisdiction.~~

786 ~~d. An assisted living facility that is issued a building~~
787 ~~permit or certificate of occupancy before July 1, 2016, may at~~
788 ~~its option and after notifying the authority having~~
789 ~~jurisdiction, remain under the provisions of the 1994 and 1995~~
790 ~~editions of the National Fire Protection Association, Life~~
791 ~~Safety Code, NFPA 101, and NFPA 101A. The facility opting to~~
792 ~~remain under such provisions may make repairs, modernizations,~~
793 ~~renovations, or additions to, or rehabilitate, the facility in~~
794 ~~compliance with NFPA 101, 1994 edition, and may utilize the~~
795 ~~alternative approaches to life safety in compliance with NFPA~~
796 ~~101A, 1995 edition. However, a facility for which a building~~
797 ~~permit or certificate of occupancy is issued before July 1,~~
798 ~~2016, that undergoes Level III building alteration or~~
799 ~~rehabilitation, as defined in the Florida Building Code, or~~
800 ~~seeks to utilize features not authorized under the 1994 or 1995~~

801 ~~editions of the Life Safety Code must thereafter comply with all~~
802 ~~aspects of the uniform firesafety standards established under s.~~
803 ~~633.206, and the Florida Fire Prevention Code, in effect for~~
804 ~~assisted living facilities as adopted by the State Fire Marshal.~~

805 ~~3. Resident elopement requirements. Facilities are~~
806 ~~required to conduct a minimum of two resident elopement~~
807 ~~prevention and response drills per year. All administrators and~~
808 ~~direct care staff must participate in the drills, which shall~~
809 ~~include a review of procedures to address resident elopement.~~
810 ~~Facilities must document the implementation of the drills and~~
811 ~~ensure that the drills are conducted in a manner consistent with~~
812 ~~the facility's resident elopement policies and procedures.~~

813 (b) The preparation and annual update of a comprehensive
814 emergency management plan. Such standards must be included in
815 the rules adopted by the agency after consultation with the
816 Division of Emergency Management. At a minimum, the rules must
817 provide for plan components that address emergency evacuation
818 transportation; adequate sheltering arrangements; postdisaster
819 activities, including provision of emergency power, food, and
820 water; postdisaster transportation; supplies; staffing;
821 emergency equipment; individual identification of residents and
822 transfer of records; communication with families; and responses
823 to family inquiries. The comprehensive emergency management plan
824 is subject to review and approval by the county local emergency
825 management agency. During its review, the county local emergency

826 management agency shall ensure that the following agencies, at a
827 minimum, are given the opportunity to review the plan: the
828 Department of Health, the Agency for Health Care Administration,
829 and the Division of Emergency Management. ~~Also, appropriate~~
830 ~~volunteer organizations must be given the opportunity to review~~
831 ~~the plan.~~ The county local emergency management agency shall
832 complete its review within 60 days and either approve the plan
833 or advise the facility of necessary revisions. A facility must
834 submit a comprehensive emergency management plan to the county
835 emergency management agency within 30 days after issuance of a
836 license.

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

842 ~~(d) All sanitary conditions within the facility and its~~
843 ~~surroundings which will ensure the health and comfort of~~
844 ~~residents. The rules must clearly delineate the responsibilities~~
845 ~~of the agency's licensure and survey staff, the county health~~
846 ~~departments, and the local authority having jurisdiction over~~
847 ~~firesafety and ensure that inspections are not duplicative. The~~
848 ~~agency may collect fees for food service inspections conducted~~
849 ~~by the county health departments and transfer such fees to the~~
850 ~~Department of Health.~~

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

855 (e)~~(f)~~ Inspections, complaint investigations, moratoriums,
 856 classification of deficiencies, levying and enforcement of
 857 penalties, ~~and use of income from fees and fines.~~

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

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

- 862 1. The supervision of residents;
- 863 2. The provision of personal services;
- 864 3. The provision of, or arrangement for, social and
 865 leisure activities;
- 866 4. The assistance in making arrangements ~~arrangement~~ for
 867 appointments and transportation to appropriate medical, dental,
 868 nursing, or mental health services, as needed by residents;
- 869 5. The management of medication stored within the facility
 870 and as needed by residents;
- 871 6. The dietary ~~nutritional~~ needs of residents;
- 872 7. Resident records; ~~and~~
- 873 8. Internal risk management and quality assurance.

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

876 ~~(i)-(j)~~ The establishment of specific criteria to define
 877 appropriateness of resident admission and continued residency in
 878 a facility holding a standard, limited nursing, extended
 879 congregate care, and limited mental health license.

880 ~~(j)-(k)~~ The use of physical or chemical restraints. The use
 881 of Posey restraints is prohibited. Other physical restraints may
 882 be used in accordance with agency rules when ordered ~~is limited~~
 883 ~~to half-bed rails as prescribed and documented~~ by the resident's
 884 physician and consented to by ~~with the consent of~~ the resident
 885 or, if applicable, the resident's representative or designee or
 886 the resident's surrogate, guardian, or attorney in fact. Such
 887 rules must specify requirements for care planning, staff
 888 monitoring, and periodic review by a physician. The use of
 889 chemical restraints is limited to prescribed dosages of
 890 medications authorized by the resident's physician and must be
 891 consistent with the resident's diagnosis. Residents who are
 892 receiving medications that can serve as chemical restraints must
 893 be evaluated by their physician at least annually to assess:

- 894 1. The continued need for the medication.
- 895 2. The level of the medication in the resident's blood.
- 896 3. The need for adjustments in the prescription.

897 ~~(k)-(l)~~ The establishment of specific resident elopement
 898 drill requirements and policies and procedures on resident
 899 elopement. Facilities shall conduct a minimum of two resident
 900 elopement drills each year. All administrators and direct care

901 staff shall participate in the drills, which must include a
902 review of the facility's procedures to address resident
903 elopement. Facilities shall document participation in the
904 drills.

905 (2) In adopting any rules pursuant to this part, the
906 agency shall make distinct standards for facilities based upon
907 facility size; the types of care provided; the physical and
908 mental capabilities and needs of residents; the type, frequency,
909 and amount of services and care offered; and the staffing
910 characteristics of the facility. Rules developed pursuant to
911 this section may not restrict the use of shared staffing and
912 shared programming in facilities that are part of retirement
913 communities that provide multiple levels of care and otherwise
914 meet the requirements of law and rule. If a continuing care
915 facility licensed under chapter 651 or a retirement community
916 offering multiple levels of care licenses a building or part of
917 a building designated for independent living for assisted
918 living, staffing requirements established in rule apply only to
919 residents who receive personal, limited nursing, or extended
920 congregate care services under this part. Such facilities shall
921 retain a log listing the names and unit number for residents
922 receiving these services. The log must be available to surveyors
923 upon request. ~~Except for uniform firesafety standards,~~ The
924 agency shall adopt by rule separate and distinct standards for
925 facilities with 16 or fewer beds and for facilities with 17 or

926 | more beds. The standards for facilities with 16 or fewer beds
927 | must be appropriate for a noninstitutional residential
928 | environment; however, the structure may not be more than two
929 | stories in height and all persons who cannot exit the facility
930 | unassisted in an emergency must reside on the first floor. The
931 | agency may make other distinctions among types of facilities as
932 | necessary to enforce this part. Where appropriate, the agency
933 | shall offer alternate solutions for complying with established
934 | standards, based on distinctions made by the agency relative to
935 | the physical characteristics of facilities and the types of care
936 | offered.

937 | (5) The agency may use an abbreviated biennial standard
938 | licensure inspection that consists of a review of key quality-
939 | of-care standards in lieu of a full inspection in a facility
940 | that has a good record of past performance. However, a full
941 | inspection must be conducted in a facility that has a history of
942 | class I or class II violations;7 uncorrected class III
943 | violations; or a class I, class II, or uncorrected class III
944 | violation resulting from a complaint referred by the State Long-
945 | Term Care Ombudsman Program, ~~confirmed ombudsman council~~
946 | ~~complaints, or confirmed licensure complaints~~ within the
947 | previous licensure period immediately preceding the inspection
948 | or if a potentially serious problem is identified during the
949 | abbreviated inspection. The agency shall adopt by rule develop
950 | the key quality-of-care standards ~~with input from the State~~

951 ~~Long-Term Care Ombudsman Council and representatives of provider~~
952 ~~groups for incorporation into its rules.~~

953 Section 12. Section 429.435, Florida Statutes, is created
954 to read:

955 429.435 Uniform firesafety standards.—Uniform firesafety
956 standards for assisted living facilities, which are residential
957 board and care occupancies, shall be established by the State
958 Fire Marshal pursuant to s. 633.206.

959 (1) EVACUATION CAPABILITY.—A firesafety evacuation
960 capability determination shall be conducted within 6 months
961 after the date of initial licensure of an assisted living
962 facility, if required.

963 (2) FIRESAFETY REQUIREMENTS.—

964 (a) The National Fire Protection Association, Life Safety
965 Code, NFPA 101 and 101A, current editions, must be used in
966 determining the uniform firesafety code adopted by the State
967 Fire Marshal for assisted living facilities, pursuant to s.
968 633.206.

969 (b) A local government or a utility may charge fees that
970 do not exceed the actual costs incurred by the local government
971 or the utility for the installation and maintenance of an
972 automatic fire sprinkler system in a licensed assisted living
973 facility structure.

974 (c) All licensed facilities must have an annual fire
975 inspection conducted by the local fire marshal or authority

976 | having jurisdiction.

977 | (d) An assisted living facility that was issued a building
 978 | permit or certificate of occupancy before July 1, 2016, at its
 979 | option and after notifying the authority having jurisdiction,
 980 | may remain under the provisions of the 1994 and 1995 editions of
 981 | the National Fire Protection Association, Life Safety Code, NFPA
 982 | 101 and 101A. A facility opting to remain under such provisions
 983 | may make repairs, modernizations, renovations, or additions to,
 984 | or rehabilitate, the facility in compliance with NFPA 101, 1994
 985 | edition, and may utilize the alternative approaches to life
 986 | safety in compliance with NFPA 101A, 1995 edition. However, a
 987 | facility for which a building permit or certificate of occupancy
 988 | was issued before July 1, 2016, which undergoes Level III
 989 | building alteration or rehabilitation, as defined in the Florida
 990 | Building Code, or which seeks to utilize features not authorized
 991 | under the 1994 or 1995 editions of the Life Safety Code, shall
 992 | thereafter comply with all aspects of the uniform firesafety
 993 | standards established under s. 633.206 and the Florida Fire
 994 | Prevention Code in effect for assisted living facilities as
 995 | adopted by the State Fire Marshal.

996 | Section 13. Section 429.52, Florida Statutes, is amended
 997 | to read:

998 | 429.52 Staff training and educational requirements
 999 | ~~programs; core educational requirement.-~~

1000 | (1) ~~Effective October 1, 2015,~~ Each new assisted living

1001 facility employee who has not previously completed core training
1002 must attend a preservice orientation provided by the facility
1003 before interacting with residents. The preservice orientation
1004 must be at least 2 hours in duration and cover topics that help
1005 the employee provide responsible care and respond to the needs
1006 of facility residents. Upon completion, the employee and the
1007 administrator of the facility must sign a statement that the
1008 employee completed the required preservice orientation. The
1009 facility must keep the signed statement in the employee's
1010 personnel record.

1011 (2) Administrators and other assisted living facility
1012 staff must meet minimum training and education requirements
1013 established by the agency by rule. This training and education
1014 is intended to assist facilities to appropriately respond to the
1015 needs of residents, to maintain resident care and facility
1016 standards, and to meet licensure requirements.

1017 (3) The agency, in conjunction with providers, shall
1018 develop core training requirements for administrators consisting
1019 of core training learning objectives, a competency test, and a
1020 minimum required score to indicate successful passage ~~completion~~
1021 of the core competency test ~~training and educational~~
1022 ~~requirements~~. The required core competency test ~~training and~~
1023 ~~education~~ must cover at least the following topics:

1024 (a) State law and rules relating to assisted living
1025 facilities.

1026 (b) Resident rights and identifying and reporting abuse,
1027 neglect, and exploitation.

1028 (c) Special needs of elderly persons, persons with mental
1029 illness, and persons with developmental disabilities and how to
1030 meet those needs.

1031 (d) Nutrition and food service, including acceptable
1032 sanitation practices for preparing, storing, and serving food.

1033 (e) Medication management, recordkeeping, and proper
1034 techniques for assisting residents with self-administered
1035 medication.

1036 (f) Firesafety requirements, including fire evacuation
1037 drill procedures and other emergency procedures.

1038 (g) Care of persons with Alzheimer's disease and related
1039 disorders.

1040 (4) A ~~new~~ facility administrator must complete the
1041 required core training ~~and education~~, including the competency
1042 test, within 90 days after the date of employment as an
1043 administrator. Failure to do so is a violation of this part and
1044 subjects the violator to an administrative fine as prescribed in
1045 s. 429.19. Administrators licensed in accordance with part II of
1046 chapter 468 are exempt from this requirement. Other licensed
1047 professionals may be exempted, as determined by the agency by
1048 rule.

1049 (5) Administrators are required to participate in
1050 continuing education for a minimum of 12 contact hours every 2

1051 years.

1052 (6) Staff ~~involved with the management of medications and~~
1053 assisting with the self-administration of medications under s.
1054 429.256 must complete a minimum of 6 additional hours of
1055 training provided by a registered nurse or~~r~~ a licensed
1056 pharmacist before providing assistance, ~~or agency staff.~~ Two
1057 hours of continuing education are required annually thereafter.
1058 The agency shall establish by rule the minimum requirements of
1059 this ~~additional~~ training.

1060 (7) ~~Other~~ Facility staff shall participate in inservice
1061 training relevant to their job duties as specified by agency
1062 rule of the agency. Topics covered during the preservice
1063 orientation are not required to be repeated during inservice
1064 training. A single certificate of completion that covers all
1065 required inservice training topics may be issued to a
1066 participating staff member if the training is provided in a
1067 single training course.

1068 (8) If the agency determines that there are problems in a
1069 facility which could be reduced through specific staff training
1070 ~~or education~~ beyond that already required under this section,
1071 the agency may require~~r~~ and provide, or cause to be provided,
1072 the training ~~or education~~ of any personal care staff in the
1073 facility.

1074 (9) The agency shall adopt rules related to these training
1075 and education requirements, the competency test, necessary

1076 | procedures, and competency test fees and shall adopt or contract
 1077 | with another entity to develop and administer the competency
 1078 | test. The agency shall adopt a curriculum outline with learning
 1079 | objectives to be used by core trainers, ~~which shall be used as~~
 1080 | the minimum core training content requirements. The agency shall
 1081 | consult with representatives of stakeholder associations and
 1082 | agencies in the development of the curriculum outline.

1083 | (10) The core training required by this section ~~other than~~
 1084 | ~~the preservice orientation~~ must be conducted by persons
 1085 | registered with the agency as having the requisite experience
 1086 | and credentials to conduct the training. A person seeking to
 1087 | register as a core trainer must provide the agency with proof of
 1088 | completion of the ~~minimum~~ core training ~~education~~ requirements,
 1089 | successful passage of the competency test established under this
 1090 | section, and proof of compliance with the continuing education
 1091 | requirement in subsection (5).

1092 | (11) A person seeking to register as a core trainer also
 1093 | must ~~also~~:

1094 | (a) Provide proof of completion of a 4-year degree from an
 1095 | accredited college or university and must have worked in a
 1096 | management position in an assisted living facility for 3 years
 1097 | after being core certified;

1098 | (b) Have worked in a management position in an assisted
 1099 | living facility for 5 years after being core certified and have
 1100 | 1 year of teaching experience as an educator or staff trainer

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1101 | for persons who work in assisted living facilities or other
1102 | long-term care settings;

1103 | (c) Have been previously employed as a core trainer for
1104 | the agency or department; or

1105 | (d) Meet other qualification criteria as defined in rule,
1106 | which the agency is authorized to adopt.

1107 | (12) The agency shall adopt rules to establish core
1108 | trainer registration and removal requirements.

1109 | Section 14. This act shall take effect July 1, 2020.