

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; removing a requirement that the
72 agency adopt certain rules; amending s. 429.31, F.S.;
73 revising notice requirements for facilities that are
74 terminating operations; requiring the agency to inform
75 the State Long-Term Ombudsman Program immediately upon

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

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

115

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

117

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

123 429.02 Definitions.—When used in this part, the term:

124 (7) "Assistive device" means any device designed or
 125 adapted to help a resident perform an action, a task, an

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

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

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

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

153 429.07 License required; fee.—

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

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

176 individual who exceeds the admission criteria for a facility
177 with a standard license, if he or she is determined appropriate
178 for admission to the extended congregate care facility.

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

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

201 by the agency;

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

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

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

211

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

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

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

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

250 a. Held an extended congregate care license for at least

251 24 months;

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

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

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

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

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

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

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

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

276 f. Implement the concept of managed risk.
 277 g. Provide, directly or through contract, the services of
 278 a person licensed under part I of chapter 464.

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

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

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

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

301 429.28(1)(k).

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

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

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

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

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

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

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

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

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

351 429.11 Initial application for license; provisional
 352 license.—

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

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

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

372 Section 5. Subsections (3), (4), and (5) of section
 373 429.23, Florida Statutes, are amended to read:

374 429.23 Internal risk management and quality assurance
 375 program; adverse incidents and reporting requirements.—

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

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

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

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

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

409 429.255 Use of personnel; emergency care.—

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

425 Section 7. Subsection (2), paragraph (b) of subsection

426 (3), and paragraphs (e), (f), and (g) of subsection (4) of
427 section 429.256, Florida Statutes, are amended to read:

428 429.256 Assistance with self-administration of
429 medication.—

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

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

448 (b) In the presence of the resident, confirming that the
449 medication is intended for that resident, orally advising the
450 resident of the medication name and dosage ~~reading the label,~~

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

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

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

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

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

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

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

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

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

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

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

501 facility. The resident must have a plan of care which delineates
502 how the facility and the hospice will meet the scheduled and
503 unscheduled needs of the resident.

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

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

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

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

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

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

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

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

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

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

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

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

576 s. 429.07(3)(b)6.

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

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

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

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

626 must occur within 30 days after the acknowledgment of such signs
627 by facility staff. If an underlying condition is determined to
628 exist, the facility must notify the resident's representative or
629 designee of the need for health care services and must assist in
630 making appointments for ~~shall arrange, with the appropriate~~
631 ~~health care provider,~~ the necessary care and services to treat
632 the condition. If the resident does not have a representative or
633 designee or if the resident's representative or designee cannot
634 be located or is unresponsive, the facility shall arrange with
635 the appropriate health care provider for the necessary care and
636 services to treat the condition.

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

650 ~~(9) A terminally ill resident who no longer meets the~~

651 ~~criteria for continued residency may remain in the facility if~~
652 ~~the arrangement is mutually agreeable to the resident and the~~
653 ~~facility; additional care is rendered through a licensed~~
654 ~~hospice, and the resident is under the care of a physician who~~
655 ~~agrees that the physical needs of the resident are being met.~~

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

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

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

672 429.28 Resident bill of rights.—

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

676 Constitution of the United States as a resident of a facility.

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

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

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

701 ~~with facility standards and compliance with residents' rights.~~

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

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

710 429.31 Closing of facility; notice; penalty.—

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

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

726 shall specify procedures for ensuring that all residents who
727 receive services are appropriately relocated.

728 Section 11. Subsections (1), (2), and (5) of section
729 429.41, Florida Statutes, are amended to read:

730 429.41 Rules establishing standards.—

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

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

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

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

773 ~~2. Firesafety requirements.—~~

774 ~~a. The National Fire Protection Association, Life Safety~~
775 ~~Code, NFPA 101 and 101A, current editions, shall be used in~~

776 ~~determining the uniform firesafety code adopted by the State~~
777 ~~Fire Marshal for assisted living facilities, pursuant to s.~~
778 ~~633.206.~~

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

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

787 ~~d. An assisted living facility that is issued a building~~
788 ~~permit or certificate of occupancy before July 1, 2016, may at~~
789 ~~its option and after notifying the authority having~~
790 ~~jurisdiction, remain under the provisions of the 1994 and 1995~~
791 ~~editions of the National Fire Protection Association, Life~~
792 ~~Safety Code, NFPA 101, and NFPA 101A. The facility opting to~~
793 ~~remain under such provisions may make repairs, modernizations,~~
794 ~~renovations, or additions to, or rehabilitate, the facility in~~
795 ~~compliance with NFPA 101, 1994 edition, and may utilize the~~
796 ~~alternative approaches to life safety in compliance with NFPA~~
797 ~~101A, 1995 edition. However, a facility for which a building~~
798 ~~permit or certificate of occupancy is issued before July 1,~~
799 ~~2016, that undergoes Level III building alteration or~~
800 ~~rehabilitation, as defined in the Florida Building Code, or~~

801 ~~seeks to utilize features not authorized under the 1994 or 1995~~
802 ~~editions of the Life Safety Code must thereafter comply with all~~
803 ~~aspects of the uniform firesafety standards established under s.~~
804 ~~633.206, and the Florida Fire Prevention Code, in effect for~~
805 ~~assisted living facilities as adopted by the State Fire Marshal.~~

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

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

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

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

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

851 ~~Department of Health.~~

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

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

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

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

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

876 congregate care, or limited mental health license.

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

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

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

898 (k)~~(l)~~ The establishment of specific resident elopement
899 drill requirements and policies and procedures on resident
900 elopement. Facilities shall conduct a minimum of two resident

901 elopement drills each year. All administrators and direct care
902 staff shall participate in the drills, which must include a
903 review of the facility's procedures to address resident
904 elopement. Facilities shall document participation in the
905 drills.

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

926 facilities with 16 or fewer beds and for facilities with 17 or
 927 more beds. The standards for facilities with 16 or fewer beds
 928 must be appropriate for a noninstitutional residential
 929 environment; however, the structure may not be more than two
 930 stories in height and all persons who cannot exit the facility
 931 unassisted in an emergency must reside on the first floor. The
 932 agency may make other distinctions among types of facilities as
 933 necessary to enforce this part. Where appropriate, the agency
 934 shall offer alternate solutions for complying with established
 935 standards, based on distinctions made by the agency relative to
 936 the physical characteristics of facilities and the types of care
 937 offered.

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

951 the key quality-of-care standards ~~with input from the State~~
952 ~~Long Term Care Ombudsman Council and representatives of provider~~
953 ~~groups for incorporation into its rules.~~

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

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

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

964 (2) FIRESAFETY REQUIREMENTS.—

965 (a) The National Fire Protection Association, Life Safety
966 Code, NFPA 101 and 101A, current editions, must be used in
967 determining the uniform firesafety code adopted by the State
968 Fire Marshal for assisted living facilities, pursuant to s.
969 633.206.

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

975 (c) All licensed facilities must have an annual fire

976 inspection conducted by the local fire marshal or authority
977 having jurisdiction.

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

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

999 429.52 Staff training and educational requirements
1000 ~~programs; core educational requirement.~~—

1001 (1) ~~Effective October 1, 2015,~~ Each new assisted living
1002 facility employee who has not previously completed core training
1003 must attend a preservice orientation provided by the facility
1004 before interacting with residents. The preservice orientation
1005 must be at least 2 hours in duration and cover topics that help
1006 the employee provide responsible care and respond to the needs
1007 of facility residents. Upon completion, the employee and the
1008 administrator of the facility must sign a statement that the
1009 employee completed the required preservice orientation. The
1010 facility must keep the signed statement in the employee's
1011 personnel record.

1012 (2) Administrators and other assisted living facility
1013 staff must meet minimum training and education requirements
1014 established by the agency by rule. This training and education
1015 is intended to assist facilities to appropriately respond to the
1016 needs of residents, to maintain resident care and facility
1017 standards, and to meet licensure requirements.

1018 (3) The agency, in conjunction with providers, shall
1019 develop core training requirements for administrators consisting
1020 of core training learning objectives, a competency test, and a
1021 minimum required score to indicate successful passage completion
1022 of the core competency test ~~training and educational~~
1023 ~~requirements~~. The required core competency test ~~training and~~
1024 ~~education~~ must cover at least the following topics:

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

1026 facilities.

1027 (b) Resident rights and identifying and reporting abuse,
1028 neglect, and exploitation.

1029 (c) Special needs of elderly persons, persons with mental
1030 illness, and persons with developmental disabilities and how to
1031 meet those needs.

1032 (d) Nutrition and food service, including acceptable
1033 sanitation practices for preparing, storing, and serving food.

1034 (e) Medication management, recordkeeping, and proper
1035 techniques for assisting residents with self-administered
1036 medication.

1037 (f) Firesafety requirements, including fire evacuation
1038 drill procedures and other emergency procedures.

1039 (g) Care of persons with Alzheimer's disease and related
1040 disorders.

1041 (4) A ~~new~~ facility administrator must complete the
1042 required core training ~~and education~~, including the competency
1043 test, within 90 days after the date of employment as an
1044 administrator. Failure to do so is a violation of this part and
1045 subjects the violator to an administrative fine as prescribed in
1046 s. 429.19. Administrators licensed in accordance with part II of
1047 chapter 468 are exempt from this requirement. Other licensed
1048 professionals may be exempted, as determined by the agency by
1049 rule.

1050 (5) Administrators are required to participate in

1051 continuing education for a minimum of 12 contact hours every 2
1052 years.

1053 (6) Staff ~~involved with the management of medications and~~
1054 assisting with the self-administration of medications under s.
1055 429.256 must complete a minimum of 6 additional hours of
1056 training provided by a registered nurse or a licensed
1057 pharmacist before providing assistance, ~~or agency staff.~~ Two
1058 hours of continuing education are required annually thereafter.
1059 The agency shall establish by rule the minimum requirements of
1060 this ~~additional~~ training.

1061 (7) ~~Other~~ Facility staff shall participate in in-service
1062 training relevant to their job duties as specified by agency
1063 rule of the agency. Topics covered during the preservice
1064 orientation are not required to be repeated during in-service
1065 training. A single certificate of completion that covers all
1066 required in-service training topics may be issued to a
1067 participating staff member if the training is provided in a
1068 single training course.

1069 (8) If the agency determines that there are problems in a
1070 facility which could be reduced through specific staff training
1071 ~~or education~~ beyond that already required under this section,
1072 the agency may require, and provide, or cause to be provided,
1073 the training ~~or education~~ of any personal care staff in the
1074 facility.

1075 (9) The agency shall adopt rules related to these training

1076 and education requirements, the competency test, necessary
1077 procedures, and competency test fees and shall adopt or contract
1078 with another entity to develop and administer the competency
1079 test. The agency shall adopt a curriculum outline with learning
1080 objectives to be used by core trainers, ~~which shall be used as~~
1081 the minimum core training content requirements. The agency shall
1082 consult with representatives of stakeholder associations and
1083 agencies in the development of the curriculum outline.

1084 (10) The core training required by this section ~~other than~~
1085 ~~the preservice orientation~~ must be conducted by persons
1086 registered with the agency as having the requisite experience
1087 and credentials to conduct the training. A person seeking to
1088 register as a core trainer must provide the agency with proof of
1089 completion of the ~~minimum~~ core training ~~education~~ requirements,
1090 successful passage of the competency test established under this
1091 section, and proof of compliance with the continuing education
1092 requirement in subsection (5).

1093 (11) A person seeking to register as a core trainer also
1094 must ~~also~~:

1095 (a) Provide proof of completion of a 4-year degree from an
1096 accredited college or university and must have worked in a
1097 management position in an assisted living facility for 3 years
1098 after being core certified;

1099 (b) Have worked in a management position in an assisted
1100 living facility for 5 years after being core certified and have

1101 1 year of teaching experience as an educator or staff trainer
1102 for persons who work in assisted living facilities or other
1103 long-term care settings;

1104 (c) Have been previously employed as a core trainer for
1105 the agency or department; or

1106 (d) Meet other qualification criteria as defined in rule,
1107 which the agency is authorized to adopt.

1108 (12) The agency shall adopt rules to establish core
1109 trainer registration and removal requirements.

1110 Section 14. This act shall take effect July 1, 2020.