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1
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 authorizing certain persons to change residents'
24 bandages for specified purposes; clarifying that the
25 absence of an order not to resuscitate does not

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26 preclude a physician from withholding or withdrawing
27 cardiopulmonary resuscitation or use of an automated
28 external defibrillator; amending s. 429.256, F.S.;
29 revising the types of medications that may be self-
30 administered; revising provisions relating to
31 assistance with the self-administration of such
32 medications; requiring a person assisting with a
33 resident's self-administration of medication to
34 confirm that the medication is intended for that
35 resident and to orally advise the resident of the
36 medication name and dosage; authorizing a resident to
37 opt out of such advisement through a signed waiver;
38 revising provisions relating to certain medications
39 that are not self-administered with assistance;
40 amending s. 429.26, F.S.; including medical
41 examinations within criteria used for admission to an
42 assisted living facility; providing specified criteria
43 for determinations of appropriateness for admission to
44 and continued residency in an assisted living
45 facility; authorizing such facility to admit certain
46 individuals under certain conditions; defining the
47 term "bedridden"; requiring that a resident receive a
48 medical examination within a specified timeframe after
49 admission to a facility; requiring that such
50 examination be recorded on a form; providing that such

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

74 revising notice requirements for facilities that are
75 terminating operations; requiring the agency to inform

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

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101 facilities; amending s. 429.52, F.S.; revising certain
 102 provisions relating to facility staff training and
 103 educational requirements; requiring the agency, in
 104 conjunction with providers, to establish core training
 105 requirements for facility administrators; revising the
 106 training and continuing education requirements for
 107 facility staff who assist residents with the self-
 108 administration of medications; revising provisions
 109 relating to the training responsibilities of the
 110 agency; requiring the agency to contract with another
 111 entity to administer a certain competency test;
 112 requiring the agency to adopt a curriculum outline
 113 with learning objectives to be used by core trainers;
 114 conforming provisions to changes made by the act;
 115 providing an effective date.

116

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

118

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

124 429.02 Definitions.—When used in this part, the term:

125 (7) "Assistive device" means any device designed or

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

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

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

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151 binding a wound or injury.

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

154 429.07 License required; fee.—

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

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

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

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

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

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201 corrected in accordance with the corrective action plan approved
202 by the agency;

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

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

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

212

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

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

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

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

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251 a. Held an extended congregate care license for at least
252 24 months;

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

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

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

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

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

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

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

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

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276 decisionmaking.

277 f. Implement the concept of managed risk.

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

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

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

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

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

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301 arrangements for relocating the person in accordance with s.
302 429.28(1)(k).

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

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

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

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

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

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

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

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

350 | Section 3. Subsection (7) of section 429.11, Florida

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351 Statutes, is amended to read:

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

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

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

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

373 Section 5. Subsections (3), (4), and (5) of section
374 429.23, Florida Statutes, are amended to read:

375 429.23 Internal risk management and quality assurance

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376 program; adverse incidents and reporting requirements.—

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

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

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

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

408 Section 6. Paragraph (a) of subsection (1) and subsection
409 (4) of section 429.255, Florida Statutes, are amended to read:

410 429.255 Use of personnel; emergency care.—

411 (1) (a) Persons under contract to the facility, facility
412 staff, or volunteers, who are licensed according to part I of
413 chapter 464, or those persons exempt under s. 464.022(1), and
414 others as defined by rule, may administer medications to
415 residents, take residents' vital signs, change residents'
416 bandages for minor cuts and abrasions, manage individual weekly
417 pill organizers for residents who self-administer medication,
418 give prepackaged enemas ordered by a physician, observe
419 residents, document observations on the appropriate resident's
420 record, report observations to the resident's physician, and
421 contract or allow residents or a resident's representative,
422 designee, surrogate, guardian, or attorney in fact to contract
423 with a third party, provided residents meet the criteria for
424 appropriate placement as defined in s. 429.26. Nursing
425 assistants certified pursuant to part II of chapter 464 may take

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426 residents' vital signs as directed by a licensed nurse or
427 physician.

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

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

446 429.256 Assistance with self-administration of
447 medication.—

448 (2) Residents who are capable of self-administering their
449 own medications without assistance shall be encouraged and
450 allowed to do so. However, an unlicensed person may, consistent

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451 with a dispensed prescription's label or the package directions
 452 of an over-the-counter medication, assist a resident whose
 453 condition is medically stable with the self-administration of
 454 routine, regularly scheduled medications that are intended to be
 455 self-administered. Assistance with self-medication by an
 456 unlicensed person may occur only upon a documented request by,
 457 and the written informed consent of, a resident or the
 458 resident's surrogate, guardian, or attorney in fact. For the
 459 purposes of this section, self-administered medications include
 460 both legend and over-the-counter oral dosage forms, topical
 461 dosage forms, transdermal patches, and topical ophthalmic, otic,
 462 and nasal dosage forms including solutions, suspensions, sprays,
 463 and inhalers.

464 (3) Assistance with self-administration of medication
 465 includes:

466 (b) In the presence of the resident, confirming that the
 467 medication is intended for that resident, orally advising the
 468 resident of the medication name and dosage ~~reading the label,~~
 469 opening the container, removing a prescribed amount of
 470 medication from the container, and closing the container. The
 471 resident may sign a written waiver to opt out of being orally
 472 advised of the medication name and dosage. The waiver must
 473 identify all of the medications intended for the resident,
 474 including names and dosages of such medications, and must
 475 immediately be updated each time the resident's medications or

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476 dosages change.

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

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

480 (f) Assisting with rectal, urethral, or vaginal
481 preparations.

482 (g) Assisting with medications ordered by the physician or
483 health care professional with prescriptive authority to be given
484 "as needed," unless the order is written with specific
485 parameters that preclude independent judgment on the part of the
486 unlicensed person, and ~~at the request of a competent~~ resident
487 requesting the medication is aware of his or her need for the
488 medication and understands the purpose for taking the
489 medication.

490 Section 8. Section 429.26, Florida Statutes, is amended to
491 read:

492 429.26 Appropriateness of placements; examinations of
493 residents.—

494 (1) The owner or administrator of a facility is
495 responsible for determining the appropriateness of admission of
496 an individual to the facility and for determining the continued
497 appropriateness of residence of an individual in the facility. A
498 determination must ~~shall~~ be based upon an evaluation ~~assessment~~
499 of the strengths, needs, and preferences of the resident, a
500 medical examination, the care and services offered or arranged

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501 for by the facility in accordance with facility policy, and any
502 limitations in law or rule related to admission criteria or
503 continued residency for the type of license held by the facility
504 under this part. The following criteria apply to the
505 determination of appropriateness for admission and continued
506 residency of an individual in a facility:

507 (a) A facility may admit or retain a resident who receives
508 a health care service or treatment that is designed to be
509 provided within a private residential setting if all
510 requirements for providing that service or treatment are met by
511 the facility or a third party.

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

514 (c) A facility may admit or retain an individual receiving
515 hospice services if the arrangement is agreed to by the facility
516 and the resident, additional care is provided by a licensed
517 hospice, and the resident is under the care of a physician who
518 agrees that the physical needs of the resident can be met at the
519 facility. The resident must have a plan of care which delineates
520 how the facility and the hospice will meet the scheduled and
521 unscheduled needs of the resident, including, if applicable,
522 staffing for nursing care.

523 (d)1. Except for a resident who is receiving hospice
524 services as provided in paragraph (c), a facility may not admit
525 or retain a resident who is bedridden or who requires 24-hour

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526 nursing supervision. For purposes of this paragraph, the term
527 "bedridden" means that a resident is confined to a bed because
528 of the inability to:

529 a. Move, turn, or reposition without total physical
530 assistance;

531 b. Transfer to a chair or wheelchair without total
532 physical assistance; or

533 c. Sit safely in a chair or wheelchair without personal
534 assistance or a physical restraint.

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

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

542 (2) A resident may not be moved from one facility to
543 another without consultation with and agreement from the
544 resident or, if applicable, the resident's representative or
545 designee or the resident's family, guardian, surrogate, or
546 attorney in fact. In the case of a resident who has been placed
547 by the department or the Department of Children and Families,
548 the administrator must notify the appropriate contact person in
549 the applicable department.

550 (3)~~(2)~~ A physician, physician assistant, or advanced

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551 practice registered nurse practitioner who is employed by an
 552 assisted living facility to provide an initial examination for
 553 admission purposes may not have financial interests ~~interest~~ in
 554 the facility.

555 ~~(4)(3)~~ Persons licensed under part I of chapter 464 who
 556 are employed by or under contract with a facility shall, on a
 557 routine basis or at least monthly, perform a nursing assessment
 558 of the residents for whom they are providing nursing services
 559 ordered by a physician, except administration of medication, and
 560 shall document such assessment, including any substantial
 561 changes in a resident's status which may necessitate relocation
 562 to a nursing home, hospital, or specialized health care
 563 facility. Such records shall be maintained in the facility for
 564 inspection by the agency and shall be forwarded to the
 565 resident's case manager, if applicable.

566 ~~(5)(4)~~ ~~If possible,~~ Each resident must ~~shall~~ have been
 567 examined by a licensed physician, a licensed physician
 568 assistant, or a licensed advanced practice registered nurse
 569 ~~practitioner~~ within 60 days before admission to the facility or
 570 within 30 days after admission to the facility, except as
 571 provided in s. 429.07. The information from the medical
 572 examination must be recorded on the practitioner's form or on a
 573 form adopted by agency rule. The ~~signed and completed~~ medical
 574 examination form, signed only by the practitioner, must report
 575 ~~shall~~ be submitted to the owner or administrator of the

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576 facility, who shall use the information contained therein to
 577 assist in the determination of the appropriateness of the
 578 resident's admission to or ~~and~~ continued residency ~~stay~~ in the
 579 facility. The medical examination form may only be used to
 580 record the practitioner's direct observation of the patient at
 581 the time of examination and must include the patient's medical
 582 history. Such form does not guarantee admission to, continued
 583 residency in, or the delivery of services at the facility and
 584 must be used only as an informative tool to assist in the
 585 determination of the appropriateness of the resident's admission
 586 to or continued residency in the facility. The medical
 587 examination form, reflecting the resident's condition on the
 588 date the examination is performed, becomes ~~report shall become~~ a
 589 permanent part of the facility's record of the resident ~~at the~~
 590 facility and must ~~shall~~ be made available to the agency during
 591 inspection or upon request. An assessment that has been
 592 completed through the Comprehensive Assessment and Review for
 593 Long-Term Care Services (CARES) Program fulfills the
 594 requirements for a medical examination under this subsection and
 595 s. 429.07(3)(b)6.

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

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601 ~~form provided by the agency within 30 days following the~~
602 ~~admission to the facility to enable the facility owner or~~
603 ~~administrator to determine the appropriateness of the admission.~~
604 ~~The medical examination form shall become a permanent part of~~
605 ~~the record of the resident at the facility and shall be made~~
606 ~~available to the agency during inspection by the agency or upon~~
607 ~~request.~~

608 (6) Any resident accepted in a facility and placed by ~~the~~
609 ~~department or~~ the Department of Children and Families must ~~shall~~
610 have been examined by medical personnel within 30 days before
611 placement in the facility. The examination must ~~shall~~ include an
612 assessment of the appropriateness of placement in a facility.
613 The findings of this examination must ~~shall~~ be recorded on the
614 examination form provided by the agency. The completed form must
615 ~~shall~~ accompany the resident and ~~shall~~ be submitted to the
616 facility owner or administrator. Additionally, in the case of a
617 mental health resident, the Department of Children and Families
618 must provide documentation that the individual has been assessed
619 by a psychiatrist, clinical psychologist, clinical social
620 worker, or psychiatric nurse, or an individual who is supervised
621 by one of these professionals, and determined to be appropriate
622 to reside in an assisted living facility. The documentation must
623 be in the facility within 30 days after the mental health
624 resident has been admitted to the facility. An evaluation
625 completed upon discharge from a state mental hospital meets the

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626 requirements of this subsection related to appropriateness for
 627 placement as a mental health resident provided that ~~providing~~ it
 628 was completed within 90 days prior to admission to the facility.
 629 The ~~applicable~~ Department of Children and Families shall provide
 630 to the facility administrator any information about the resident
 631 which ~~that~~ would help the administrator meet his or her
 632 responsibilities under subsection (1). Further, Department of
 633 Children and Families personnel shall explain to the facility
 634 operator any special needs of the resident and advise the
 635 operator whom to call should problems arise. The ~~applicable~~
 636 Department of Children and Families shall advise and assist the
 637 facility administrator when ~~where~~ the special needs of residents
 638 who are recipients of optional state supplementation require
 639 such assistance.

640 (7) The facility shall ~~must~~ notify a licensed physician
 641 when a resident exhibits signs of dementia or cognitive
 642 impairment or has a change of condition in order to rule out the
 643 presence of an underlying physiological condition that may be
 644 contributing to such dementia or impairment. The notification
 645 must occur within 30 days after the acknowledgment of such signs
 646 by facility staff. If an underlying condition is determined to
 647 exist, the facility must notify the resident's representative or
 648 designee of the need for health care services and must assist in
 649 making appointments for ~~shall arrange, with the appropriate~~
 650 ~~health care provider,~~ the necessary care and services to treat

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651 the condition. If the resident does not have a representative or
 652 designee or if the resident's representative or designee cannot
 653 be located or is unresponsive, the facility shall arrange with
 654 the appropriate health care provider for the necessary care and
 655 services to treat the condition.

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

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

675 (9) ~~(10)~~ Facilities licensed to provide extended congregate

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676 care services shall promote aging in place by determining
677 appropriateness of continued residency based on a comprehensive
678 review of the resident's physical and functional status; the
679 ability of the facility, family members, friends, or any other
680 pertinent individuals or agencies to provide the care and
681 services required; and documentation that a written service plan
682 consistent with facility policy has been developed and
683 implemented to ensure that the resident's needs and preferences
684 are addressed.

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

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

691 429.28 Resident bill of rights.—

692 (1) No resident of a facility shall be deprived of any
693 civil or legal rights, benefits, or privileges guaranteed by
694 law, the Constitution of the State of Florida, or the
695 Constitution of the United States as a resident of a facility.
696 Every resident of a facility shall have the right to:

697 (k) At least 45 days' notice of relocation or termination
698 of residency from the facility unless, for medical reasons, the
699 resident is certified by a physician to require an emergency
700 relocation to a facility providing a more skilled level of care

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701 or the resident engages in a pattern of conduct that is harmful
702 or offensive to other residents. In the case of a resident who
703 has been adjudicated mentally incapacitated, the guardian shall
704 be given at least 45 days' notice of a nonemergency relocation
705 or residency termination. Reasons for relocation must ~~shall~~ be
706 set forth in writing and provided to the resident or the
707 resident's legal representative. The notice must state that the
708 resident may contact the State Long-Term Care Ombudsman Program
709 for assistance with relocation and must include the statewide
710 toll-free telephone number of the program. In order for a
711 facility to terminate the residency of an individual without
712 notice as provided herein, the facility shall show good cause in
713 a court of competent jurisdiction.

714 (3) (a) The agency shall conduct a survey to determine
715 whether the facility is complying with this part ~~general~~
716 ~~compliance with facility standards and compliance with~~
717 ~~residents' rights~~ as a prerequisite to initial licensure or
718 licensure renewal. ~~The agency shall adopt rules for uniform~~
719 ~~standards and criteria that will be used to determine compliance~~
720 ~~with facility standards and compliance with residents' rights.~~

721 (b) In order to determine whether the facility is
722 adequately protecting residents' rights, the licensure renewal
723 ~~biennial~~ survey must ~~shall~~ include private informal
724 conversations with a sample of residents and consultation with
725 the ombudsman council in the district in which the facility is

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726 | located to discuss residents' experiences within the facility.

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

729 | 429.31 Closing of facility; notice; penalty.—

730 | (1) In addition to the requirements of part II of chapter
731 | 408, the facility shall inform, in writing, the agency and each
732 | resident or the next of kin, legal representative, or agency
733 | acting on each resident's behalf, of the fact and the proposed
734 | time of discontinuance of operation, following the notification
735 | requirements provided in s. 429.28(1)(k). In the event a
736 | resident has no person to represent him or her, the facility
737 | shall be responsible for referral to an appropriate social
738 | service agency for placement.

739 | (2) Immediately upon the notice by the agency of the
740 | voluntary or involuntary termination of such operation, the
741 | agency shall inform the State Long-Term Care Ombudsman Program
742 | and monitor the transfer of residents to other facilities and
743 | ensure that residents' rights are being protected. The agency,
744 | in consultation with the Department of Children and Families,
745 | shall specify procedures for ensuring that all residents who
746 | receive services are appropriately relocated.

747 | Section 11. Subsections (1), (2), and (5) of section
748 | 429.41, Florida Statutes, are amended to read:

749 | 429.41 Rules establishing standards.—

750 | (1) It is the intent of the Legislature that rules

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751 published and enforced pursuant to this section shall include
752 criteria by which a reasonable and consistent quality of
753 resident care and quality of life may be ensured and the results
754 of such resident care may be demonstrated. Such rules shall also
755 promote ~~ensure~~ a safe and sanitary environment that is
756 residential and noninstitutional in design or nature and may
757 allow for technological advances in the provision of care,
758 safety, and security, including the use of devices, equipment,
759 and other security measures related to wander management,
760 emergency response, staff risk management, and the general
761 safety and security of residents, staff, and the facility. It is
762 further intended that reasonable efforts be made to accommodate
763 the needs and preferences of residents to enhance the quality of
764 life in a facility. ~~Uniform firesafety standards for assisted~~
765 ~~living facilities shall be established by the State Fire Marshal~~
766 ~~pursuant to s. 633.206. The agency may adopt rules to administer~~
767 ~~part II of chapter 408. In order to provide safe and sanitary~~
768 ~~facilities and the highest quality of resident care~~
769 ~~accommodating the needs and preferences of residents,~~ The
770 agency, in consultation with the Department of Children and
771 Families and the Department of Health, shall adopt rules,
772 ~~policies, and procedures~~ to administer this part, which must
773 include reasonable and fair minimum standards in relation to:
774 (a) The requirements for ~~and~~ maintenance and the sanitary
775 condition of facilities, not in conflict with, or duplicative

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776 | of, the requirements in chapter 553, s. 381.006, s. 381.0072, or
777 | s. 633.206, relating to a safe and decent living environment,
778 | including furnishings for resident bedrooms or sleeping areas,
779 | locking devices, linens ~~plumbing, heating, cooling, lighting,~~
780 | ventilation, living space, and other housing conditions relating
781 | to hazards, which will promote ~~ensure~~ the health, safety, and
782 | welfare ~~comfort~~ of residents suitable to the size of the
783 | structure. The rules must clearly delineate the respective
784 | responsibilities of the agency's licensure and survey staff and
785 | the county health departments and ensure that inspections are
786 | not duplicative. The agency may collect fees for food service
787 | inspections conducted by county health departments and may
788 | transfer such fees to the Department of Health.

789 | ~~1. Firesafety evacuation capability determination.—An~~
790 | ~~evacuation capability evaluation for initial licensure shall be~~
791 | ~~conducted within 6 months after the date of licensure.~~

792 | ~~2. Firesafety requirements.—~~

793 | ~~a. The National Fire Protection Association, Life Safety~~
794 | ~~Code, NFPA 101 and 101A, current editions, shall be used in~~
795 | ~~determining the uniform firesafety code adopted by the State~~
796 | ~~Fire Marshal for assisted living facilities, pursuant to s.~~
797 | ~~633.206.~~

798 | ~~b. A local government or a utility may charge fees only in~~
799 | ~~an amount not to exceed the actual expenses incurred by the~~
800 | ~~local government or the utility relating to the installation and~~

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801 ~~maintenance of an automatic fire sprinkler system in a licensed~~
802 ~~assisted living facility structure.~~

803 ~~e. All licensed facilities must have an annual fire~~
804 ~~inspection conducted by the local fire marshal or authority~~
805 ~~having jurisdiction.~~

806 ~~d. An assisted living facility that is issued a building~~
807 ~~permit or certificate of occupancy before July 1, 2016, may at~~
808 ~~its option and after notifying the authority having~~
809 ~~jurisdiction, remain under the provisions of the 1994 and 1995~~
810 ~~editions of the National Fire Protection Association, Life~~
811 ~~Safety Code, NFPA 101, and NFPA 101A. The facility opting to~~
812 ~~remain under such provisions may make repairs, modernizations,~~
813 ~~renovations, or additions to, or rehabilitate, the facility in~~
814 ~~compliance with NFPA 101, 1994 edition, and may utilize the~~
815 ~~alternative approaches to life safety in compliance with NFPA~~
816 ~~101A, 1995 edition. However, a facility for which a building~~
817 ~~permit or certificate of occupancy is issued before July 1,~~
818 ~~2016, that undergoes Level III building alteration or~~
819 ~~rehabilitation, as defined in the Florida Building Code, or~~
820 ~~seeks to utilize features not authorized under the 1994 or 1995~~
821 ~~editions of the Life Safety Code must thereafter comply with all~~
822 ~~aspects of the uniform firesafety standards established under s.~~
823 ~~633.206, and the Florida Fire Prevention Code, in effect for~~
824 ~~assisted living facilities as adopted by the State Fire Marshal.~~

825 ~~3. Resident elopement requirements. Facilities are~~

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826 ~~required to conduct a minimum of two resident elopement~~
827 ~~prevention and response drills per year. All administrators and~~
828 ~~direct care staff must participate in the drills, which shall~~
829 ~~include a review of procedures to address resident elopement.~~
830 ~~Facilities must document the implementation of the drills and~~
831 ~~ensure that the drills are conducted in a manner consistent with~~
832 ~~the facility's resident elopement policies and procedures.~~

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

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851 ~~the plan.~~ The county local emergency management agency shall
852 complete its review within 60 days and either approve the plan
853 or advise the facility of necessary revisions. A facility must
854 submit a comprehensive emergency management plan to the county
855 emergency management agency within 30 days after issuance of a
856 license.

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

862 ~~(d) All sanitary conditions within the facility and its~~
863 ~~surroundings which will ensure the health and comfort of~~
864 ~~residents. The rules must clearly delineate the responsibilities~~
865 ~~of the agency's licensure and survey staff, the county health~~
866 ~~departments, and the local authority having jurisdiction over~~
867 ~~firesafety and ensure that inspections are not duplicative. The~~
868 ~~agency may collect fees for food service inspections conducted~~
869 ~~by the county health departments and transfer such fees to the~~
870 ~~Department of Health.~~

871 (d)-(e) License application and license renewal, transfer
872 of ownership, proper management of resident funds and personal
873 property, surety bonds, resident contracts, refund policies,
874 financial ability to operate, and facility and staff records.

875 (e)-(f) Inspections, complaint investigations, moratoriums,

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876 classification of deficiencies, and levying and enforcement of
 877 penalties, ~~and use of income from fees and fines.~~

878 ~~(f)-(g)~~ The enforcement of the resident bill of rights
 879 specified in s. 429.28.

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

- 882 1. The supervision of residents;
- 883 2. The provision of personal services;
- 884 3. The provision of, or arrangement for, social and
 885 leisure activities;
- 886 4. The assistance in making arrangements ~~arrangement~~ for
 887 appointments and transportation to appropriate medical, dental,
 888 nursing, or mental health services, as needed by residents;
- 889 5. The management of medication stored within the facility
 890 and as needed by residents;
- 891 6. The dietary ~~nutritional~~ needs of residents;
- 892 7. Resident records; and
- 893 8. Internal risk management and quality assurance.

894 ~~(h)-(i)~~ Facilities holding a limited nursing, extended
 895 congregate care, or limited mental health license.

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

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

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901 of Posey restraints is prohibited. Other physical restraints may
 902 be used in accordance with agency rules when ordered ~~is limited~~
 903 ~~to half-bed rails as prescribed and documented~~ by the resident's
 904 physician and consented to by ~~with the consent of~~ the resident
 905 or, if applicable, the resident's representative or designee or
 906 the resident's surrogate, guardian, or attorney in fact. Such
 907 rules must specify requirements for care planning, staff
 908 monitoring, and periodic review by a physician. The use of
 909 chemical restraints is limited to prescribed dosages of
 910 medications authorized by the resident's physician and must be
 911 consistent with the resident's diagnosis. Residents who are
 912 receiving medications that can serve as chemical restraints must
 913 be evaluated by their physician at least annually to assess:
 914 1. The continued need for the medication.
 915 2. The level of the medication in the resident's blood.
 916 3. The need for adjustments in the prescription.
 917 (k) ~~(l)~~ The establishment of specific resident elopement
 918 drill requirements and policies and procedures on resident
 919 elopement. Facilities shall conduct a minimum of two resident
 920 elopement drills each year. All administrators and direct care
 921 staff shall participate in the drills, which must include a
 922 review of the facility's procedures to address resident
 923 elopement. Facilities shall document participation in the
 924 drills.
 925 (2) In adopting any rules pursuant to this part, the

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926 | agency shall make distinct standards for facilities based upon
927 | facility size; the types of care provided; the physical and
928 | mental capabilities and needs of residents; the type, frequency,
929 | and amount of services and care offered; and the staffing
930 | characteristics of the facility. Rules developed pursuant to
931 | this section may not restrict the use of shared staffing and
932 | shared programming in facilities that are part of retirement
933 | communities that provide multiple levels of care and otherwise
934 | meet the requirements of law and rule. If a continuing care
935 | facility licensed under chapter 651 or a retirement community
936 | offering multiple levels of care licenses a building or part of
937 | a building designated for independent living for assisted
938 | living, staffing requirements established in rule apply only to
939 | residents who receive personal, limited nursing, or extended
940 | congregate care services under this part. Such facilities shall
941 | retain a log listing the names and unit number for residents
942 | receiving these services. The log must be available to surveyors
943 | upon request. ~~Except for uniform firesafety standards,~~ The
944 | agency shall adopt by rule separate and distinct standards for
945 | facilities with 16 or fewer beds and for facilities with 17 or
946 | more beds. The standards for facilities with 16 or fewer beds
947 | must be appropriate for a noninstitutional residential
948 | environment; however, the structure may not be more than two
949 | stories in height and all persons who cannot exit the facility
950 | unassisted in an emergency must reside on the first floor. The

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951 agency may make other distinctions among types of facilities as
 952 necessary to enforce this part. Where appropriate, the agency
 953 shall offer alternate solutions for complying with established
 954 standards, based on distinctions made by the agency relative to
 955 the physical characteristics of facilities and the types of care
 956 offered.

957 (5) The agency may use an abbreviated biennial standard
 958 licensure inspection that consists of a review of key quality-
 959 of-care standards in lieu of a full inspection in a facility
 960 that has a good record of past performance. However, a full
 961 inspection must be conducted in a facility that has a history of
 962 class I or class II violations;7 uncorrected class III
 963 violations; or a class I, class II, or uncorrected class III
 964 violation resulting from a complaint referred by the State Long-
 965 Term Care Ombudsman Program, ~~confirmed ombudsman council~~
 966 ~~complaints, or confirmed licensure complaints~~ within the
 967 previous licensure period immediately preceding the inspection
 968 or if a potentially serious problem is identified during the
 969 abbreviated inspection. The agency shall adopt by rule ~~develop~~
 970 the key quality-of-care standards ~~with input from the State~~
 971 ~~Long Term Care Ombudsman Council and representatives of provider~~
 972 ~~groups for incorporation into its rules.~~

973 Section 12. Section 429.435, Florida Statutes, is created
 974 to read:

975 429.435 Uniform firesafety standards.-Uniform firesafety

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976 standards for assisted living facilities, which are residential
 977 board and care occupancies, shall be established by the State
 978 Fire Marshal pursuant to s. 633.206.

979 (1) EVACUATION CAPABILITY.—A firesafety evacuation
 980 capability determination shall be conducted within 6 months
 981 after the date of initial licensure of an assisted living
 982 facility, if required.

983 (2) FIRESAFETY REQUIREMENTS.—

984 (a) The National Fire Protection Association, Life Safety
 985 Code, NFPA 101 and 101A, current editions, must be used in
 986 determining the uniform firesafety code adopted by the State
 987 Fire Marshal for assisted living facilities, pursuant to s.
 988 633.206.

989 (b) A local government or a utility may charge fees that
 990 do not exceed the actual costs incurred by the local government
 991 or the utility for the installation and maintenance of an
 992 automatic fire sprinkler system in a licensed assisted living
 993 facility structure.

994 (c) All licensed facilities must have an annual fire
 995 inspection conducted by the local fire marshal or authority
 996 having jurisdiction.

997 (d) An assisted living facility that was issued a building
 998 permit or certificate of occupancy before July 1, 2016, at its
 999 option and after notifying the authority having jurisdiction,
 1000 may remain under the provisions of the 1994 and 1995 editions of

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1001 the National Fire Protection Association, Life Safety Code, NFPA
 1002 101 and 101A. A facility opting to remain under such provisions
 1003 may make repairs, modernizations, renovations, or additions to,
 1004 or rehabilitate, the facility in compliance with NFPA 101, 1994
 1005 edition, and may utilize the alternative approaches to life
 1006 safety in compliance with NFPA 101A, 1995 edition. However, a
 1007 facility for which a building permit or certificate of occupancy
 1008 was issued before July 1, 2016, which undergoes Level III
 1009 building alteration or rehabilitation, as defined in the Florida
 1010 Building Code, or which seeks to utilize features not authorized
 1011 under the 1994 or 1995 editions of the Life Safety Code, shall
 1012 thereafter comply with all aspects of the uniform firesafety
 1013 standards established under s. 633.206 and the Florida Fire
 1014 Prevention Code in effect for assisted living facilities as
 1015 adopted by the State Fire Marshal.

1016 Section 13. Section 429.52, Florida Statutes, is amended
 1017 to read:

1018 429.52 Staff training and educational requirements
 1019 ~~programs; core educational requirement.~~—

1020 (1) ~~Effective October 1, 2015,~~ Each new assisted living
 1021 facility employee who has not previously completed core training
 1022 must attend a preservice orientation provided by the facility
 1023 before interacting with residents. The preservice orientation
 1024 must be at least 2 hours in duration and cover topics that help
 1025 the employee provide responsible care and respond to the needs

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1026 of facility residents. Upon completion, the employee and the
 1027 administrator of the facility must sign a statement that the
 1028 employee completed the required preservice orientation. The
 1029 facility must keep the signed statement in the employee's
 1030 personnel record.

1031 (2) Administrators and other assisted living facility
 1032 staff must meet minimum training and education requirements
 1033 established by the agency by rule. This training and education
 1034 is intended to assist facilities to appropriately respond to the
 1035 needs of residents, to maintain resident care and facility
 1036 standards, and to meet licensure requirements.

1037 (3) The agency, in conjunction with providers, shall
 1038 develop core training requirements for administrators consisting
 1039 of core training learning objectives, a competency test, and a
 1040 minimum required score to indicate successful passage completion
 1041 of the core competency test ~~training and educational~~
 1042 ~~requirements~~. The required core competency test ~~training and~~
 1043 ~~education~~ must cover at least the following topics:

1044 (a) State law and rules relating to assisted living
 1045 facilities.

1046 (b) Resident rights and identifying and reporting abuse,
 1047 neglect, and exploitation.

1048 (c) Special needs of elderly persons, persons with mental
 1049 illness, and persons with developmental disabilities and how to
 1050 meet those needs.

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1051 (d) Nutrition and food service, including acceptable
 1052 sanitation practices for preparing, storing, and serving food.

1053 (e) Medication management, recordkeeping, and proper
 1054 techniques for assisting residents with self-administered
 1055 medication.

1056 (f) Firesafety requirements, including fire evacuation
 1057 drill procedures and other emergency procedures.

1058 (g) Care of persons with Alzheimer's disease and related
 1059 disorders.

1060 (4) A ~~new~~ facility administrator must complete the
 1061 required core training ~~and education~~, including the competency
 1062 test, within 90 days after the date of employment as an
 1063 administrator. Failure to do so is a violation of this part and
 1064 subjects the violator to an administrative fine as prescribed in
 1065 s. 429.19. Administrators licensed in accordance with part II of
 1066 chapter 468 are exempt from this requirement. Other licensed
 1067 professionals may be exempted, as determined by the agency by
 1068 rule.

1069 (5) Administrators are required to participate in
 1070 continuing education for a minimum of 12 contact hours every 2
 1071 years.

1072 (6) Staff ~~involved with the management of medications and~~
 1073 assisting with the self-administration of medications under s.
 1074 429.256 must complete a minimum of 6 additional hours of
 1075 training provided by a registered nurse or a licensed

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1076 pharmacist before providing assistance, ~~or agency staff.~~ Two
 1077 hours of continuing education are required annually thereafter.
 1078 The agency shall establish by rule the minimum requirements of
 1079 this ~~additional~~ training.

1080 (7) ~~Other~~ Facility staff shall participate in inservice
 1081 training relevant to their job duties as specified by agency
 1082 rule ~~of the agency.~~ Topics covered during the preservice
 1083 orientation are not required to be repeated during inservice
 1084 training. A single certificate of completion that covers all
 1085 required inservice training topics may be issued to a
 1086 participating staff member if the training is provided in a
 1087 single training course.

1088 (8) If the agency determines that there are problems in a
 1089 facility which could be reduced through specific staff training
 1090 ~~or education~~ beyond that already required under this section,
 1091 the agency may require, ~~and provide,~~ or cause to be provided,
 1092 the training ~~or education~~ of any personal care staff in the
 1093 facility.

1094 (9) The agency shall adopt rules related to these training
 1095 and education requirements, the competency test, necessary
 1096 procedures, and competency test fees and shall adopt or contract
 1097 with another entity to develop and administer the competency
 1098 test. The agency shall adopt a curriculum outline with learning
 1099 objectives to be used by core trainers, ~~which shall be used as~~
 1100 the minimum core training content requirements. The agency shall

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1101 consult with representatives of stakeholder associations and
 1102 agencies in the development of the curriculum outline.

1103 (10) The core training required by this section ~~other than~~
 1104 ~~the preservice orientation~~ must be conducted by persons
 1105 registered with the agency as having the requisite experience
 1106 and credentials to conduct the training. A person seeking to
 1107 register as a core trainer must provide the agency with proof of
 1108 completion of the ~~minimum~~ core training ~~education~~ requirements,
 1109 successful passage of the competency test established under this
 1110 section, and proof of compliance with the continuing education
 1111 requirement in subsection (5).

1112 (11) A person seeking to register as a core trainer also
 1113 must ~~also~~:

1114 (a) Provide proof of completion of a 4-year degree from an
 1115 accredited college or university and must have worked in a
 1116 management position in an assisted living facility for 3 years
 1117 after being core certified;

1118 (b) Have worked in a management position in an assisted
 1119 living facility for 5 years after being core certified and have
 1120 1 year of teaching experience as an educator or staff trainer
 1121 for persons who work in assisted living facilities or other
 1122 long-term care settings;

1123 (c) Have been previously employed as a core trainer for
 1124 the agency or department; or

1125 (d) Meet other qualification criteria as defined in rule,

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1126 | which the agency is authorized to adopt.

1127 | (12) The agency shall adopt rules to establish core
1128 | trainer registration and removal requirements.

1129 | Section 14. This act shall take effect July 1, 2020.