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By the Committee on Health Regulation

588-02055B-10 20101816____ A bill to be entitled

An act relating to assisted living facilities; amending s. 429.07, F.S.; deleting the requirement for an assisted living facility to obtain an additional license in order to provide limited nursing services; deleting the requirement for the Agency for Health Care Administration to conduct quarterly monitoring visits of facilities that hold a license to provide extended congregate care services; deleting the requirement for the Department of Elderly Affairs to report annually on the status of and recommendations related to extended congregate care; deleting the requirement for the Agency for Health Care Administration to conduct monitoring visits at least twice a year to facilities providing limited nursing services; increasing the licensure fees and the maximum fee required for the standard license; increasing the licensure fees for the extended congregate care license; eliminating the license fee for the limited nursing services license; transferring from another provision of law the requirement that a biennial survey of an assisted living facility include specific actions to determine whether the facility is adequately protecting residents' rights; providing that an assisted living facility that has a class I violation or a class II violation is subject to monitoring visits; requiring a registered nurse to participate in certain monitoring visits; amending s. 429.17, F.S.; deleting provisions related to the

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limited nursing services license; amending s. 429.19, F.S.; clarifying that a monitoring fee may be assessed in addition to an administrative fine; amending s. 429.255, F.S.; eliminating provisions authorizing the use of volunteers to provide certain health-carerelated services in assisted living facilities; authorizing assisted living facilities to provide limited nursing services; requiring an assisted living facility to be responsible for certain recordkeeping and staff to be trained to monitor residents receiving certain health-care-related services; repealing s. 429.28(3), F.S., relating to a requirement for a biennial survey of an assisted living facility, to conform to changes made by the act; amending s. 429.41, F.S., relating to rulemaking; conforming provisions to changes made by the act; amending s. 429.54, F.S.; requiring licensed assisted living facilities to electronically report certain data semiannually to the Agency for Health Care Administration in accordance with rules adopted by the Department of Elderly Affairs; providing an effective date.

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

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Section 1. Subsections (3) and (4) of section 429.07, Florida Statutes, are amended, and subsections (6) and (7) are added to that section, to read:

429.07 License required; fee; inspections.-

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

- (a) A standard license shall be issued to <u>a facility</u> facilities providing one or more of the personal services identified in s. 429.02. Such <u>licensee</u> facilities may also employ or contract with a person licensed under part I of chapter 464 to administer medications and perform other tasks as specified in s. 429.255.
- (b) An extended congregate care license shall be issued to a licensee facilities providing, directly or through contract, services beyond those authorized in paragraph (a), including acts performed pursuant to part I of chapter 464 by persons licensed thereunder, and supportive services defined by rule to persons who otherwise would be disqualified from continued residence in a facility licensed under this part.
- 1. In order for extended congregate care services to be provided in a facility licensed under this part, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided and whether the designation applies to all or part of a facility. Such designation may be made at the time of initial licensure or relicensure, or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with part II

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of chapter 408. An existing <u>licensee</u> facilities qualifying to provide extended congregate care services must have maintained a standard license and may not have been subject to administrative sanctions during the previous 2 years, or since initial licensure if the facility has been licensed for less than 2 years, for any of the following reasons:

- a. A class I or class II violation;
- b. Three or more repeat or recurring class III violations of identical or similar resident care standards as specified in rule from which a pattern of noncompliance is found by the agency;
- c. Three or more class III violations that were not corrected in accordance with the corrective action plan approved by the agency;
- d. Violation of resident care standards resulting in a requirement to employ the services of a consultant pharmacist or consultant dietitian;
- e. Denial, suspension, or revocation of a license for another facility under this part in which the applicant for an extended congregate care license has at least 25 percent ownership interest; or
- f. Imposition of a moratorium pursuant to this part or part II of chapter 408 or initiation of injunctive proceedings.
- 2. A licensee Facilities that is are licensed to provide extended congregate care services shall maintain a written progress report for on each person who receives such services, and the which report must describe describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse,

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588-02055B-10 20101816 or appropriate designee, representing the agency shall visit such facilities at least quarterly to monitor residents who are receiving extended congregate care services and to determine if the facility is in compliance with this part, part II of chapter 408, and rules that relate to extended congregate care. One of these visits may be in conjunction with the regular survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall serve as part of the team that inspects such facility. The agency may waive one of the required yearly monitoring visits for a facility that has been licensed for at least 24 months to provide extended congregate care services, if, during the inspection, the registered nurse determines that extended congregate care services are being provided appropriately, and if the facility has no class I or class II violations and no uncorrected class III violations. Before such decision is made, the agency shall consult with the long-term care ombudsman council for the area in which the facility is located to determine if any complaints have been made and substantiated about the quality of services or care. The agency may not waive one of the required yearly monitoring visits if complaints have been made and substantiated.

- 3. <u>Licensees</u> Facilities that are licensed to provide extended congregate care services shall:
- a. Demonstrate the capability to meet unanticipated resident service needs.
- b. Offer a physical environment that promotes a homelike setting, provides for resident privacy, promotes resident independence, and allows sufficient congregate space as defined

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146 by rule.

- c. Have sufficient staff available, taking into account the physical plant and firesafety features of the building, to assist with the evacuation of residents in an emergency, as necessary.
- d. Adopt and follow policies and procedures that maximize resident independence, dignity, choice, and decisionmaking to permit residents to age in place to the extent possible, so that moves due to changes in functional status are minimized or avoided.
- e. Allow residents or, if applicable, a resident's representative, designee, surrogate, guardian, or attorney in fact to make a variety of personal choices, participate in developing service plans, and share responsibility in decisionmaking.
 - f. Implement the concept of managed risk.
- g. Provide, either directly or through contract, the services of a person licensed pursuant to part I of chapter 464.
- h. In addition to the training mandated in s. 429.52, provide specialized training as defined by rule for facility staff.
- 4. <u>Licensees</u> Facilities licensed to provide extended congregate care services are exempt from the criteria for continued residency as set forth in rules adopted under s. 429.41. <u>Licensees</u> Facilities so licensed shall adopt their own requirements within guidelines for continued residency set forth by rule. However, such <u>licensees</u> facilities may not serve residents who require 24-hour nursing supervision. <u>Licensees</u> Facilities licensed to provide extended congregate care services

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shall provide each resident with a written copy of facility policies governing admission and retention.

- 5. The primary purpose of extended congregate care services is to allow residents, as they become more impaired, the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency. A licensee facility licensed to provide extended congregate care services may also admit an individual who exceeds the admission criteria for a facility with a standard license, if the individual is determined appropriate for admission to the extended congregate care facility.
- 6. Before admission of an individual to a facility licensed to provide extended congregate care services, the individual must undergo a medical examination as provided in s. 429.26(4) and the facility must develop a preliminary service plan for the individual.
- 7. When a <u>licensee</u> <u>facility</u> can no longer provide or arrange for services in accordance with the resident's service plan and needs and the <u>licensee's</u> <u>facility's</u> policy, the <u>licensee</u> <u>facility</u> shall make arrangements for relocating the person in accordance with s. 429.28(1)(k).
- 8. Failure to provide extended congregate care services may result in denial of extended congregate care license renewal.
- 9. No later than January 1 of each year, the department, in consultation with the agency, shall prepare and submit to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the chairs of appropriate legislative committees, a report on the status of, and recommendations related to, extended congregate care services. The status report

588-02055B-10 20101816 204 must include, but need not be limited to, the following 205 information: 206 a. A description of the facilities licensed to provide such 207 services, including total number of beds licensed under this 208 part. 209 b. The number and characteristics of residents receiving 210 such services. 211 c. The types of services rendered that could not be provided through a standard license. 212 213 d. An analysis of deficiencies cited during licensure 214 inspections. 215 e. The number of residents who required extended congregate 216 care services at admission and the source of admission. 217 f. Recommendations for statutory or regulatory changes. 218 g. The availability of extended congregate care to state 219 clients residing in facilities licensed under this part and in 220 need of additional services, and recommendations for 221 appropriations to subsidize extended congregate care services 222 for such persons. 223 h. Such other information as the department considers 224 appropriate. 225 (c) A limited nursing services license shall be issued to a 226 facility that provides services beyond those authorized in 227 paragraph (a) and as specified in this paragraph. 1. In order for limited nursing services to be provided in 228 229 a facility licensed under this part, the agency must first 230 determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, 231

that such services may be provided. Such designation may be made

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at the time of initial licensure or relicensure, or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with part II of chapter 408. Existing facilities qualifying to provide limited nursing services shall have maintained a standard license and may not have been subject to administrative sanctions that affect the health, safety, and welfare of residents for the previous 2 years or since initial licensure if the facility has been licensed for less than 2 years.

2. Facilities that are licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services, which report describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse representing the agency shall visit such facilities at least twice a year to monitor residents who are receiving limited nursing services and to determine if the facility is in compliance with applicable provisions of this part, part II of chapter 408, and related rules. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall also serve as part of the team that inspects such facility.

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

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to provide extended congregate care services.

- (4) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application submitted under this part, part II of chapter 408, and applicable rules. The amount of the fee shall be established by rule.
- (a) The biennial license fee required of a facility is \$356 \$300 per license, with an additional fee of \$67.50 \$50 per resident based on the total licensed resident capacity of the facility, except that no additional fee will be assessed for beds designated for recipients of optional state supplementation payments provided for in s. 409.212. The total fee may not exceed \$18,500 \$10,000.
- (b) In addition to the total fee assessed under paragraph (a), the agency shall require facilities that are licensed to provide extended congregate care services under this part to pay an additional fee per licensed facility. The amount of the biennial fee shall be \$501\$ \$400 per license, with an additional fee of \$10 per resident based on the total licensed resident capacity of the facility.
- (c) In addition to the total fee assessed under paragraph (a), the agency shall require facilities that are licensed to provide limited nursing services under this part to pay an additional fee per licensed facility. The amount of the biennial fee shall be \$250 per license, with an additional fee of \$10 per resident based on the total licensed resident capacity of the facility.
- (6) In order to determine whether the licensee is adequately protecting residents' rights as provided in s. 429.28, the biennial survey shall include private informal

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conversations with a sample of residents and consultation with
the ombudsman council in the planning and service area in which
the facility is located to discuss residents' experiences within
the facility.

- (7) An assisted living facility that has been cited within the previous 24-month period for a class I violation or a class II violation, regardless of the status of any enforcement or disciplinary action, is subject to periodic unannounced monitoring to determine if the facility is in compliance with this part, part II of chapter 408, and applicable rules.

 Monitoring may occur through a desk review or onsite. If a cited violation relates to providing or failing to provide nursing care, a registered nurse must participate in at least two onsite monitoring visits within a 12-month period.
- Section 2. Subsections (1) and (5) of section 429.17, Florida Statutes, are amended to read:
- 429.17 Expiration of license; renewal; conditional license.—
- (1) Limited nursing, Extended congregate care, and limited mental health licenses shall expire at the same time as the facility's standard license, regardless of when issued.
- (5) When an extended <u>congregate</u> care or limited nursing license is requested during a facility's biennial license period, the fee shall be prorated in order to permit the additional license to expire at the end of the biennial license period. The fee shall be calculated as of the date the additional license application is received by the agency.
- Section 3. Subsection (7) of section 429.19, Florida Statutes, is amended to read:

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429.19 Violations; imposition of administrative fines; grounds.—

(7) In addition to any administrative fines imposed, the agency may assess a survey or monitoring fee, equal to the lesser of one half of the facility's biennial license and bed fee or \$500, to cover the cost of conducting initial complaint investigations that result in the finding of a violation that was the subject of the complaint or monitoring visits conducted under s. 429.28(3)(c) to verify the correction of the violations, or to monitor the health, safety, or security of residents under s. 429.07(7).

Section 4. Section 429.255, Florida Statutes, is amended to read:

429.255 Use of personnel; emergency care.

(1) (a) Persons under contract to the facility or, facility staff, or volunteers, who are licensed according to part I of chapter 464, or those persons exempt under s. 464.022(1), and others as defined by rule, may administer medications to residents, take residents' vital signs, manage individual weekly pill organizers for residents who self-administer medication, give prepackaged enemas ordered by a physician, observe residents, document observations on the appropriate resident's record, report observations to the resident's physician, and contract or allow residents or a resident's representative, designee, surrogate, guardian, or attorney in fact to contract with a third party, provided residents meet the criteria for appropriate placement as defined in s. 429.26. Persons under contract to the facility or facility staff who are licensed according to part I of chapter 464 may provide limited nursing

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services. Nursing assistants certified pursuant to part II of chapter 464 may take residents' vital signs as directed by a licensed nurse or physician. The licensee is responsible for maintaining documentation of services provided under this paragraph as required by rule and ensuring that staff are adequately trained to monitor residents receiving these services.

- (b) All staff in facilities licensed under this part shall exercise their professional responsibility to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's physician. However, the owner or administrator of the facility shall be responsible for determining that the resident receiving services is appropriate for residence in the facility.
- (c) In an emergency situation, licensed personnel may carry out their professional duties pursuant to part I of chapter 464 until emergency medical personnel assume responsibility for care.
- (2) In facilities licensed to provide extended congregate care, persons under contract to the facility or, facility staff, or volunteers, who are licensed according to part I of chapter 464, or those persons exempt under s. 464.022(1), or those persons certified as nursing assistants pursuant to part II of chapter 464, may also perform all duties within the scope of their license or certification, as approved by the facility administrator and pursuant to this part.
- (3) Facility staff may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45. The department shall adopt rules

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providing for the implementation of such orders. Facility staff and facilities shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order and rules adopted by the department. The absence of an order to resuscitate executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation as otherwise permitted by law.

Section 5. <u>Subsection (3) of section 429.28, Florida</u> Statutes, is repealed.

Section 6. Paragraphs (i) and (j) of subsection (1) of section 429.41, Florida Statutes, are amended to read:

429.41 Rules establishing standards.-

(1) It is the intent of the Legislature that rules published and enforced pursuant to this section shall include criteria by which a reasonable and consistent quality of resident care and quality of life may be ensured and the results of such resident care may be demonstrated. Such rules shall also ensure a safe and sanitary environment that is residential and noninstitutional in design or nature. It is further intended that reasonable efforts be made to accommodate the needs and preferences of residents to enhance the quality of life in a facility. The agency, in consultation with the department, may adopt rules to administer the requirements of part II of chapter 408. In order to provide safe and sanitary facilities and the highest quality of resident care accommodating the needs and preferences of residents, the department, in consultation with the agency, the Department of Children and Family Services, and

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

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

Section 7. Section 429.54, Florida Statutes, is amended to read:

- 429.54 Collection of information; local subsidy.-
- (1) Facilities that are licensed under this part must report electronically to the agency semiannually, or more frequently as determined by rule, data related to the facility, including, but not limited to: the total number of residents, the number of residents who are receiving limited mental health services, the number of residents who are receiving extended congregate care services, the number of residents who are receiving limited nursing services, funding sources of the residents, and professional staffing employed by or under contract with the licensee to provide resident services. The department, in consultation with the agency, shall adopt rules to administer this subsection.
- (2)(1) To enable the department to collect the information requested by the Legislature regarding the actual cost of providing room, board, and personal care in facilities, the department is authorized to conduct field visits and audits of facilities as may be necessary. The owners of randomly sampled

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facilities shall submit such reports, audits, and accountings of cost as the department may require by rule; provided that such reports, audits, and accountings shall be the minimum necessary to implement the provisions of this section. Any facility selected to participate in the study shall cooperate with the department by providing cost of operation information to interviewers.

(3)(2) Local governments or organizations may contribute to the cost of care of local facility residents by further subsidizing the rate of state-authorized payment to such facilities. Implementation of local subsidy shall require departmental approval and shall not result in reductions in the state supplement.

Section 8. This act shall take effect July 1, 2010.