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By the Committee on Health Regulation; and Senator Garcia

588-03820A-11 20111458c1

A bill to be entitled

An act relating to assisted care communities; amending s. 400.141, F.S.; deleting adult care communities from the standards and rules of the Agency for Health Care Administration which apply to registered pharmacists under contract with a nursing home and related health care facilities; amending s. 408.820, F.S.; providing that assisted living facilities are exempt from certain provisions authorizing the agency to impose administrative fines for violations of laws and applicable rules; amending s. 409.912, F.S.; requiring the agency to provide for the establishment of a demonstration project for a psychiatric facility in Miami-Dade County; amending s. 429.01, F.S.; revising legislative intent and the purposes of the Assisted Living Facilities Act; amending s. 429.02, F.S.; providing, revising, and deleting definitions; amending s. 429.04, F.S.; deleting provisions exempting a home health agency from licensure as an assisted living facility under certain circumstances; amending s. 429.07, F.S.; deleting limited nursing services as a category of care in which the agency may issue a license; revising the criteria and requirements for categories of care in which the agency may issue a license; revising the licensing fees; requiring the agency to conduct a survey to determine whether a facility must be monitored; providing that certain cited assisted living facilities are subject to unannounced monitoring

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activities; providing for a registered nurse to participate in monitoring visits within a certain time following a class I or class II violation involving nursing care; amending s. 429.08, F.S.; requiring emergency medical technicians or paramedics to report the operations of an unlicensed assisted living facility; amending s. 429.11, F.S.; requiring the Agency for Health Care Administration to develop an abbreviated form for submission of proof of financial ability to operate an assisted living facility; amending s. 429.12, F.S.; deleting the provision that requires a transferor of an assisted living facility to advise the transferee that a plan of correction must be submitted by the transferee and approved by the agency within a specified period; amending s. 429.14, F.S.; deleting a provision that authorizes the agency to impose an administrative penalty due to the actions of a facility's employee; revising the actions for which the agency may impose an administrative penalty; conforming a provision to changes made by the act; deleting the provision that authorizes the agency to revoke or deny the license of an assisted living facility that has certain class I violations; deleting a provisions that requires the agency to provide to the Division of Hotels and Restaurants of the Department of Business and Professional Regulation a monthly list of assisted living facilities that have had their licenses denied, suspended, or revoked; amending s. 429.17, F.S.; conforming provisions to

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changes made by the act; revising requirements for a conditional license; amending s. 429.178, F.S.; providing safety requirements for facilities serving persons with Alzheimer's disease or other related disorders; deleting a provision relating to a facility's responsibility for the payment of certain training and education programs; amending s. 429.19, F.S.; revising procedures for the Agency for Health Care Administration regarding the imposition of fines for violations of ch. 429, F.S., related to adult care communities; specifying the conditions or occurrences that constitute a class I, class II, class III, or class IV violation; amending s. 429.195, F.S.; prohibiting the licensee of an assisted living facility from contracting or promising to pay or receive any commission, bonus, kickback, or rebate or from engaging in any split-fee arrangement with any health care provider or health care facility; providing certain exceptions; amending s. 429.20, F.S.; prohibiting the solicitation of contributions of any kind in a threatening, coercive, or unduly forceful manner by or on behalf of an assisted living facility; deleting provisions specifying that the solicitation or receipt of contributions is grounds for denial, suspension, or revocation of a license for an assisted living facility; amending s. 429.23, F.S.; revising reporting requirements with respect to adverse incidents; amending s. 429.255, F.S.; permitting certain licensed persons to provide limited

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nursing services; deleting the provision that allows volunteers to perform duties within the scope of their license or certification in facilities that are licensed to provide extended congregate care; amending s. 429.256, F.S.; authorizing a facility to require certain dispensing systems for residents' prescriptions; revising criteria for assistance with self-administration of medication; amending s. 429.26, F.S.; removing a requirement that a facility notify a licensed physician when a resident exhibits certain signs of dementia, cognitive impairment, or change of condition; amending s. 429.27, F.S.; revising provisions relating to the property and personal effects of residents of a facility; requiring a facility's licensee, owner, administrator, staff, or representative to execute a surety bond for each resident for whom power of attorney has been granted to the licensee, owner, administrator, or staff; deleting the provision that requires a governmental agency or private charitable agency to receive a statement of all funds and other property of a resident; deleting a provision that prohibits an administrator of a facility from levying an additional charge to the individual or the account for any supplies or services that the facility has agreed by contract to provide; repealing s. 429.275(4), F.S., relating to rulemaking authority of the Department of Elderly Affairs over financial records, personnel procedures, accounting procedures, reporting

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procedures, and insurance coverage for residents of assisted living facilities; amending s. 429.28, F.S., relating to the resident bill of rights; revising the number of days' notice for relocation or termination of residency at a facility; removing responsibilities of the agency for conducting compliance surveys and complaint investigations; revising the actions of a person for which a staff member or employee of a facility is prohibited from taking retaliatory action upon; prohibiting the administrator of a facility from terminating the residency of an individual under certain circumstances; amending s. 429.41, F.S.; revising rulemaking authority regarding resident care and maintenance of facilities; requiring the State Fire Marshal, in cooperation with the agency, to establish and enforce firesafety standards; deleting the requirement for a facility to conduct a minimum number of resident elopement drills; requiring the agency to use an abbreviated biennial standard licensure inspection; requiring the agency, in consultation with the Department of Health, to develop, maintain, and update the key quality-of-care standards with input from the State Long-Term Care Ombudsman Council and representatives of associations and organizations representing assisted living facilities; amending s. 429.42, F.S.; removing a provision that required a corrective plan for deficiencies related to assistance with the selfadministration of medication or the administration of

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medication; deleting a requirement that the agency employ a certain number of pharmacists among its personnel who inspect assisted living facilities; amending s. 429.445, F.S.; removing a requirement that an assisted living facility submit certain information to the agency before commencing construction to expand the facility; amending s. 429.47, F.S.; authorizing an owner of an assisted living facility to advertise to the public while the facility is under construction or is seeking licensure; deleting a provision that prohibits a freestanding facility from advertising or implying that any part of it is a nursing home; amending s. 429.49, F.S.; conforming terminology to changes made by the act; amending s. 429.52, F.S.; revising training and education requirements for certain administrators, facility staff, and other licensed professionals; requiring training providers certified by the department to meet continuing education requirements and standards; providing conditions for the sanctioning of training providers and trainees; amending s. 429.53, F.S.; removing provisions relating to preconstruction approvals and reviews and agency consultations; repealing s. 429.54, F.S., relating to the collection of information regarding the actual cost of providing services in assisted living facilities and local subsidies; amending s. 429.71, F.S.; clarifying terminology; removing a provision authorizing the agency to request a plan to remedy violations by adult family-care

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homes; conforming terminology to changes made by the act; amending s. 429.81, F.S.; specifying that residency agreements require a resident to provide 30 days' written notice of intent to terminate his or her residency; creating s. 430.081, F.S.; authorizing the Department of Elderly Affairs to sanction training providers and trainees for infractions involving any required training; providing training infractions; providing sanctions; amending s. 817.505, F.S.; providing that payments by an assisted living facility are not considered patient brokering under certain circumstances; providing that licensure fees adjusted by consumer price index increases prior to the effective date of the act are not intended to be reset by the act and may continue to accrue as authorized by law; 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. Paragraph (d) of subsection (1) of section 400.141, Florida Statutes, is amended to read:

400.141 Administration and management of nursing home facilities.—

- (1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:
- (d) Provide for resident use of a community pharmacy as specified in s. 400.022(1)(q). Any other law to the contrary notwithstanding, a registered pharmacist licensed in Florida, that is under contract with a facility licensed under this

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chapter or chapter 429, shall repackage a nursing facility resident's bulk prescription medication which has been packaged by another pharmacist licensed in any state in the United States into a unit dose system compatible with the system used by the nursing facility, if the pharmacist is requested to offer such service. In order to be eligible for the repackaging, a resident or the resident's spouse must receive prescription medication benefits provided through a former employer as part of his or her retirement benefits, a qualified pension plan as specified in s. 4972 of the Internal Revenue Code, a federal retirement program as specified under 5 C.F.R. s. 831, or a long-term care policy as defined in s. 627.9404(1). A pharmacist who correctly repackages and relabels the medication and the nursing facility which correctly administers such repackaged medication under this paragraph may not be held liable in any civil or administrative action arising from the repackaging. In order to be eligible for the repackaging, a nursing facility resident for whom the medication is to be repackaged shall sign an informed consent form provided by the facility which includes an explanation of the repackaging process and which notifies the resident of the immunities from liability provided in this paragraph. A pharmacist who repackages and relabels prescription medications, as authorized under this paragraph, may charge a reasonable fee for costs resulting from the administration implementation of this provision.

Section 2. Subsection (13) of section 408.820, Florida Statutes, is amended to read:

408.820 Exemptions.—Except as prescribed in authorizing statutes, the following exemptions shall apply to specified

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233 requirements of this part:

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(13) Assisted living facilities, as provided under part I of chapter 429, are exempt from $\underline{ss.}$ $\underline{s.}$ 408.810(10) \underline{and} 408.813(2).

Section 3. Subsection (41) of section 409.912, Florida Statutes, is amended to read:

409.912 Cost-effective purchasing of health care.-The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. To ensure that medical services are effectively utilized, the agency may, in any case, require a confirmation or second physician's opinion of the correct diagnosis for purposes of authorizing future services under the Medicaid program. This section does not restrict access to emergency services or poststabilization care services as defined in 42 C.F.R. part 438.114. Such confirmation or second opinion shall be rendered in a manner approved by the agency. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The agency shall contract with a vendor to monitor and evaluate the clinical practice patterns of providers in order to identify trends that are outside the normal practice patterns of a

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provider's professional peers or the national guidelines of a provider's professional association. The vendor must be able to provide information and counseling to a provider whose practice patterns are outside the norms, in consultation with the agency, to improve patient care and reduce inappropriate utilization. The agency may mandate prior authorization, drug therapy management, or disease management participation for certain populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization. The agency is authorized to limit the entities it contracts with or enrolls as Medicaid providers by developing a provider network through provider credentialing. The agency may competitively bid singlesource-provider contracts if procurement of goods or services results in demonstrated cost savings to the state without limiting access to care. The agency may limit its network based on the assessment of beneficiary access to care, provider availability, provider quality standards, time and distance standards for access to care, the cultural competence of the provider network, demographic characteristics of Medicaid beneficiaries, practice and provider-to-beneficiary standards, appointment wait times, beneficiary use of services, provider turnover, provider profiling, provider licensure history, previous program integrity investigations and findings, peer review, provider Medicaid policy and billing compliance records,

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clinical and medical record audits, and other factors. Providers shall not be entitled to enrollment in the Medicaid provider network. The agency shall determine instances in which allowing Medicaid beneficiaries to purchase durable medical equipment and other goods is less expensive to the Medicaid program than long-term rental of the equipment or goods. The agency may establish rules to facilitate purchases in lieu of long-term rentals in order to protect against fraud and abuse in the Medicaid program as defined in s. 409.913. The agency may seek federal waivers necessary to administer these policies.

(41) The agency shall establish provide for the development of a demonstration project by establishment in Miami-Dade County of a long-term-care facility and a psychiatric facility licensed pursuant to chapter 395 to improve access to health care for a predominantly minority, medically underserved, and medically complex population and to evaluate alternatives to nursing home care and general acute care for such population. Such project is to be located in a health care condominium and collocated colocated with licensed facilities providing a continuum of care. These projects are The establishment of this project is not subject to the provisions of s. 408.036 or s. 408.039.

Section 4. Subsection (2) of section 429.01, Florida Statutes, is amended to read:

429.01 Short title; purpose.-

- (2) The purpose of this act is to:
- (a) Promote the availability of appropriate services for elderly persons and adults with disabilities in the least restrictive and most homelike environment; , to
 - (b) Encourage the development of facilities that promote

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the dignity, individuality, privacy, and decisionmaking ability of such persons; , to

- (c) Provide for the health, safety, and welfare of residents of assisted living facilities in the state; to
- (d) Promote continued improvement of such facilities: τ to encourage the development of innovative and affordable facilities particularly for persons with low to moderate incomes; τ to
- (e) Ensure that all agencies of the state cooperate in the protection of such residents; $_{T}$ and $_{to}$
- (f) Ensure that needed economic, social, mental health, health, and leisure services are made available to residents of such facilities through the efforts of the Agency for Health Care Administration, the Department of Elderly Affairs, the Department of Children and Family Services, the Department of Health, assisted living facilities, and other community agencies.

To the maximum extent possible, appropriate community-based programs must be available to state-supported residents to augment the services provided in assisted living facilities. The Legislature recognizes that assisted living facilities are an important part of the continuum of long-term care in the state as community-based social models that have a health component and not as medical or nursing facilities. In support of the goal of aging in place, the Legislature further recognizes that assisted living facilities should be operated and regulated as residential environments with supportive services and not as medical or nursing facilities and, as such, should not be

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subject to the same regulations as medical or nursing facilities but instead be regulated in a less restrictive manner that is appropriate for a residential, nonmedical setting. The services available in these facilities, either directly or through contract or agreement, are intended to help residents remain as independent as possible. Regulations governing these facilities must be sufficiently flexible to allow facilities to adopt policies that enable residents to age in place when resources are available to meet their needs and accommodate their preferences.

Section 5. Section 429.02, Florida Statutes, is amended to read:

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

- (1) "Activities of daily living" means functions and tasks for self-care, including ambulation, bathing, dressing, eating, grooming, and toileting, and other similar tasks.
- (2) "Administrator" means an individual at least 21 years of age who is responsible for the operation and maintenance of an assisted living facility; for promoting the resident's dignity, autonomy, independence, and privacy in the least restrictive and most homelike setting consistent with the resident's preferences and physical and mental statuses; and for ensuring the appropriateness of continued placement of a resident, in consultation with the resident, resident's representative or designee, if applicable, and the resident's physician.
- (3) "Agency" means the Agency for Health Care Administration.
 - (4) "Aging in place" or "age in place" means the process of

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providing increased or adjusted services to a person to compensate for the physical or mental decline that may occur with the aging process, in order to maximize the person's dignity and independence and permit them to remain in a familiar, noninstitutional, residential environment for as long as possible, as determined by the individual, his or her physician, and the administrator. Such services may be provided by facility staff, volunteers, family, or friends, or through contractual arrangements with a third party.

- (5) "Arbitration" means a process whereby a neutral third person or panel, called an arbitrator or arbitration panel, considers the facts and arguments presented by the parties and renders a decision that may be biding or nonbinding as provided for in chapter 44.
- (6) (5) "Assisted living facility" means any residential setting that provides, directly or indirectly by means of contracts or arrangements, for a period exceeding 24 hours, building or buildings, section or distinct part of a building, private home, boarding home, home for the aged, or other residential facility, whether operated for profit or not, which undertakes through its ownership or management to provide housing, meals, and one or more personal services that meet the resident's changing needs and preferences for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator. As used in this subsection, the term "residential setting" includes, but is not limited to, a building or buildings, section or distinct part of a building, private home, or other residence.
 - (7) (6) "Chemical restraint" means a pharmacologic drug that

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physically limits, restricts, or deprives an individual of movement or mobility, and is used for discipline or convenience and not required for the treatment of medical symptoms.

- (8) (7) "Community living support plan" means a written document prepared by a mental health resident and the resident's mental health case manager, in consultation with the administrator or the administrator's designee, of an assisted living facility with a limited mental health license or the administrator's designee. A copy must be provided to the administrator. The plan must include information about the supports, services, and special needs of the resident which enable the resident to live in the assisted living facility and a method by which facility staff can recognize and respond to the signs and symptoms particular to that resident which indicate the need for professional services.
- (9) (8) "Cooperative agreement" means a written statement of understanding between a mental health care provider and the administrator of the assisted living facility with a limited mental health license in which a mental health resident is living. The agreement must specify directions for accessing emergency and after-hours care for the mental health resident. A single cooperative agreement may service all mental health residents who are clients of the same mental health care provider.
- $\underline{(10)}$ "Department" means the Department of Elderly Affairs.
- $\underline{(11)}$ "Emergency" means a situation, physical condition, or method of operation which presents imminent danger of death or serious physical or mental harm to facility residents.

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(12)(11) "Extended congregate care" means acts beyond those authorized in subsection (19) (16) that may be performed pursuant to part I of chapter 464 by persons licensed thereunder while carrying out their professional duties, and other supportive services which may be specified by rule. The purpose of such services is to enable residents to age in place in a residential environment despite mental or physical limitations that might otherwise disqualify them from residency in a facility licensed under this part.

- $\underline{(13)}$ "Guardian" means a person to whom the law has entrusted the custody and control of the person or property, or both, of a person who has been legally adjudged incapacitated.
- (14) "Licensed facility" means an assisted living facility for which a licensee has been issued a license pursuant to this part and part II of chapter 408.
- (15) (13) "Limited nursing services" means acts that may be performed pursuant to part I of chapter 464 by persons licensed thereunder while carrying out their professional duties but limited to those acts which the department specifies by rule. Acts which may be specified by rule as allowable limited nursing services shall be for persons who meet the admission criteria established by the department for assisted living facilities and shall not be complex enough to require 24-hour nursing supervision and may include such services as the application and care of routine dressings, and care of casts, braces, and splints.
- (16) (14) "Managed risk" means the process by which the facility staff discuss the service plan and the needs of the resident with the resident and, if applicable, the resident's

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representative or designee or the resident's surrogate, guardian, or attorney in fact, in such a way that the consequences of a decision, including any inherent risk, are explained to all parties and reviewed periodically in conjunction with the service plan, taking into account changes in the resident's status and the ability of the facility to respond accordingly.

- (17) (15) "Mental health resident" means an individual who receives social security disability income due to a mental disorder as determined by the Social Security Administration or receives supplemental security income due to a mental disorder as determined by the Social Security Administration and receives optional state supplementation.
- (18) "Person" means any individual, partnership, corporation, association, or governmental unit.
- (19) (16) "Personal services" means direct physical assistance with or supervision of the activities of daily living and the self-administration of medication and other similar services which the department may define by rule. "Personal services" shall not be construed to mean the provision of medical, nursing, dental, or mental health services.
- (20) (17) "Physical restraint" means a device which physically limits, restricts, or deprives an individual of movement or mobility, including, but not limited to, a half-bed rail, a full-bed rail, a geriatric chair, and a posey restraint. The term "physical restraint" shall also include any device which was not specifically manufactured as a restraint but which has been altered, arranged, or otherwise used for this purpose. The term shall not include bandage material used for the purpose

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494 of binding a wound or injury.

(21) (18) "Relative" means an individual who is the father, mother, stepfather, stepmother, son, daughter, brother, sister, grandmother, grandfather, great-grandmother, great-grandfather, grandson, granddaughter, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister of an owner or administrator.

(22) "Resident" means a person 18 years of age or older, residing in and receiving care from an assisted living a facility.

(23) (20) "Resident's representative or designee" means a person other than the owner, or an agent or employee of the assisted living facility, designated in writing by the resident, if legally competent, to receive notice of changes in the contract executed pursuant to s. 429.24; to receive notice of and to participate in meetings between the resident and the facility owner, administrator, or staff concerning the rights of the resident; to assist the resident in contacting the ombudsman council if the resident has a complaint against the facility; or to bring legal action on behalf of the resident pursuant to s. 429.29.

(24) (21) "Service plan" means a written plan, developed and agreed upon by the resident and, if applicable, the resident's representative or designee or the resident's surrogate, guardian, or attorney in fact, if any, and the administrator or the administrator's designee representing the facility, which addresses the unique physical and psychosocial needs, abilities,

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and personal preferences of each resident receiving extended congregate care services. The plan shall include a brief written description, in easily understood language, of what services shall be provided, who shall provide the services, when the services shall be rendered, and the purposes and benefits of the services.

- (25)(22) "Shared responsibility" means exploring the options available to a resident within a facility and the risks involved with each option when making decisions pertaining to the resident's abilities, preferences, and service needs, thereby enabling the resident and, if applicable, the resident's representative or designee, or the resident's surrogate, guardian, or attorney in fact, and the facility to develop a service plan which best meets the resident's needs and seeks to improve the resident's quality of life.
- (26) (23) "Supervision" means reminding residents to engage in activities of daily living and the self-administration of medication, and, when necessary, observing or providing verbal cuing to residents while they perform these activities. The term "supervision" does not include one-on-one observation.
- (27) (24) "Supplemental security income," Title XVI of the Social Security Act, means a program through which the Federal Government guarantees a minimum monthly income to every person who is age 65 or older, or disabled, or blind and meets the income and asset requirements.
- (28) (25) "Supportive services" means services designed to encourage and assist residents aged persons or adults with disabilities to remain in the least restrictive living environment and to maintain their independence as long as

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(29) (26) "Twenty-four-hour nursing supervision" means services that are ordered by a physician for a resident whose condition requires the supervision of a physician and continued monitoring of vital signs and physical status. Such services shall be: medically complex enough to require constant supervision, assessment, planning, or intervention by a nurse; required to be performed by or under the direct supervision of licensed nursing personnel or other professional personnel for safe and effective performance; required on a daily basis; and consistent with the nature and severity of the resident's condition or the disease state or stage.

Section 6. Paragraphs (g) and (h) of subsection (2) of section 429.04, Florida Statutes, are amended to read:

429.04 Facilities to be licensed; exemptions.-

- (2) The following are exempt from licensure under this part:
- (g) Any facility certified under chapter 651, or a retirement community, may provide services authorized under this part or part III of chapter 400 to its residents who live in single-family homes, duplexes, quadruplexes, or apartments located on the campus without obtaining a license to operate an assisted living facility if residential units within such buildings are used by residents who do not require staff supervision for that portion of the day when personal services are not being delivered and the owner obtains a home health license to provide such services. However, any building or distinct part of a building on the campus that is designated for persons who receive personal services and require supervision

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beyond that which is available while such services are being rendered must be licensed in accordance with this part. If a facility provides personal services to residents who do not otherwise require supervision and the owner is not licensed as a home health agency, the buildings or distinct parts of buildings where such services are rendered must be licensed under this part. A resident of a facility that obtains a home health license may contract with a home health agency of his or her choice, provided that the home health agency provides liability insurance and workers' compensation coverage for its employees. Facilities covered by this exemption may establish policies that give residents the option of contracting for services and care beyond that which is provided by the facility to enable them to age in place. For purposes of this section, a retirement community consists of a facility licensed under this part or a facility licensed under part II of chapter 400, and apartments designed for independent living located on the same campus.

(h) Any residential unit for independent living which is located within a facility certified under chapter 651, or any residential unit for independent living which is collocated colocated with a nursing home licensed under part II of chapter 400 or collocated colocated with a facility licensed under this part in which services are provided through an outpatient clinic or a nursing home on an outpatient basis.

Section 7. 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.-

(3) In addition to the requirements of s. 408.806, each

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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 a licensee for a facility facilities providing one or more of the personal services identified in s. 429.02. Such 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 for a facility facilities providing, directly or through contract, services beyond those authorized in paragraph (a), including services performed by persons licensed under part I of chapter 464 and supportive services, as defined by rule, to persons who would otherwise be disqualified from continued residence in a facility licensed under this part.
- 1. In order for extended congregate care services to be provided, 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 the 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. The notification of approval or the denial of the request shall be made in accordance with part II of chapter 408. Existing facilities qualifying to provide extended congregate care

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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 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;
- $\underline{\text{b.d.}}$ Violation of resident care standards which results in requiring the facility to employ the services of a consultant pharmacist or consultant dietitian; or
- e. Denial, suspension, or revocation of a license for another facility licensed under this part in which the applicant for an extended congregate care license has at least 25 percent ownership interest; or
- $\underline{\text{c.f.}}$ Imposition of a moratorium pursuant to this part or part II of chapter 408 or initiation of injunctive proceedings.
- 2. A <u>licensee</u> <u>facility</u> that is licensed to provide extended congregate care services shall maintain a written progress report <u>for</u> on each person who receives services, and the report <u>must describe</u> which 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, or appropriate designee, representing the agency shall visit the facility at least guarterly to monitor residents who are receiving extended

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588-03820A-11 20111458c1 congregate care services and to determine if the facility is in compliance with this part, part II of chapter 408, and relevant rules. One of the 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 the 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. The agency must first 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. A <u>licensee</u> <u>facility</u> that is licensed to provide extended congregate care services shall <u>must</u>:
- 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 by rule.
- c. Have sufficient staff available, taking into account the physical plant and firesafety features of the residential

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 $\underline{\text{setting}}$ $\underline{\text{building}},$ to assist with the evacuation of residents in an emergency.

- d. Adopt and follow policies and procedures that maximize resident independence, dignity, choice, and decisionmaking to permit residents to age in place, 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, directly or through contract, the services of a person licensed under 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. A facility that is licensed to provide extended congregate care services is exempt from the criteria for continued residency set forth in rules adopted under s. 429.41. A licensed facility must adopt its own requirements within guidelines for continued residency set forth by rule. However, the facility may not serve residents who require 24-hour nursing supervision. A licensed facility that provides extended congregate care services must also 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

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of remaining in a familiar setting from which they would otherwise be disqualified for continued residency. A 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 the 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 <u>licensee</u> 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.
- (c) A limited nursing services license shall be issued to a facility that provides services beyond those authorized in paragraph (a) and as specified in this paragraph.
- 1. In order for limited nursing 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. 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

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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 to provide extended congregate care services.

(4) In accordance with s. 408.805, an applicant or licensee

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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 \$300 per license, with an additional fee of \$71 \$50 per resident based on the total licensed resident capacity of the facility, except that no additional fee will be assessed for beds used by designated for recipients of Medicaid home and community-based waiver programs optional state supplementation payments provided for in s. 409.212. The total fee may not exceed \$13,443 \$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 \$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 facility is adequately protecting residents' rights as provided in s.

 429.28, the agency's standard license survey shall include private informal conversations with a sample of residents and consultation with the ombudsman council in the planning and

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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 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 an onsite assessment. If the class I violation or class II violation relates to providing or failing to provide nursing care, a registered nurse must participate in the monitoring visits during the 12-month period following the violation.
- Section 8. Paragraph (a) of subsection (2) of section 429.08, Florida Statutes, is amended to read:
- 429.08 Unlicensed facilities; referral of person for residency to unlicensed facility; penalties.—
- (2) It is unlawful to knowingly refer a person for residency to an unlicensed assisted living facility; to an assisted living facility the license of which is under denial or has been suspended or revoked; or to an assisted living facility that has a moratorium pursuant to part II of chapter 408.
- (a) Any health care practitioner, as defined in s. 456.001, or emergency medical technician or paramedic certified under part III of chapter 401, who is aware of the operation of an unlicensed facility shall report that facility to the agency. Failure to report a facility that the practitioner knows or has reasonable cause to suspect is unlicensed shall be reported to the practitioner's licensing board.

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Section 9. Subsection (8) is added to section 429.11, Florida Statutes, to read:

- 429.11 Initial application for license; provisional license.—
- (8) The agency shall develop an abbreviated form for submission of proof of financial ability to operate under s.

 408.810(8) which is specific to applicants for a license to operate an assisted living facility. The form must request information that demonstrates the applicant has adequate resources to sustain operations and has sufficient assets, credit, and projected revenues to cover liabilities and expenses of the facility based on the number of beds and services the applicant will provide.

Section 10. Section 429.12, Florida Statutes, is amended to read:

- 429.12 Sale or transfer of ownership of a facility.—It is the intent of the Legislature to protect the rights of the residents of an assisted living facility when the facility is sold or the ownership thereof is transferred. Therefore, In addition to the requirements of part II of chapter 408, whenever a facility is sold or the ownership thereof is transferred, including leasing, ÷
- (1) the transferee shall notify the residents, in writing, of the change of ownership within 7 days after receipt of the new license in order to protect the rights of the residents of an assisted living facility.
- (2) The transferor of a facility the license of which is denied pending an administrative hearing shall, as a part of the written change-of-ownership contract, advise the transferee that

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a plan of correction must be submitted by the transferee and approved by the agency at least 7 days before the change of ownership and that failure to correct the condition which resulted in the moratorium pursuant to part II of chapter 408 or denial of licensure is grounds for denial of the transferee's license.

Section 11. Section 429.14, Florida Statutes, is amended to read:

429.14 Administrative penalties.-

- (1) In addition to the requirements of part II of chapter 408, the agency may deny, revoke, and suspend any license issued under this part and impose an administrative fine in the manner provided in chapter 120 against a licensee for a violation of any provision of this part, part II of chapter 408, or applicable rules, or for any of the following actions by a licensee, or for the actions of any person subject to level 2 background screening under s. 408.809, or for the actions of any facility employee:
- (a) An intentional or negligent act seriously affecting the health, safety, or welfare of a resident of the facility.
- (b) The determination by the agency that the owner lacks the financial ability to provide continuing adequate care to residents.
- (c) Misappropriation or conversion of the property of a resident of the facility.
- (d) Failure to follow the criteria and procedures provided under part I of chapter 394 relating to the transportation, voluntary admission, and involuntary examination of a facility resident.

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(d) (e) A citation of any of the following violations deficiencies as specified in s. 429.19:

- 1. One or more cited class I violations deficiencies.
- 2. Three or more cited class II violations deficiencies.
- 3. Five or more cited class III $\underline{\text{violations}}$ deficiencies that have been cited on a single survey and have not been corrected within the times specified.
- $\underline{\text{(e)}}$ (f) Failure to comply with the background screening standards of this part, s. 408.809(1), or chapter 435.
 - $(f) \frac{(g)}{(g)}$ Violation of a moratorium.
- (g) (h) Failure of the license applicant, the licensee during relicensure, or a licensee that holds a provisional license to meet the minimum license requirements of this part, or related rules, at the time of license application or renewal.
- (h)(i) An intentional or negligent life-threatening act in violation of the uniform firesafety standards for assisted living facilities or other firesafety standards that threatens the health, safety, or welfare of a resident of a facility, as communicated to the agency by the local authority having jurisdiction or the State Fire Marshal.
- <u>(i) (j)</u> Knowingly operating any unlicensed facility or providing without a license any service that must be licensed under this chapter or chapter 400.
- $\underline{\text{(j)}}$ (k) Any act constituting a ground upon which application for a license may be denied.
- (2) Upon notification by the local authority having jurisdiction or by the State Fire Marshal, the agency may deny or revoke the license of a licensee of an assisted living facility that fails to correct cited fire code violations that

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affect or threaten the health, safety, or welfare of a resident of a facility.

- (3) The agency may deny a license to any applicant or controlling interest as defined in part II of chapter 408 which has or had a 25-percent or greater financial or ownership interest in any other facility licensed under this part, or in any entity licensed by this state or another state to provide health or residential care, which facility or entity during the 5 years prior to the application for a license closed due to financial inability to operate; had a receiver appointed or a license denied, suspended, or revoked; was subject to a moratorium; or had an injunctive proceeding initiated against it.
- (4) The agency shall deny or revoke the license of an assisted living facility that has two or more class I violations that are similar or identical to violations identified by the agency during a survey, inspection, monitoring visit, or complaint investigation occurring within the previous 2 years.
- (4) (5) An action taken by the agency to suspend, deny, or revoke a licensee's facility's license under this part or part II of chapter 408, in which the agency claims that the facility owner or a staff member an employee of the facility has threatened the health, safety, or welfare of a resident of the facility must be heard by the Division of Administrative Hearings of the Department of Management Services within 120 days after receipt of the facility's request for a hearing, unless that time limitation is waived by both parties. The administrative law judge must render a decision within 30 days after receipt of a proposed recommended order.

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(6) The agency shall provide to the Division of Hotels and Restaurants of the Department of Business and Professional Regulation, on a monthly basis, a list of those assisted living facilities that have had their licenses denied, suspended, or revoked or that are involved in an appellate proceeding pursuant to s. 120.60 related to the denial, suspension, or revocation of a license.

(5) (7) Agency notification of a license suspension or revocation, or denial of a license renewal, shall be posted and visible to the public at the facility.

Section 12. Subsections (1), (4), 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.
- (4) In addition to the license categories available in s. 408.808, a conditional license may be issued to an applicant for license renewal if the applicant fails to meet all standards and requirements for licensure. A conditional license issued under this subsection shall be limited in duration to a specific period of time not to exceed 6 months, as determined by the agency, and shall be accompanied by an agency-approved plan of correction.
- (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

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period. The fee shall be calculated as of the date the additional license application is received by the agency.

Section 13. Subsections (1), (6), (7), and (8) of section 429.178, Florida Statutes, are amended to read:

429.178 Special care for persons with Alzheimer's disease or other related disorders.—

- (1) A facility that which advertises that it provides special care for persons with Alzheimer's disease or other related disorders must meet the following standards of operation:
- (a) 1. If the facility has 17 or more residents, Have an awake staff member on duty at all hours of the day and night for each secured unit of the facility which houses any residents who have Alzheimer's disease or other related disorders.; or
- 2. If the facility has fewer than 17 residents, have an awake staff member on duty at all hours of the day and night or have mechanisms in place to monitor and ensure the safety of the facility's residents.
- (b) Offer activities specifically designed for persons who are cognitively impaired.
- (c) Have a physical environment that provides for the safety and welfare of the facility's residents.
- (d) Employ staff who have completed the training and continuing education required in subsection (2).

For the safety and protection of residents who have Alzheimer's disease, related disorders, or dementia, a secured locked unit may be designated. The unit may consist of the entire building or a distinct part of the building. Exit doors shall be equipped

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with an operating alarm system that releases upon activation of the fire alarm. These units are exempt from specific life safety requirements to which assisted living facilities are normally subject. A staff member must be awake and present in the secured unit at all times.

- (6) The department shall maintain and post on its website keep a current list of providers who are approved to provide initial and continuing education for staff and direct care staff members of facilities that provide special care for persons with Alzheimer's disease or other related disorders.
- (7) Any facility more than 90 percent of whose residents receive monthly optional supplementation payments is not required to pay for the training and education programs required under this section. A facility that has one or more such residents shall pay a reduced fee that is proportional to the percentage of such residents in the facility. A facility that does not have any residents who receive monthly optional supplementation payments must pay a reasonable fee, as established by the department, for such training and education programs.
- $\underline{(7)}$ (8) The department shall adopt rules to establish standards for trainers and training and to implement this section.
- Section 14. Subsections (1), (2), (5), (7), (8), and (9) of section 429.19, Florida Statutes, are amended to read:
- 429.19 Violations; imposition of administrative fines; grounds.—
- (1) In addition to the requirements of part II of chapter 408, the agency shall impose an administrative fine in the

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manner provided in chapter 120 for the violation of any provision of this part, part II of chapter 408, and applicable rules by an assisted living facility, for the actions of any person subject to level 2 background screening under s. 408.809, for the actions of any facility employee, or for an intentional or negligent act seriously affecting the health, safety, or welfare of a resident of the facility.

- (2) Each violation of this part and adopted rules shall be classified according to the nature of the violation and the gravity of its probable effect on facility residents. The agency shall indicate the classification on the written notice of the violation as follows:
- (a) Class "I" violations are those conditions or occurrences related to the operation and maintenance of a facility or to the care of residents which the agency determines present an imminent danger to the residents or a substantial probability that death or serious physical or emotional harm would result. The condition or practice that constitutes a class I violation must be abated or eliminated within 24 hours, unless a fixed period, as determined by the agency, is required for correction defined in s. 408.813. The agency shall impose an administrative fine for a cited class I violation in an amount not less than \$5,000 and not exceeding \$10,000 for each violation. A fine shall be levied notwithstanding the correction of the violation.
- (b) Class "II" violations are those conditions or occurrences related to the operation and maintenance of a facility or to the care of residents which the agency determines directly threaten the physical or emotional health, safety, or

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security of the residents, other than class I violations defined in s. 408.813. The agency shall impose an administrative fine for a cited class II violation in an amount not less than \$1,000 and not exceeding \$5,000 for each violation. A fine shall be levied notwithstanding the correction of the violation.

- (c) Class "III" violations are those conditions or occurrences related to the operation and maintenance of a facility or to the care of residents which the agency determines indirectly or potentially threaten the physical or emotional health, safety, or security of residents, other than class I violations or class II violations defined in s. 408.813. The agency shall impose an administrative fine for a cited class III violation in an amount not less than \$500 and not exceeding \$1,000 for each violation. If a class III violation is corrected within the time specified, a fine may not be imposed.
- (d) Class "IV" violations are those conditions or occurrences related to the operation and maintenance of a facility or to required reports, forms, or documents which do not have the potential of negatively affecting residents. These violations are of a type that the agency determines do not threaten the health, safety, or security of residents defined in s. 408.813. The agency shall impose an administrative fine for a cited class IV violation in an amount not less than \$100 and not exceeding \$200 for each violation. A citation for a class IV violation must specify the time within which the violation is required to be corrected. If a class IV violation is corrected within the time specified, a fine may not be imposed.
- (5) Any action taken to correct a violation shall be documented in writing by the licensee owner or administrator of

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the facility and verified through followup visits by agency personnel <u>or desk review</u>. The agency may impose a fine and, in the case of an owner-operated facility, revoke or deny a <u>licensee's facility's</u> license when <u>the agency has documented</u> that a facility administrator <u>has fraudulently misrepresented</u> misrepresents action taken to correct a violation.

- (7) In addition to any administrative fines imposed, the agency may assess a survey 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.
- (8) During an inspection, the agency shall make a reasonable attempt to discuss each violation with the owner or administrator of the facility before giving, prior to written notification.
- (9) The agency shall develop and disseminate an annual list of all facilities sanctioned or fined for violations of state standards, the number and class of violations involved, the penalties imposed, and the current status of cases. The list shall be disseminated, at no charge, to the Department of Elderly Affairs, the Department of Health, the Department of Children and Family Services, the Agency for Persons with Disabilities, the area agencies on aging, the Florida Statewide Advocacy Council, and the state and local ombudsman councils. The Department of Children and Family Services shall disseminate the list to service providers under contract to the department who are responsible for referring persons to a facility for

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residency. The agency may charge a fee commensurate with the
cost of printing and postage to other interested parties
requesting a copy of this list. This information may be provided
electronically or through the agency's Internet site.

Section 15. Section 429.195, Florida Statutes, is amended to read:

429.195 Rebates prohibited; penalties.-

- (1) It is unlawful for the licensee of any assisted living facility licensed under this part to contract or promise to pay or receive any commission, bonus, kickback, or rebate or engage in any split-fee arrangement in any form whatsoever with any health care provider or health care facility under s. 817.505 physician, surgeon, organization, agency, or person, either directly or indirectly, for residents referred to an assisted living facility licensed under this part. A facility may employ or contract with persons to market the facility, provided the employee or contract provider clearly indicates that he or she represents the facility. A person or agency independent of the facility may provide placement or referral services for a fee to individuals seeking assistance in finding a suitable facility; however, any fee paid for placement or referral services must be paid by the individual looking for a facility, not by the facility.
- (2) A violation of this section shall be considered patient brokering and is punishable as provided in s. 817.505.
 - (3) This section does not apply to:
- (a) Any individual with whom the facility employs or contracts with to market the facility if the employee or contract provider clearly indicates that he or she works with or

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1161 for the facility.

(b) A referral service that provides information, consultation, or referrals to consumers to assist them in finding appropriate care or housing options for seniors or disabled adults if such referred consumers are not Medicaid recipients.

(c) A resident of an assisted living facility who refers to the assisted living facility a friend, a family member, or other individual with whom the resident has a personal relationship.

Such a referral does not prohibit the assisted living facility from providing a monetary reward to the resident for making such a referral.

Section 16. Subsections (2) and (3) of section 429.20, Florida Statutes, are amended to read:

429.20 Certain solicitation prohibited; third-party supplementation.—

- (2) Solicitation of contributions of any kind in a threatening, coercive, or unduly forceful manner by or on behalf of an assisted living facility or facilities by any agent, employee, owner, or representative of any assisted living facility or facilities is prohibited grounds for denial, suspension, or revocation of the license of the assisted living facility or facilities by or on behalf of which such contributions were solicited.
- (3) The admission or maintenance of assisted living facility residents whose care is supported, in whole or in part, by state funds may not be conditioned upon the receipt of any manner of contribution or donation from any person. The solicitation or receipt of contributions in violation of this

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subsection is grounds for denial, suspension, or revocation of
license, as provided in s. 429.14, for any assisted living
facility by or on behalf of which such contributions were
solicited.

Section 17. Section 429.23, Florida Statutes, is amended to read:

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

- (1) Every <u>licensed</u> facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, <u>violations</u> <u>deficiencies</u> cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences.
- (2) Every <u>licensed</u> facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means:
- (a) An event over which facility <u>staff</u> <u>personnel</u> could exercise control rather than as a result of the resident's condition and results in:
 - 1. Death;
 - 2. Brain or spinal damage;
- Permanent disfigurement;
- 1215 4. Fracture or dislocation of bones or joints;
- 5. Any condition that required medical attention to which the resident has not given his or her consent, excluding proceedings governed by part I of chapter 394, but including

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1219 failure to honor advanced directives;

- 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or
- 7. An event that is reported to law enforcement or its personnel for investigation; or
- (b) Resident elopement, if the elopement places the resident at risk of harm or injury.
- (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section.

 The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident.
- (3) (4) A licensed facility Licensed facilities shall provide within 15 business days after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a full report to the agency on the all adverse incident, including information regarding the identity of the affected resident, the type of adverse incident, and incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident.
- (5) Each facility shall report monthly to the agency any liability claim filed against it. The report must include the name of the resident, the dates of the incident leading to the claim, if applicable, and the type of injury or violation of rights alleged to have occurred. This report is not discoverable

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in any civil or administrative action, except in such actions brought by the agency to enforce the provisions of this part.

- $\underline{(4)}$ (6) Abuse, neglect, or exploitation must be reported to the Department of Children and Family Services as required under chapter 415.
- (5) (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 must shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.
- (6) (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.
- $\underline{(7)}$ (9) The adverse incident report reports and preliminary adverse incident reports required under this section \underline{is} are confidential as provided by law and \underline{is} are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory

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1278 (8) (10) The Department of Elderly Affairs may adopt rules
1279 necessary to administer this section.

Section 18. Subsections (1) and (2) of section 429.255, Florida Statutes, are 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, quardian, or attorney in fact to contract with a third party, provided residents meet the criteria for appropriate placement as defined in s. 429.26. Nursing assistants certified pursuant to part II of chapter 464 may take residents' vital signs as directed by a licensed nurse or physician. A person under contract to the facility or facility staff who is licensed under part I of chapter 464 may provide limited nursing 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 administrator or the administrator's designee resident's physician. However, The

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owner or administrator of the facility shall be responsible for determining that the resident receiving services is appropriate for residence in the assisted living 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.

Section 19. Subsections (2), (3), and (4) of section 429.256, Florida Statutes, are amended to read:

- 429.256 Assistance with self-administration of medication.-
- (2) Residents who are capable of self-administering their own medications without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. Assistance with self-medication by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a resident or the resident's surrogate, guardian, or attorney in fact. To minimize

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the potential risk for improper dosage administration of prescription drugs, a facility may require standard-medication dispensing systems for residents' prescriptions, as specified by rule. For the purposes of this section, self-administered medications include both legend and over-the-counter oral dosage forms, topical dosage forms and topical ophthalmic, otic, and nasal dosage forms including solutions, suspensions, sprays, and inhalers, and continuous positive airway pressure machines.

- (3) Assistance with self-administration of medication includes:
- (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident.
- (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.
- (c) Placing an oral dosage in the resident's hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth.
 - (d) Applying topical medications.
 - (e) Returning the medication container to proper storage.
- (f) Keeping a record of when a resident receives assistance with self-administration under this section.
 - (g) Assisting a resident in holding a nebulizer.
 - (h) Using a glucometer to perform blood glucose checks.
- (i) Assisting with the putting on and taking off antiembolism stockings.
 - (j) Assisting with applying and removing an oxygen cannula.
 - (4) Assistance with self-administration does not include:

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(a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.

- (b) The preparation of syringes for injection or the administration of medications by any injectable route.
- (c) Administration of medications through intermittent positive pressure breathing machines or a nebulizer.
- $\underline{\text{(c)}}$ (d) Administration of medications by way of a tube inserted in a cavity of the body.
 - (d) (e) Administration of parenteral preparations.
- $\underline{\text{(e)}}$ Irrigations or debriding agents used in the treatment of a skin condition.
 - (f) (g) Rectal, urethral, or vaginal preparations.
- (g) (h) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
- (h)(i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
- Section 20. Subsections (3), (7), (8), (9), (10), and (11) of section 429.26, Florida Statutes, are amended to read:
- 429.26 Appropriateness of placements; examinations of residents.—
- (3) Persons licensed under part I of chapter 464 who are employed by or under contract with a facility shall, on a

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routine basis or at least monthly, perform a nursing assessment of the residents for whom they are providing nursing services ordered by a physician, except administration of medication, and shall document such assessment, including any significant change substantial changes in a resident's status which may necessitate relocation to a nursing home, hospital, or specialized health care facility. Such records shall be maintained in the facility for inspection by the agency and shall be forwarded to the resident's case manager, if applicable.

(7) The facility must notify a licensed physician when a resident exhibits signs of dementia or cognitive impairment or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such dementia or impairment. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition.

(7) (8) The Department of Children and Family Services may require an examination for supplemental security income and optional state supplementation recipients residing in facilities at any time and shall provide the examination whenever a resident's condition requires it. Any facility administrator; personnel of the agency, the department, or the Department of Children and Family Services; or long-term care ombudsman council member who believes a resident needs to be evaluated shall notify the resident's case manager, who shall take appropriate action. A report of the examination findings shall

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be provided to the resident's case manager and the facility administrator to help the administrator meet his or her responsibilities under subsection (1).

- (8) (9) A terminally ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the administrator facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met.
- (9) (10) Facilities licensed to provide extended congregate care services shall promote aging in place by determining appropriateness of continued residency based on a comprehensive review of the resident's physical and functional status; the ability of the facility, family members, friends, or any other pertinent individuals or agencies to provide the care and services required; and documentation that a written service plan consistent with facility policy has been developed and implemented to ensure that the resident's needs and preferences are addressed.
- $\underline{(10)}$ (11) A No resident who requires 24-hour nursing supervision, except for a resident who is an enrolled hospice patient pursuant to part IV of chapter 400, $\underline{\text{may not}}$ shall be retained in a $\underline{\text{licensed}}$ facility $\underline{\text{licensed}}$ under this part.
- Section 21. Section 429.27, Florida Statutes, is amended to read:
 - 429.27 Property and personal affairs of residents.-
- (1) (a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her

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roommate; and, whenever possible, unless the resident is adjudicated incompetent or incapacitated under state law, managing his or her own affairs.

- (b) The admission of a resident to a facility and his or her presence therein <u>does shall</u> not <u>give confer on</u> the facility or its <u>licensee</u>, owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence <u>give confer on</u> any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.
- (2) The licensee, A facility, or an owner, administrator, employee of an assisted living facility, or representative thereof, may not act as the guardian, trustee, or conservator for any resident of the assisted living facility or any of such resident's property. A licensee, An owner, administrator, or staff member, or representative thereof, may not act as a competent resident's payee for social security, veteran's, or railroad benefits without the consent of the resident. Any facility whose licensee, owner, administrator, or staff, or representative thereof, serves as representative payee for any resident of the facility shall file a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to residents, or expendable for their account, which are received by a facility. Any facility whose licensee, owner, administrator, or staff, or a representative thereof, is granted power of attorney for any resident of the facility shall file a surety bond with the

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agency for each resident for whom such power of attorney is granted. The surety bond shall be in an amount equal to twice the average monthly income of the resident, plus the value of any resident's property under the control of the attorney in fact. The bond shall be executed by the facility's licensee, owner, administrator, or staff, or a representative thereof, facility as principal and a licensed surety company. The bond shall be conditioned upon the faithful compliance of the licensee, owner, administrator, or staff, or a representative thereof, of the facility with this section and shall run to the agency for the benefit of any resident who suffers a financial loss as a result of the misuse or misappropriation by a licensee, owner, administrator, or staff, or representative thereof, of the facility of funds held pursuant to this subsection. Any surety company that cancels or does not renew the bond of any licensee shall notify the agency in writing not less than 30 days in advance of such action, giving the reason for the cancellation or nonrenewal. Any facility's licensee, facility owner, administrator, or staff, or representative thereof, who is granted power of attorney for any resident of the facility shall, on a monthly basis, be required to provide the resident a written statement of any transaction made on behalf of the resident pursuant to this subsection, and a copy of such statement given to the resident shall be retained in each resident's file and available for agency inspection.

(3) A <u>facility's administrator facility</u>, upon mutual consent with the resident, shall provide for the safekeeping in the facility of personal effects, including funds not in excess of \$500 and funds of the resident not in excess of \$200 cash,

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and shall keep complete and accurate records of all such funds and personal effects received. If a resident is absent from a facility for 24 hours or more, the facility may provide for the safekeeping of the resident's personal effects, including funds in excess of \$500.

- (4) Any funds or other property belonging to or due to a resident, or expendable for his or her account, which is received by the administrator a facility shall be trust funds which shall be kept separate from the funds and property of the facility and other residents or shall be specifically credited to such resident. Such trust funds shall be used or otherwise expended only for the account of the resident. Upon written request, at least once every 3 months, unless upon order of a court of competent jurisdiction, the administrator facility shall furnish the resident and his or her guardian, trustee, or conservator, if any, a complete and verified statement of all funds and other property to which this subsection applies, detailing the amount and items received, together with their sources and disposition. In any event, the administrator facility shall furnish such statement annually and upon the discharge or transfer of a resident. Any governmental agency or private charitable agency contributing funds or other property to the account of a resident shall also be entitled to receive such statement annually and upon the discharge or transfer of the resident.
- (5) Any personal funds available to facility residents may be used by residents as they choose to obtain clothing, personal items, leisure activities, and other supplies and services for their personal use. An administrator A facility may not demand,

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require, or contract for payment of all or any part of the personal funds in satisfaction of the facility rate for supplies and services beyond that amount agreed to in writing and may not levy an additional charge to the individual or the account for any supplies or services that the facility has agreed by contract to provide as part of the standard monthly rate. Any service or supplies provided by the facility which are charged separately to the individual or the account may be provided only with the specific written consent of the individual, who shall be furnished in advance of the provision of the services or supplies with an itemized written statement to be attached to the contract setting forth the charges for the services or supplies.

- (6) (a) In addition to any damages or civil penalties to which a person is subject, any person who:
- 1. Intentionally withholds a resident's personal funds, personal property, or personal needs allowance, or who demands, beneficially receives, or contracts for payment of all or any part of a resident's personal property or personal needs allowance in satisfaction of the facility rate for supplies and services; or
- 2. Borrows from or pledges any personal funds of a resident, other than the amount agreed to by written contract under s. 429.24,
- commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- (b) Any <u>licensee</u>, facility owner, administrator, or staff, or representative thereof, who is granted power of attorney for

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any resident of the facility and who misuses or misappropriates funds obtained through this power commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

- (7) In the event of the death of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the licensee facility to the resident. If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the licensee facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility. If the funds of the deceased resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's death, the funds shall be deposited in the Health Care Trust Fund administered by the agency.
- (8) The department may by rule clarify terms and specify procedures and documentation necessary to administer the provisions of this section relating to the proper management of residents' funds and personal property and the execution of surety bonds.

Section 22. <u>Subsection (4) of section 429.275, Florida</u>
Statutes, is repealed.

Section 23. Paragraph (k) of subsection (1) and subsections

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(3), (4), (5), (6), and (7) of section 429.28, Florida Statutes, are amended to read:

429.28 Resident bill of rights.-

- (1) \underline{A} No resident of a facility \underline{may} not \underline{shall} be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
- (k) At least 30 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 30 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
- (3) (a) The agency shall conduct a survey to determine general compliance with facility standards and compliance with residents' rights as a prerequisite to initial licensure or licensure renewal.
- (b) In order to determine whether the facility is adequately protecting residents' rights, the biennial survey shall include private informal conversations with a sample of residents and consultation with the ombudsman council in the

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planning and service area in which the facility is located to discuss residents' experiences within the facility.

- (c) During any calendar year in which no survey is conducted, the agency shall conduct at least one monitoring visit of each facility cited in the previous year for a class I or class II violation, or more than three uncorrected class III violations.
- (d) The agency may conduct periodic followup inspections as necessary to monitor the compliance of facilities with a history of any class I, class II, or class III violations that threaten the health, safety, or security of residents.
- (e) The agency may conduct complaint investigations as warranted to investigate any allegations of noncompliance with requirements required under this part or rules adopted under this part.
- (3) (4) The administrator shall ensure that facility shall not hamper or prevent residents may exercise from exercising their rights as specified in this section.
- (4) (5) A staff member No facility or employee of a facility may not serve notice upon a resident to leave the premises or take any other retaliatory action against any person who:
 - (a) Exercises any right set forth in this section.
- (b) Appears as a witness in any hearing, inside or outside the facility.
- (c) Files a civil action alleging a violation of the provisions of this part or notifies a state attorney or the Attorney General of a possible violation of such provisions.
- (5) (6) An administrator may not terminate Any facility which terminates the residency of an individual who participated

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in activities specified in subsection (4) (5) shall show good cause in a court of competent jurisdiction.

(6) (7) Any person who submits or reports a complaint concerning a suspected violation of the provisions of this part or concerning services and conditions in facilities, or who testifies in any administrative or judicial proceeding arising from such a complaint, shall have immunity from any civil or criminal liability therefor, unless such person has acted in bad faith or with malicious purpose or the court finds that there was a complete absence of a justiciable issue of either law or fact raised by the losing party.

Section 24. Paragraphs (a), (d), (h), (i), (j), and (l) of subsection (1) and subsection (5) 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

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the agency, the Department of Children and Family Services, and 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:

- (a) The requirements for and maintenance of facilities, not in conflict with the provisions of chapter 553, relating to plumbing, heating, cooling, lighting, ventilation, living space, and other housing conditions, which will ensure the health, safety, and comfort of residents and protection from fire hazard, including adequate provisions for fire alarm and other fire protection suitable to the size of the structure. Uniform firesafety standards shall be established and enforced by the State Fire Marshal in cooperation with the agency, the department, and the Department of Health.
 - 1. Evacuation capability determination. -
- a. The provisions of the National Fire Protection
 Association, NFPA 101A, Chapter 5, 1995 edition, shall be used
 for determining the ability of the residents, with or without
 staff assistance, to relocate from or within a licensed facility
 to a point of safety as provided in the fire codes adopted
 herein. An evacuation capability evaluation for initial
 licensure shall be conducted within 6 months after the date of
 licensure. For existing licensed facilities that are not
 equipped with an automatic fire sprinkler system, the
 administrator shall evaluate the evacuation capability of
 residents at least annually. The evacuation capability
 evaluation for each facility not equipped with an automatic fire
 sprinkler system shall be validated, without liability, by the
 State Fire Marshal, by the local fire marshal, or by the local

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authority having jurisdiction over firesafety, before the license renewal date. If the State Fire Marshal, local fire marshal, or local authority having jurisdiction over firesafety has reason to believe that the evacuation capability of a facility as reported by the administrator may have changed, it may, with assistance from the facility administrator, reevaluate the evacuation capability through timed exiting drills. Translation of timed fire exiting drills to evacuation

(I) Three minutes or less: prompt.

capability may be determined:

- (II) More than 3 minutes, but not more than 13 minutes: slow.
 - (III) More than 13 minutes: impractical.
- b. The Office of the State Fire Marshal shall provide or cause the provision of training and education on the proper application of Chapter 5, NFPA 101A, 1995 edition, to its employees, to staff of the Agency for Health Care Administration who are responsible for regulating facilities under this part, and to local governmental inspectors. The Office of the State Fire Marshal shall provide or cause the provision of this training within its existing budget, but may charge a fee for this training to offset its costs. The initial training must be delivered within 6 months after July 1, 1995, and as needed thereafter.
- c. The Office of the State Fire Marshal, in cooperation with provider associations, shall provide or cause the provision of a training program designed to inform facility operators on how to properly review bid documents relating to the installation of automatic fire sprinklers. The Office of the

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State Fire Marshal shall provide or cause the provision of this training within its existing budget, but may charge a fee for this training to offset its costs. The initial training must be delivered within 6 months after July 1, 1995, and as needed thereafter.

- d. The administrator of a licensed facility shall sign an affidavit verifying the number of residents occupying the facility at the time of the evacuation capability evaluation.
 - 2. Firesafety requirements.—
- a. Except for the special applications provided herein, effective January 1, 1996, the provisions of the National Fire Protection Association, Life Safety Code, NFPA 101, 1994 edition, Chapter 22 for new facilities and Chapter 23 for existing facilities shall be the uniform fire code applied by the State Fire Marshal for assisted living facilities, pursuant to s. 633.022.
- b. Any new facility, regardless of size, that applies for a license on or after January 1, 1996, must be equipped with an automatic fire sprinkler system. The exceptions as provided in s. 22-2.3.5.1, NFPA 101, 1994 edition, as adopted herein, apply to any new facility housing eight or fewer residents. On July 1, 1995, local governmental entities responsible for the issuance of permits for construction shall inform, without liability, any facility whose permit for construction is obtained prior to January 1, 1996, of this automatic fire sprinkler requirement. As used in this part, the term "a new facility" does not mean an existing facility that has undergone change of ownership.
- c. Notwithstanding any provision of s. 633.022 or of the National Fire Protection Association, NFPA 101A, Chapter 5, 1995

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edition, to the contrary, any existing facility housing eight or fewer residents is not required to install an automatic fire sprinkler system, nor to comply with any other requirement in Chapter 23, NFPA 101, 1994 edition, that exceeds the firesafety requirements of NFPA 101, 1988 edition, that applies to this size facility, unless the facility has been classified as impractical to evacuate. Any existing facility housing eight or fewer residents that is classified as impractical to evacuate must install an automatic fire sprinkler system within the timeframes granted in this section.

- d. Any existing facility that is required to install an automatic fire sprinkler system under this paragraph need not meet other firesafety requirements of Chapter 23, NFPA 101, 1994 edition, which exceed the provisions of NFPA 101, 1988 edition. The mandate contained in this paragraph which requires certain facilities to install an automatic fire sprinkler system supersedes any other requirement.
- e. This paragraph does not supersede the exceptions granted in NFPA 101, 1988 edition or 1994 edition.
- f. This paragraph does not exempt <u>a facility</u> facilities from other firesafety provisions adopted under s. 633.022 and local building code requirements in effect before July 1, 1995.
- g. A local government may charge fees only in an amount not to exceed the actual expenses incurred by local government relating to the installation and maintenance of an automatic fire sprinkler system in an existing and properly licensed assisted living facility structure as of January 1, 1996.
- h. If a licensed facility undergoes major reconstruction or addition to an existing building on or after January 1, 1996,

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the entire building must be equipped with an automatic fire sprinkler system. Major reconstruction of a building means repair or restoration that costs in excess of 50 percent of the value of the building as reported on the tax rolls, excluding land, before reconstruction. Multiple reconstruction projects within a 5-year period the total costs of which exceed 50 percent of the initial value of the building at the time the first reconstruction project was permitted are to be considered as major reconstruction. Application for a permit for an automatic fire sprinkler system is required upon application for a permit for a reconstruction project that creates costs that go over the 50 percent 50-percent threshold.

- i. Any facility licensed before January 1, 1996, that is required to install an automatic fire sprinkler system shall ensure that the installation is completed within the following timeframes based upon evacuation capability of the facility as determined under subparagraph 1.:
 - (I) Impractical evacuation capability, 24 months.
 - (II) Slow evacuation capability, 48 months.
 - (III) Prompt evacuation capability, 60 months.

The beginning date from which the deadline for the automatic fire sprinkler installation requirement must be calculated is upon receipt of written notice from the local fire official that an automatic fire sprinkler system must be installed. The local fire official shall send a copy of the document indicating the requirement of a fire sprinkler system to the Agency for Health Care Administration.

j. It is recognized that the installation of an automatic

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fire sprinkler system may create financial hardship for some facilities. The appropriate local fire official shall, without liability, grant two 1-year extensions to the timeframes for installation established herein, if an automatic fire sprinkler installation cost estimate and proof of denial from two financial institutions for a construction loan to install the automatic fire sprinkler system are submitted. However, for any facility with a class I or class II, or a history of uncorrected class III, firesafety deficiencies, an extension must not be granted. The local fire official shall send a copy of the document granting the time extension to the Agency for Health Care Administration.

- k. A facility owner whose facility is required to be equipped with an automatic fire sprinkler system under Chapter 23, NFPA 101, 1994 edition, as adopted herein, must disclose to any potential buyer of the facility that an installation of an automatic fire sprinkler requirement exists. The sale of the facility does not alter the timeframe for the installation of the automatic fire sprinkler system.
- 1. An existing <u>facility</u> <u>facilities</u> required to install an automatic fire sprinkler system as a result of construction-type restrictions in Chapter 23, NFPA 101, 1994 edition, as adopted herein, or evacuation capability requirements shall be notified by the local fire official in writing of the automatic fire sprinkler requirement, as well as the appropriate date for final compliance as provided in this subparagraph. The local fire official shall send a copy of the document to the Agency for Health Care Administration.
 - m. Except in cases of life-threatening fire hazards, if an

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existing facility experiences a change in the evacuation
capability, or if the local authority having jurisdiction
identifies a construction-type restriction, such that an
automatic fire sprinkler system is required, it shall be
afforded time for installation as provided in this subparagraph.

- Facilities that are fully sprinkled and in compliance with other firesafety standards are not required to conduct more than one of the required fire drills between the hours of 11 p.m. and 7 a.m., per year. In lieu of the remaining drills, staff responsible for residents during such hours may be required to participate in a mock drill that includes a review of evacuation procedures. Such standards must be included or referenced in the rules adopted by the State Fire Marshal. Pursuant to s. 633.022(1)(b), the State Fire Marshal is the final administrative authority for firesafety standards established and enforced pursuant to this section. All licensed facilities must have an annual fire inspection conducted by the local fire marshal or authority having jurisdiction.
- 3. Resident elopement requirements.—Facilities are required to conduct a minimum of two resident elopement prevention and response drills per year. All administrators and direct care staff must participate in the drills which shall include a review of procedures to address resident elopement. Facilities must document the implementation of the drills and ensure that the drills are conducted in a manner consistent with the facility's resident elopement policies and procedures.
- (d) All sanitary conditions within the facility and its surroundings which will ensure the health and comfort of

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residents. To ensure that inspections are not duplicative, the rules must clearly delineate the responsibilities of the agency regarding agency's licensure and survey inspections staff, the county health departments regarding food safety and sanitary inspections, and the local fire marshal regarding firesafety inspections authority having jurisdiction over firesafety and ensure that inspections are not duplicative. The agency may collect fees for food service inspections conducted by the county health departments and transfer such fees to the Department of Health.

- (h) The care and maintenance of residents, which must include, but is not limited to:
 - 1. The supervision of residents;
 - 2. The provision of personal services;
- 3. The provision of, or arrangement for, social and leisure activities;
- 4. The arrangement for appointments and transportation to appropriate medical, dental, nursing, or mental health services, as needed by residents;
 - 5. The management of medication;
 - 6. The food service nutritional needs of residents; and
 - 7. Resident records.; and
 - 8. Internal risk management and quality assurance.
- (i) Facilities holding <u>an</u> a <u>limited nursing</u>, 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.

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(1) The establishment of specific policies and procedures on resident elopement. Facilities shall conduct a minimum of two resident elopement drills each year. All administrators and direct care staff shall participate in the drills. Facilities shall document the drills.

(5) Beginning January 1, 2012, the agency shall may use an abbreviated biennial standard licensure inspection that consists of a review of key quality-of-care standards in lieu of a full inspection in a facility that has a good record of past performance. However, a full inspection must be conducted in a facility that has a history of class I or class II violations, uncorrected class III violations, confirmed ombudsman council complaints, or confirmed licensure complaints, within the previous licensure period immediately preceding the inspection or if a potentially serious problem is identified during the abbreviated inspection. The agency, in consultation with the department, shall develop, maintain, and update the key qualityof-care standards with input from the State Long-Term Care Ombudsman Council and representatives of associations and organizations representing assisted living facilities provider groups for incorporation into its rules.

Section 25. Section 429.42, Florida Statutes, is amended to read:

429.42 Pharmacy and dietary services.-

(1) Any assisted living facility in which the agency has documented a class I or class II $\underline{\text{violation}}$ $\underline{\text{deficiency}}$ or uncorrected class III $\underline{\text{violations}}$ $\underline{\text{deficiencies}}$ regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary

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services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

- (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening.
- (3) The agency shall employ at least two pharmacists licensed pursuant to chapter 465 among its personnel who biennially inspect assisted living facilities licensed under this part, to participate in biennial inspections or consult with the agency regarding deficiencies relating to medicinal drugs or over-the-counter preparations.
- $\underline{(2)}$ (4) The department may by rule establish procedures and specify documentation as necessary to implement this section.
- Section 26. Section 429.445, Florida Statutes, is amended to read:
- 429.445 Compliance with local zoning requirements.—No facility licensed under this part may commence any construction which will expand the size of the existing structure unless the licensee first submits to the agency proof that such

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construction will be in compliance with applicable local zoning requirements. Facilities with a licensed capacity of less than 1975 persons shall comply with the provisions of chapter 419.

Section 27. Section 429.47, Florida Statutes, is amended to read:

- 429.47 Prohibited acts; penalties for violation.-
- (1) While <u>an assisted living a facility is under</u> construction <u>or is seeking licensure</u>, the owner may advertise to the public prior to obtaining a license. Facilities that are certified under chapter 651 shall comply with the advertising provisions of s. 651.095 rather than those provided for in this subsection.
- (2) A freestanding facility shall not advertise or imply that any part of it is a nursing home. For the purpose of this subsection, "freestanding facility" means a facility that is not operated in conjunction with a nursing home to which residents of the facility are given priority when nursing care is required. A person who violates this subsection is subject to fine as specified in s. 429.19.
- (2)(3) Any facility that which is affiliated with any religious organization or which has a name implying religious affiliation shall include in its advertising whether or not it is affiliated with any religious organization and, if so, which organization.
- (3)(4) A facility licensed under this part which is not part of a facility authorized under chapter 651 shall include the facility's license number as given by the agency in all advertising. A company or person owning more than one facility shall include at least one license number per advertisement. All

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advertising shall include the term "assisted living facility" or the abbreviation "ALF" before the license number.

Section 28. Subsection (1) of section 429.49, Florida Statutes, is amended to read:

429.49 Resident records; penalties for alteration.-

(1) Any person who fraudulently alters, defaces, or falsifies any medical <u>record</u> or <u>any resident's</u> other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Section 29. Subsections (3), (5), and (8) of section 429.52, Florida Statutes, are amended, present subsection (11) of that section is redesignated as subsection (12), and a new subsection (11) is added to that section, read:

429.52 Staff training and educational programs; core educational requirement.—

- (3) Effective January 1, 2004, a new facility administrator must complete the required training and education, including the competency test, within a reasonable time after being employed as an administrator, as determined by the department. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19.

 Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the department by rule.
- (5) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 4 additional hours of

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training provided by a registered nurse, licensed pharmacist, or department staff and must complete 2 hours of continuing education training annually. The department shall establish by rule the minimum requirements of this additional training.

- (8) The department shall adopt rules related to these training requirements, the competency test, necessary procedures, and competency test fees and shall adopt or contract with another entity to develop a curriculum, which shall be used as the minimum core training requirements. The department shall consult with representatives of stakeholder associations, organizations representing assisted living facilities, and agencies in the development of the curriculum.
- (11) A training provider certified by the department must continue to meet continuing education requirements and other standards as set forth in rules adopted by the department. A training provider or trainee may be sanctioned pursuant to s. 430.081 for failing to comply with the standards set forth in the rules.

Section 30. Subsections (1) and (2) of section 429.53, Florida Statutes, are amended to read:

429.53 Consultation by the agency.-

- (1) The area offices of licensure and certification of the agency shall provide consultation to the following upon request:
 - (a) A licensee of a facility.
- (b) A person interested in obtaining a license to operate a facility under this part.
 - (2) As used in this section, "consultation" includes:
- (a) An explanation of the requirements of this part and rules adopted pursuant thereto;

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(b) An explanation of the license application and renewal procedures; and

- (c) The provision of a checklist of general local and state approvals required prior to constructing or developing a facility and a listing of the types of agencies responsible for such approvals;
- (d) An explanation of benefits and financial assistance available to a recipient of supplemental security income residing in a facility;
- (c) (e) Any other information which the agency deems
 necessary to promote compliance with the requirements of this
 part.; and
- (f) A preconstruction review of a facility to ensure compliance with agency rules and this part.
- Section 31. Section 429.54, Florida Statutes, is repealed.

 Section 32. Paragraph (a) of subsection (1) and subsections

 (5) and (6) of section 429.71, Florida Statutes, are amended to read:
- 429.71 Classification of deficiencies; administrative fines.—
- (1) In addition to the requirements of part II of chapter 408 and in addition to any other liability or penalty provided by law, the agency may impose an administrative fine on a provider according to the following classification:
- (a) Class I violations are those conditions or practices related to the operation and maintenance of an adult family-care home or to the care of residents which the agency determines present an imminent danger to the residents or guests of the adult family-care home facility or a substantial probability

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that death or serious physical or emotional harm would result therefrom. The condition or practice that constitutes a class I violation must be abated or eliminated within 24 hours, unless a fixed period, as determined by the agency, is required for correction. A class I violation deficiency is subject to an administrative fine in an amount not less than \$500 and not exceeding \$1,000 for each violation. A fine may be levied notwithstanding the correction of the violation deficiency.

- (5) As an alternative to or in conjunction with an administrative action against a provider, the agency may request a plan of corrective action that demonstrates a good faith effort to remedy each violation by a specific date, subject to the approval of the agency.
- (5) (6) The department shall set forth, by rule, notice requirements and procedures for correction of <u>violations</u> deficiencies.
- Section 33. Subsection (3) is added to section 429.81, Florida Statutes, to read:
 - 429.81 Residency agreements.
- (3) Each residency agreement must specify that the resident must give the provider a 30 days' written notice of intent to terminate his or her residency from the adult family-care home.
- Section 34. Section 430.081, Florida Statutes, is created to read:
- 430.081 Sanctioning of training providers and trainees.—The Department of Elderly Affairs may sanction training providers and trainees for infractions involving any required training that the department has the authority to regulate under chapter 400, chapter 429, or chapter 430 in order to ensure that such

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authorized by law.

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2118 training providers and trainees satisfy specific qualification 2119 requirements and adhere to training curricula that is approved 2120 by the department. Training infractions include, but are not 2121 limited to, falsification of training records, falsification of 2122 training certificates, falsification of a training provider's 2123 qualifications, failure to adhere to the required number of 2124 training hours, failure to use the required curriculum, failure 2125 to maintain the continuing education for the training provider's 2126 recertification, failure to obtain reapproval of a curriculum 2127 when required, providing false or inaccurate information, 2128 misrepresentation of the required materials, and use of a false 2129 identification as a training provider or trainee. Sanctions may 2130 be progressive in nature and may consist of corrective action 2131 measures; suspension or termination from participation as an 2132 approved training provider or trainee, including sitting for any 2133 required examination; and administrative fines not to exceed 2134 \$1,000 per incident. One or more sanctions may be levied per 2135 incident. 2136 Section 35. Paragraph (j) is added to subsection (3) of 2137 section 817.505, Florida Statutes, to read: 2138 817.505 Patient brokering prohibited; exceptions; 2139 penalties.-2140 (3) This section shall not apply to: 2141 (j) Any payments by an assisted living facility, as defined in s. 429.02, which are permitted under s. 429.195(3). 2142 2143 Section 36. Licensure fees adjusted by consumer price index 2144 increases prior to the effective date of this act are not 2145

intended to be reset by this act and may continue to accrue as

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2147		Section	on 37	. This	act	shall	take	effect	July	1,				