

LEGISLATIVE ACTION

Senate House

Comm: WD 04/09/2013

The Committee on Health Policy (Garcia) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Sections 400.9970 through 400.9984, Florida Statutes, are designated as part XI of chapter 400, Florida Statutes, entitled "Transitional Living Facilities."

Section 2. Section 400.9970, Florida Statutes, is created to read:

400.9970 Legislative intent.—It is the intent of the Legislature to provide for the licensure of transitional living facilities and require the development, establishment, and

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enforcement of basic standards by the Agency for Health Care Administration to ensure quality of care and services to clients in transitional living facilities. It is the policy of the state that the least restrictive appropriate available treatment be used based on the individual needs and best interest of the client and consistent with optimum improvement of the client's condition. The goal of a transitional living program for individuals who have brain or spinal cord injuries is to assist each individual who has such an injury to achieve a higher level of independent functioning and to enable that individual to reenter the community. It is also the policy of this state that the use of restraints and seclusion on clients is justified only as an emergency safety measure to be used in response to danger to the client or others. It is, therefore, the intent of the Legislature to achieve an ongoing reduction in the use of restraints and seclusion in programs and facilities that serve persons who have brain injury or spinal cord injuries.

Section 3. Section 400.9971, Florida Statutes, is created to read:

400.9971 Definitions.—As used in this part, the term:

- (1) "Agency" means the Agency for Health Care Administration.
- (2) "Chemical restraint" means a pharmacologic drug that physically limits, restricts, or deprives an individual of movement or mobility, is used for client protection or safety, and is not required for the treatment of medical conditions or symptoms.
- (3) "Client's representative" means the parent of a child client or the client's guardian, designated representative or

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designee, surrogate, or attorney in fact.

- (4) "Department" means the Department of Health.
- (5) "Physical restraint" means any manual method to restrict freedom of movement of or normal access to an individual's body or a physical or mechanical device, material, or equipment attached or adjacent to the individual's body so that he or she cannot easily remove the restraint and which restricts freedom of movement of or normal access to one's body, including, but not limited to, a half-bed rail, a full-bed rail, a geriatric chair, and a posey restraint. The term includes any device that was not specifically manufactured as a restraint but which has been altered, arranged, or otherwise used for this purpose. The term does not include bandage material used for the purpose of binding a wound or injury.
- (6) "Seclusion" means the physical segregation of a person in any fashion or the involuntary isolation of a person in a room or area from which the person is prevented from leaving. The prevention may be by physical barrier or by a staff member who is acting in a manner, or who is physically situated, so as to prevent the person from leaving the room or area. For purposes of this chapter, the term does not mean isolation due to a person's medical condition or symptoms.
- (7) "Transitional living facility" means a site where specialized health care services are provided, including, but not limited to, rehabilitative services, behavior modification, community reentry training, aids for independent living, and counseling to individuals who have brain injuries or spinal cord injuries. The term does not require a provider that is licensed by the agency to obtain a separate transitional living facility

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license to serve persons who have brain injuries or spinal cord injuries as long as the services provided are within the scope of the provider's license.

Section 4. Section 400.9972, Florida Statutes, is created to read:

400.9972 License required; fee; application.

- (1) The requirements of part II of chapter 408 apply to the provision of services that require licensure pursuant to this part and part II of chapter 408 and to entities licensed by or applying for such licensure from the agency pursuant to this part. A license issued by the agency is required for the operation of a transitional living facility in this state.
- (2) In accordance with this part, an applicant or a licensee shall pay a fee for each license application submitted under this part. The license fee shall consist of a \$4,588 license fee and a \$90 per-bed fee per biennium and shall conform to the annual adjustment authorized in s. 408.805.
- (3) Each applicant for licensure must provide the following:
- (a) The location of the facility for which a license is sought and documentation, signed by the appropriate local government official, which states that the applicant has met local zoning requirements.
 - (b) Proof of liability insurance as provided in s. 624.605.
- (c) Proof of compliance with local zoning requirements, including compliance with the requirements of chapter 419 if the proposed facility is a community residential home.
- (d) Proof that the facility has received a satisfactory firesafety inspection.



(e) Documentation of a satisfactory sanitation inspection of the facility by the county health department.

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The applicant's proposed facility must attain and continuously maintain accreditation by an accrediting organization specializing in evaluating rehabilitation facilities whose standards incorporate comparable licensure regulations required by the state. An applicant for licensure as a transitional living facility must acquire accreditation within 12 months after the issuance of an initial license. The agency shall accept the accreditation survey report of the accrediting organization in lieu of conducting a licensure inspection if the standards included in the survey report are determined by the agency to document that the facility is in substantial compliance with state licensure requirements. The applicant shall submit to the agency within 10 days after receipt a copy of any accreditation survey report and evidence of the accreditation decision subsequent to a survey by the accrediting organization on the facility. This part does not preclude the agency from conducting periodic inspections of a transitional living facility to ensure compliance with all licensure requirements, and as it deems necessary to carry out the functions of the agency. An inspection may be conducted to ensure compliance with licensure requirements of this part, to validate the inspection process of accrediting organizations, to respond to licensure complaints, or to protect the public health and safety.

Section 5. Section 400.9973, Florida Statutes, is created to read:

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- 400.9973 Client admission, transfer, and discharge.-
- (1) Each transitional living facility must have written policies and procedures governing the admission, transfer, and discharge of clients.
- (2) The admission of each client to a transitional living facility must be in accordance with the licensee's policies and procedures.
- (3) A client admitted to a transitional living facility must have a brain or spinal cord injury, such as a lesion to the spinal cord or cauda equina syndrome, with evidence of significant involvement of two of the following deficits or dysfunctions:
 - (a) A motor deficit.
 - (b) A sensory deficit.
 - (c) Bowel and bladder dysfunction.
- (d) An acquired internal or external injury to the skull, the brain, or the brain's covering, whether caused by a traumatic or nontraumatic event, which produces an altered state of consciousness or an anatomic motor, sensory, cognitive, or behavioral deficit.
- (4) A client whose medical condition and diagnosis does not positively identify a cause of the client's condition, whose symptoms are inconsistent with the known cause of injury, or whose recovery is inconsistent with the known medical condition may be admitted to a transitional living facility for evaluation for a period not to exceed 90 days.
- (5) A client admitted to a transitional living facility must be admitted upon prescription by a licensed physician and must remain under the care of a licensed physician for the

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duration of the client's stay in the facility.

- (6) A transitional living facility may not admit a client whose primary admitting diagnosis is mental illness or an intellectual or a developmental disability.
- (7) An individual may not be admitted to a transitional living facility if the individual:
- (a) Presents significant risk of infection to other clients or personnel. A health care practitioner must provide documentation that the individual is free of apparent signs and symptoms of communicable disease;
- (b) Is a danger to self or others as determined by a physician or mental health practitioner licensed under chapter 490 or chapter 491, unless the facility provides adequate staffing and support to ensure patient safety;
 - (c) Is bedridden; or
 - (d) Requires 24-hour nursing supervision.
- (8) If the client meets the admission criteria, the medical or nursing director of the facility must complete an initial evaluation of the client's functional skills, behavioral status, cognitive status, educational or vocational potential, medical status, psychosocial status, sensorimotor capacity, and other related skills and abilities within the first 72 hours after the client's admission to the facility. An initial comprehensive treatment plan that delineates services to be provided and appropriate sources for such services must be implemented within the first 4 days after admission.
- (9) Each transitional living facility shall develop a discharge plan for each client before or upon admission to the facility. The discharge plan must identify the intended

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discharge site and possible alternative discharge sites. For each discharge site identified, the discharge plan must identify the skills, behaviors, and other conditions that the client must achieve to be appropriate for discharge. Discharge plans must be reviewed and updated as necessary, but no less often than once monthly.

- (10) As soon as practicable, a transitional living facility shall discharge a client when he or she no longer requires any of the specialized services described in s. 400.9971(7) or is not making measurable progress in accordance with his or her comprehensive treatment plan, or if the transitional living facility is no longer the most appropriate, least restrictive treatment option.
- (11) Each transitional living facility shall provide at least 30 days' notice to clients of transfer or discharge plans, including the location of an acceptable transfer location if the client is unable to live independently. This requirement does not apply if a client voluntarily terminates residency.

Section 6. Section 400.9974, Florida Statutes, is created to read:

400.9974 Client comprehensive treatment plans; client services.-

(1) Each transitional living facility shall develop a comprehensive treatment plan for each client as soon as possible, but no later than 30 days following development of the initial comprehensive treatment plan. Comprehensive treatment plans must be reviewed and updated if the client fails to meet projected improvements in the plan or if a significant change in the client's condition occurs. Comprehensive treatment plans

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must be reviewed and updated at least once monthly. Comprehensive treatment plans must be developed by an interdisciplinary team consisting of the case manager, the program director, the nurse, and appropriate therapists. The client or, if appropriate, the client's representative must be included in developing the comprehensive treatment plan.

- (2) The comprehensive treatment plan must include the following:
- (a) The physician's orders and the client's diagnosis, medical history, physical examination, and rehabilitative or restorative needs.
- (b) A preliminary nursing evaluation with physician's orders for immediate care, completed on admission.
- (c) A comprehensive, accurate, reproducible, and standardized assessment of the client's functional capability; the treatments designed to achieve skills, behaviors, and other conditions necessary to return to the community; and specific measurable goals.
- (d) Steps necessary for the client to achieve transition to the community and estimated length of time to achieve the goals.
- (3) The client or, if appropriate, the client's representative must consent to the continued treatment at the transitional living facility. Consent may be for a period of up to 3 months. If such consent is not given, the transitional living facility shall discharge the client as soon as practicable.
- (4) Each client must receive the professional program services needed to implement the client's comprehensive treatment plan.

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- (5) The licensee must employ qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every client's comprehensive treatment plan.
- (6) Each client must receive a continuous treatment program that includes appropriate, consistent implementation of a program of specialized and general training, treatment, health services, and related services which is directed toward:
- (a) The acquisition of the behaviors and skills necessary for the client to function with as much self-determination and independence as possible;
- (b) The prevention or deceleration of regression or loss of current optimal functional status; and
- (c) The management of behavioral issues that preclude independent functioning in the community.
- Section 7. Section 400.9975, Florida Statutes, is created to read:
 - 400.9975 Licensee responsibilities.-
 - (1) The licensee shall ensure that each client:
- (a) Lives in a safe environment free from abuse, neglect, and exploitation.
- (b) Is treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
- (c) Retains and uses his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the licensee can demonstrate that such retention and use would be unsafe, impractical, or an infringement upon the rights of other



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- (d) Has unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice. Upon request, the licensee shall make provisions to modify visiting hours for caregivers and quests. The facility shall restrict communication in accordance with any court order or written instruction of a client's representative. Any restriction on a client's communication for therapeutic reasons shall be documented and reviewed at least weekly and shall be removed as soon as it is no longer clinically indicated. The basis for the restriction shall be explained to the client and, if applicable, the client's representative. The client shall nonetheless retain the right to call the abuse hotline, the agency, and Disability Rights Florida at any and all times.
- (e) Has the opportunity to participate in and benefits from community services and activities to achieve the highest possible level of independence, autonomy, and interaction within the community.
- (f) Has the opportunity to manage his or her financial affairs unless the client or, if applicable, the client's representative authorizes the administrator of the facility to provide safekeeping for funds as provided in this part.
- (g) Has reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
- (h) Has the opportunity to exercise civil and religious liberties, including the right to independent personal decisions. No religious belief or practice, including attendance

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at religious services, shall be imposed upon any client.

- (i) Has access to adequate and appropriate health care consistent with established and recognized standards within the community.
- (j) Has the ability to present grievances and recommend changes in policies, procedures, and services to the staff of the licensee, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. Each licensee shall establish a grievance procedure to facilitate a client's ability to present grievances, including a system for investigating, tracking, managing, and responding to complaints by persons receiving services or individuals acting on their behalf, and an appeals process. This process must include access to Disability Rights Florida and other advocates and the right to be a member of, be active in, and associate with advocacy or special interest groups.
 - (2) The licensee shall:
- (a) Promote participation of each client's representative in the process of providing treatment to the client unless the representative's participation is unobtainable or inappropriate.
- (b) Answer communications from each client's family, guardians, and friends promptly and appropriately.
- (c) Promote visits by individuals with a relationship to the client at any reasonable hour, without requiring prior notice, or in any area of the facility which provides direct client care services to the client, consistent with the client's and other clients' privacy, unless the interdisciplinary team determines that such a visit would not be appropriate.
 - (d) Promote leave from the facility for visits, trips, or



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- (e) Promptly notify the client's representative of any significant incidents or changes in the client's condition, including, but not limited to, serious illness, accident, abuse, unauthorized absence, or death.
- (3) The administrator of a facility shall ensure that a written notice of licensee responsibilities is posted in a prominent place in each building where clients reside and read or explained to clients who cannot read. This notice shall include the statewide toll-free telephone number for reporting complaints to the agency, must be provided to clients in a manner that is clearly legible, and must include the words: "To report a complaint regarding the services you receive, please call toll-free ...[telephone number]... or Disability Rights Florida ...[telephone number]..."; and the statewide toll-free telephone number for the central abuse hotline must be provided to clients in a manner that is clearly legible and must include the words: "To report abuse, neglect or exploitation, please call toll-free ...[telephone number where complaints may be lodged]...." The licensee must ensure a client's access to a telephone, where telephone numbers required in this subsection are readily available to call the agency, central abuse hotline, or Disability Rights Florida.
- (4) A licensee or employee of a facility may not serve notice upon a client to leave the premises or take any other retaliatory action against any person solely due to the following:
- (a) The client or other person files an internal or external complaint or grievance regarding the facility.

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- (b) The client or other person appears as a witness in any hearing inside or outside the facility.
- (5) Before or at the time of admission, the client and the client's representative shall be provided with a copy of the licensee's responsibilities as provided in this section, including grievance procedures and the telephone numbers provided in this section.
- (6) The licensee must develop and implement policies and procedures governing the release of any client information, including consent necessary from the client or the client's representative.

Section 8. Section 400.9976, Florida Statutes, is created to read:

400.9976 Medication practices.-

- (1) An individual medication administration record must be maintained for each client. Each dose of medication, including a self-administered dose, shall be properly recorded in the client's record. Each client who self-administers medication shall be given a pill organizer. Medication must be placed in the pill organizer by a nurse. A nurse shall document the date and time medication is placed into each client's pill organizer. All medications must be administered in compliance with the physician's orders.
- (2) If the interdisciplinary team determines that selfadministration of medications is an appropriate objective, and if the physician does not specify otherwise, a client must be taught to self-administer his or her medication without a staff person. This includes all forms of administration, including orally, via injection, and via suppository. The client's

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physician must be informed of the interdisciplinary team's decision that self-administration of medications is an objective for the client. A client may not self-administer medication until he or she demonstrates the competency to take the correct medication in the correct dosage at the correct time, to respond to missed doses, and to contact an appropriate person with questions.

(3) Medication administration discrepancies and adverse drug reactions must be recorded and reported immediately to a physician.

Section 9. Section 400.9977, Florida Statutes, is created to read:

400.9977 Protection from abuse, neglect, mistreatment, and exploitation.—The licensee must develop and implement policies and procedures for the screening and training of employees, the protection of clients, and the prevention, identification, investigation, and reporting of abuse, neglect, and exploitation. This includes the licensee's identification of clients whose personal histories render them at risk for abusing other clients, development of intervention strategies to prevent occurrences, monitoring for changes that would trigger abusive behavior, and reassessment of the interventions on a regular basis. A licensee shall implement procedures to:

- (1) Screen potential employees for a history of abuse, neglect, or mistreatment of clients. The screening shall include an attempt to obtain information from previous employers and current employers and verification with the appropriate licensing boards.
 - (2) Train employees, through orientation and ongoing

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sessions, on issues related to abuse prohibition practices, including identification of abuse, neglect, mistreatment, and exploitation, appropriate interventions to deal with aggressive or catastrophic reactions of clients, the process to report allegations without fear of reprisal, and recognition of signs of frustration and stress that may lead to abuse.

- (3) Provide clients, families, and staff with information on how and to whom they may report concerns, incidents, and grievances without the fear of retribution and provide feedback regarding the concerns that have been expressed. A licensee must identify, correct, and intervene in situations in which abuse, neglect, mistreatment, or exploitation is likely to occur, including:
- (a) Evaluating the physical environment of the facility to identify characteristics that may make abuse or neglect more likely to occur, such as secluded areas.
- (b) Providing sufficient staff on each shift to meet the needs of the clients, and ensuring that the staff assigned have knowledge of the individual clients' care needs. The licensee shall identify inappropriate behaviors of its staff, such as using derogatory language, rough handling, ignoring clients while giving care, and directing clients who need toileting assistance to urinate or defecate in their beds.
- (c) Assessing, planning care for, and monitoring clients with needs and behaviors that might lead to conflict or neglect, such as clients with a history of aggressive behaviors, clients who have behaviors such as entering other clients' rooms, clients with self-injurious behaviors, clients with communication disorders, and clients who require heavy nursing

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care or are totally dependent on staff.

- (4) Identify events, such as suspicious bruising of clients, occurrences, patterns, and trends that may constitute abuse and determine the direction of the investigation.
- (5) Investigate different types of incidents, identify the staff member responsible for the initial reporting, investigate alleged violations, and report results to the proper authorities. The licensee must analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences and to take all necessary corrective action depending on the results of the investigation.
 - (6) Protect clients from harm during an investigation.
- (7) Report all alleged violations and all substantiated incidents, as required under chapters 39 and 415, to the licensing authorities and all other agencies as required and to report any knowledge it has of any actions by a court of law that would indicate an employee is unfit for service.

Section 10. Section 400.9978, Florida Statutes, is created to read:

- 400.9978 Restraints and seclusion; client safety.-
- (1) Each facility shall provide a therapeutic milieu that supports a culture of individual empowerment and responsibility. The health and safety of the client shall be the primary concern at all times.
- (2) The use of physical restraints must be ordered and documented by a physician and must be consistent with policies and procedures adopted by the facility. The client or, if applicable, the client's representative must be informed of the

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facility's physical restraint policies and procedures at the time of the client's admission.

- (3) The use of chemical restraints is limited to prescribed dosages of medications as ordered by a physician and must be consistent with the client's diagnosis and the policies and procedures adopted by the facility. The client and, if applicable, the client's representative must be informed of the facility's chemical restraint policies and procedures at the time of the client's admission.
- (4) Based on a physician's assessment, if a client exhibits symptoms that present an immediate risk of injury or death to self or others, a physician may issue an emergency treatment order to immediately administer rapid response psychotropic medications or other chemical restraints. Each emergency treatment order must be documented and maintained in the client's record.
- (a) An emergency treatment order is effective for no more than 24 hours.
- (b) Whenever a client is medicated in accordance with this subsection, the client's representative or responsible party and the client's physician must be notified as soon as practicable.
- (5) A client who is prescribed and receiving a medication that can serve as a chemical restraint for a purpose other than an emergency treatment order must be evaluated by his or her physician at least monthly to assess the following:
 - (a) The continued need for the medication.
- (b) The level of the medication in the client's blood, as appropriate.
 - (c) The need for adjustments in the prescription.

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- (6) The licensee shall ensure that clients are free from unnecessary drugs and physical restraints and are provided treatment to reduce dependency on drugs and physical restraints.
- (7) The licensee may use physical restraints and seclusion only as authorized by the facility's written physical restraint and seclusion policies, which must be in compliance with this section and applicable rules.
- (8) Interventions to manage dangerous client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare, and civil and human rights of each client are adequately protected.
- (9) A facility shall notify the parent or guardian of a client each time restraint or seclusion is used. Such notification must be within 24 hours from the time the restraint or seclusion occurs. Reasonable efforts must be taken to notify the parent or guardian by telephone or e-mail, or both, and these efforts must be documented.
- (10) The agency may adopt by rule standards and procedures relating to the use of restraints, restraint positioning, seclusion, and emergency treatment orders for psychotropic medications, restraint, and seclusion. These rules must include duration of restraint use, staff training, client observation during restraint, and documentation and reporting standards.
- Section 11. Section 400.9979, Florida Statutes, is created to read:
- 400.9979 Background screening; administration and management.-
- (1) The agency shall require level 2 background screening for personnel as required in s. 408.809(1)(e) pursuant to



chapter 435 and s. 408.809.

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- (2) The licensee shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, a job description, documentation of compliance with all training requirements of this part or applicable rule, the employment application, references, a copy of all job performance evaluations, and, for each staff member who performs services for which licensure or certification is required, a copy of all licenses or certification held by the staff member.
 - (3) The licensee must:
- (a) Develop and implement infection control policies and procedures and include such policies and procedures in the licensee's policy manual.
 - (b) Maintain liability insurance as defined in s. 624.605.
- (c) Designate one person as an administrator who is responsible and accountable for the overall management of the facility.
- (d) Designate a person in writing to be responsible for the facility when the administrator is absent from the facility for more than 24 hours.
- (e) Designate in writing a program director who is responsible for supervising the therapeutic and behavioral staff, determining the levels of supervision, and determining room placement for each client.
- (f) Designate in writing a person to be responsible when the program director is absent from the facility for more than 24 hours.
 - (g) Obtain approval of the comprehensive emergency

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management plan, pursuant to s. 400.9981(2)(e), from the local emergency management agency. Pending the approval of the plan, the local emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review the plan: the Department of Health, the Agency for Health Care Administration, and the Division of Emergency Management. Appropriate volunteer organizations must also be given the opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the licensee of necessary revisions.

- (h) Maintain written records in a form and system that comply with medical and business practices and make such records available in the facility for review or submission to the agency upon request. The records shall include:
- 1. A daily census record that indicates the number of clients currently receiving services in the facility, including information regarding any public funding of such clients.
- 2. A record of all accidents or unusual incidents involving any client or staff member that caused, or had the potential to cause, injury or harm to any person or property within the facility. Such records must contain a clear description of each accident or incident, the names of the persons involved, a description of all medical or other services provided to these persons specifying who provided such services, and the steps taken to prevent recurrence of such accidents or incidents.
 - 3. A copy of current agreements with third-party providers.
- 4. A copy of current agreements with each consultant employed by the licensee and documentation of each consultant's visits and required written, dated reports.

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Section 12. Section 400.9980, Florida Statutes, is created to read:

400.9980 Property and personal affairs of clients.-

- (1) A client shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate if practical and not clinically contraindicated; and, whenever possible, unless the client is adjudicated incompetent or incapacitated under state law, managing his or her own affairs.
- (2) The admission of a client to a facility and his or her presence therein shall not confer on a licensee, administrator, employee, or representative thereof any authority to manage, use, or dispose of any property of the client, nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the client except that which may be necessary for the safe management of the facility or for the safety of the client.
- (3) A licensee, administrator, employee, or representative thereof may:
- (a) Not act as the quardian, trustee, or conservator for any client or any of such client's property.
- (b) Act as a competent client's payee for social security, veteran's, or railroad benefits if the client provides consent and the licensee files a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to the client, or expendable for the client's account, that are received by a licensee.
- (c) Act as the power of attorney for a client if the licensee has filed a surety bond with the agency in an amount equal to twice the average monthly income of the client, plus



the value of any client's property under the control of the attorney in fact.

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The bond under paragraph (b) or paragraph (c) shall be executed by the licensee as principal and a licensed surety company. The bond shall be conditioned upon the faithful compliance of the licensee with the requirements of licensure and shall be payable to the agency for the benefit of any client who suffers a financial loss as a result of the misuse or misappropriation 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 licensee, administrator, employee, or representative thereof who is granted power of attorney for any client of the facility shall, on a monthly basis, notify the client in writing of any transaction made on behalf of the client pursuant to this subsection, and a copy of such notification given to the client shall be retained in each client's file and available for agency

(4) A licensee, upon mutual consent with the client, shall provide for the safekeeping in the facility of the client's personal effects of a value not in excess of \$1,000 and the client's funds not in excess of \$500 cash and shall keep complete and accurate records of all such funds and personal effects received. If a client is absent from a facility for 24 hours or more, the licensee may provide for the safekeeping of the client's personal effects of a value in excess of \$1,000.

(5) Any funds or other property belonging to or due to a

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client or expendable for his or her account that is received by licensee shall be trust funds and shall be kept separate from the funds and property of the licensee and other clients or shall be specifically credited to such client. Such trust funds shall be used or otherwise expended only for the account of the client. At least once every month, unless upon order of a court of competent jurisdiction, the licensee shall furnish the client and the client's representative 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 licensee shall furnish such statement annually and upon the discharge or transfer of a client. Any governmental agency or private charitable agency contributing funds or other property to the account of a client shall also be entitled to receive such statement monthly and upon the discharge or transfer of the client.

- (6) (a) In addition to any damages or civil penalties to which a person is subject, any person who:
- 1. Intentionally withholds a client'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 client'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 client, other than the amount agreed to by written contract under s. 429.24,

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commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

- (b) Any licensee, administrator, employee, or representative thereof who is granted power of attorney for any client 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 client, a licensee shall return all refunds, funds, and property held in trust to the client's personal representative, if one has been appointed at the time the licensee disburses such funds, or, if not, to the client's spouse or adult next of kin named in a beneficiary designation form provided by the licensee to the client. If the client has no spouse or adult next of kin or such person cannot be located, funds due the client shall be placed in an interestbearing account and all property held in trust by the licensee shall be safequarded 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 licensee and other clients of the facility. If the funds of the deceased client are not disbursed pursuant to the Florida Probate Code within 2 years after the client's death, the funds shall be deposited in the Health Care Trust Fund administered by the agency.
- (8) The agency, by rule, may clarify terms and specify procedures and documentation necessary to administer the provisions of this section relating to the proper management of clients' funds and personal property and the execution of surety



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Section 13. Section 400.9981, Florida Statutes, is created to read:

400.9981 Rules establishing standards.-

- (1) It is the intent of the Legislature that rules published and enforced pursuant to this part and part II of chapter 408 include criteria to ensure reasonable and consistent quality of care and client safety. Rules should make reasonable efforts to accommodate the needs and preferences of clients to enhance the quality of life in transitional living facilities.
- (2) The agency may adopt and enforce rules to implement this part and part II of chapter 408, which shall include reasonable and fair criteria in relation to the following:
 - (a) The location of transitional living facilities.
- (b) The number of qualifications of all personnel, including management, medical, nursing, and other professional personnel and nursing assistants and support personnel having responsibility for any part of the care given to clients. The licensee must have enough qualified professional staff available to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of each comprehensive treatment plan.
- (c) Requirements for personnel procedures, reporting procedures, and documentation necessary to implement this part.
- (d) Services provided to clients of transitional living facilities.
- (e) The preparation and annual update of a comprehensive emergency management plan in consultation with the Division of Emergency Management. At a minimum, the rules must provide for

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plan components that address emergency evacuation transportation; adequate sheltering arrangements; postdisaster activities, including provision of emergency power, food, and water; postdisaster transportation; supplies; staffing; emergency equipment; individual identification of clients and transfer of records; communication with families; and responses to family inquiries.

Section 14. Section 400.9982, Florida Statutes, is created to read:

400.9982 Violations; penalties.-

- (1) Each violation of this part and rules adopted pursuant thereto shall be classified according to the nature of the violation and the gravity of its probable effect on facility clients. The agency shall indicate the classification on the written notice of the violation as follows:
- (a) Class "I" violations are defined in s. 408.813. The agency shall issue a citation regardless of correction and impose an administrative fine of \$5,000 for an isolated violation, \$7,500 for a patterned violation, and \$10,000 for a widespread violation. Violations may be identified and a fine must be levied notwithstanding the correction of the deficiency giving rise to the violation.
- (b) Class "II" violations are defined in s. 408.813. The agency shall impose an administrative fine of \$1,000 for an isolated violation, \$2,500 for a patterned violation, and \$5,000 for a widespread violation. A fine must be levied notwithstanding the correction of the deficiency giving rise to the violation.
 - (c) Class "III" violations are defined in s. 408.813. The

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agency shall impose an administrative fine of \$500 for an isolated violation, \$750 for a patterned violation, and \$1,000 for a widespread violation. If a deficiency giving rise to a class "III" violation is corrected within the time specified by the agency, a fine may not be imposed.

(d) Class "IV" violations are 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. If a deficiency giving rise to a class "IV" violation is corrected within the time specified by the agency, a fine may not be imposed.

Section 15. Section 400.9983, Florida Statutes, is created to read:

400.9983 Receivership proceedings.—The agency may apply s. 429.22 with regard to receivership proceedings for transitional living facilities.

Section 16. Section 400.9984, Florida Statutes, is created to read:

400.9984 Interagency communication.—The agency, the department, the Agency for Persons with Disabilities, and the Department of Children and Families shall develop electronic systems to ensure that relevant information pertaining to the regulation of transitional living facilities and clients is timely and effectively communicated among agencies in order to facilitate the protection of clients. Electronic sharing of information shall include, at a minimum, a brain and spinal cord injury registry and a client abuse registry.

Section 17. Section 400.805, Florida Statutes, is repealed. Every transitional living facility licensed under s. 400.805 on

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or before July 1, 2013, shall be licensed under the provisions of this act.

Section 18. Subsection (9) of section 381.745, Florida Statutes, is amended to read:

381.745 Definitions; ss. 381.739-381.79.—As used in ss. 381.739-381.79, the term:

(9) "Transitional living facility," for the purpose of this part, means a state-approved facility, as defined and licensed under chapter 400 or chapter 429, or a facility approved by the brain and spinal cord injury program in accordance with this chapter.

Section 19. Section 381.75, Florida Statutes, is amended to read:

- 381.75 Duties and responsibilities of the department, of transitional living facilities, and of residents. - Consistent with the mandate of s. 381.7395, the department shall develop and administer a multilevel treatment program for individuals who sustain brain or spinal cord injuries and who are referred to the brain and spinal cord injury program.
- (1) Within 15 days after any report of an individual who has sustained a brain or spinal cord injury, the department shall notify the individual or the most immediate available family members of their right to assistance from the state, the services available, and the eligibility requirements.
- (2) The department shall refer individuals who have brain or spinal cord injuries to other state agencies to assure that rehabilitative services, if desired, are obtained by that individual.
 - (3) The department, in consultation with emergency medical

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service, shall develop standards for an emergency medical evacuation system that will ensure that all individuals who sustain traumatic brain or spinal cord injuries are transported to a department-approved trauma center that meets the standards and criteria established by the emergency medical service and the acute-care standards of the brain and spinal cord injury program.

- (4) The department shall develop standards for designation of rehabilitation centers to provide rehabilitation services for individuals who have brain or spinal cord injuries.
- (5) The department shall determine the appropriate number of designated acute-care facilities, inpatient rehabilitation centers, and outpatient rehabilitation centers, needed based on incidence, volume of admissions, and other appropriate criteria.
- (6) The department shall develop standards for designation of transitional living facilities to provide transitional living services for individuals who participate in the brain and spinal cord injury program the opportunity to adjust to their disabilities and to develop physical and functional skills in a supported living environment.
- (a) The Agency for Health Care Administration, in consultation with the department, shall develop rules for the licensure of transitional living facilities for individuals who have brain or spinal cord injuries.
- (b) The goal of a transitional living program for individuals who have brain or spinal cord injuries is to assist each individual who has such a disability to achieve a higher level of independent functioning and to enable that person to reenter the community. The program shall be focused on preparing

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participants to return to community living.

(c) A transitional living facility for an individual who has a brain or spinal cord injury shall provide to such individual, in a residential setting, a goal-oriented treatment program designed to improve the individual's physical, cognitive, communicative, behavioral, psychological, and social functioning, as well as to provide necessary support and supervision. A transitional living facility shall offer at least the following therapies: physical, occupational, speech, neuropsychology, independent living skills training, behavior analysis for programs serving brain-injured individuals, health education, and recreation.

(d) All residents shall use the transitional living facility as a temporary measure and not as a permanent home or domicile. The transitional living facility shall develop an initial treatment plan for each resident within 3 days after the resident's admission. The transitional living facility shall develop a comprehensive plan of treatment and a discharge plan for each resident as soon as practical, but no later than 30 days after the resident's admission. Each comprehensive treatment plan and discharge plan must be reviewed and updated as necessary, but no less often than quarterly. This subsection does not require the discharge of an individual who continues to require any of the specialized services described in paragraph (c) or who is making measurable progress in accordance with that individual's comprehensive treatment plan. The transitional living facility shall discharge any individual who has an appropriate discharge site and who has achieved the goals of his or her discharge plan or who is no longer making progress toward

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the goals established in the comprehensive treatment plan and the discharge plan. The discharge location must be the least restrictive environment in which an individual's health, wellbeing, and safety is preserved.

(7) Recipients of services, under this section, from any of the facilities referred to in this section shall pay a fee based on ability to pay.

Section 20. Subsection (4) of section 381.78, Florida Statutes, is amended to read:

- 381.78 Advisory council on brain and spinal cord injuries .-
- (4) The council shall ÷
- (a) provide advice and expertise to the department in the preparation, implementation, and periodic review of the brain and spinal cord injury program.
- (b) Annually appoint a five-member committee composed of one individual who has a brain injury or has a family member with a brain injury, one individual who has a spinal cord injury or has a family member with a spinal cord injury, and three members who shall be chosen from among these representative groups: physicians, other allied health professionals, administrators of brain and spinal cord injury programs, and representatives from support groups with expertise in areas related to the rehabilitation of individuals who have brain or spinal cord injuries, except that one and only one member of the committee shall be an administrator of a transitional living facility. Membership on the council is not a prerequisite for membership on this committee.
- 1. The committee shall perform onsite visits to those transitional living facilities identified by the Agency for

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Health Care Administration as being in possible violation of the statutes and rules regulating such facilities. The committee members have the same rights of entry and inspection granted under s. 400.805(4) to designated representatives of the agency.

- 2. Factual findings of the committee resulting from an onsite investigation of a facility pursuant to subparagraph 1. shall be adopted by the agency in developing its administrative response regarding enforcement of statutes and rules regulating the operation of the facility.
- 3. Onsite investigations by the committee shall by the Health Care Trust Fund.
- 4. Travel expenses for committee members shall be reimbursed in accordance with s. 112.061.
- 5. Members of the committee shall recuse themselves from participating in any investigation that would create a conflict of interest under state law, and the council shall replace the member, either temporarily or permanently.

Section 21. Subsection (21) of section 408.802, Florida Statutes, is amended to read:

- 408.802 Applicability.—The provisions of this part apply to the provision of services that require licensure as defined in this part and to the following entities licensed, registered, or certified by the agency, as described in chapters 112, 383, 390, 394, 395, 400, 429, 440, 483, and 765:
- (21) Transitional living facilities, as provided under part XI \forall of chapter 400.
- Section 22. Subsection (20) of section 408.820, Florida Statutes, is amended to read:
 - 408.820 Exemptions.—Except as prescribed in authorizing

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statutes, the following exemptions shall apply to specified requirements of this part:

- (20) Transitional living facilities, as provided under part XI \forall of chapter 400, are exempt from s. 408.810(10).
- Section 23. Subsection (5) of section 400.93, Florida Statutes, is amended to read:
- 400.93 Licensure required; exemptions; unlawful acts; penalties.-
- (5) The following are exempt from home medical equipment provider licensure, unless they have a separate company, corporation, or division that is in the business of providing home medical equipment and services for sale or rent to consumers at their regular or temporary place of residence pursuant to the provisions of this part:
- (a) Providers operated by the Department of Health or Federal Government.
 - (b) Nursing homes licensed under part II.
- (c) Assisted living facilities licensed under chapter 429, when serving their residents.
 - (d) Home health agencies licensed under part III.
 - (e) Hospices licensed under part IV.
- (f) Intermediate care facilities, homes for special services, and transitional living facilities licensed under part V.
 - (g) Transitional living facilities licensed under part XI.
- (h) (g) Hospitals and ambulatory surgical centers licensed under chapter 395.
- (i) (h) Manufacturers and wholesale distributors when not selling directly to consumers.



(j) (i) Licensed health care practitioners who utilize home medical equipment in the course of their practice, but do not sell or rent home medical equipment to their patients.

(k) (j) Pharmacies licensed under chapter 465. Section 24. This act shall take effect July 1, 2013.

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======== T I T L E A M E N D M E N T ============ And the title is amended as follows:

Delete everything before the enacting clause and insert:

> A bill to be entitled An act relating to transitional living facilities; creating part XI of ch. 400, F.S., entitled "Transitional Living Facilities"; creating s. 400.9970, F.S.; providing legislative intent; creating s. 400.9971, F.S.; providing definitions; creating s. 400.9972, F.S.; requiring the licensure of transitional living facilities; providing fees; providing license application requirements; creating s. 400.9973, F.S.; providing requirements for transitional living facilities relating to client

admission, transfer, and discharge; creating s. 400.9974, F.S.; requiring a comprehensive treatment plan to be developed for each client; providing plan requirements; creating s. 400.9975, F.S.; providing licensee responsibilities; providing notice requirements; prohibiting a licensee or employee of a facility from serving notice upon a client to leave

the premises or take other retaliatory action;

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requiring the client and client's representative to be provided with certain information; requiring the licensee to develop and implement certain policies and procedures; creating s. 400.9976, F.S.; providing licensee requirements relating to medication practices; creating s. 400.9977, F.S.; providing requirements for the screening of potential employees and monitoring of employees for the protection of clients; requiring licensees to implement certain procedures; creating s. 400.9978, F.S.; requiring a facility to provide a therapeutic milieu that supports a culture of individual empowerment and responsibility; providing that the health and safety of the client is the primary concern of the facility; providing requirements and limitations for the use of physical restraints, seclusion, and chemical restraint medication on clients; requiring the Agency for Health Care Administration to adopt rules; creating s. 400.9979, F.S.; providing background screening requirements; requiring the licensee to maintain certain personnel records; providing administrative responsibilities for licensees; providing recordkeeping requirements; creating s. 400.9980, F.S.; providing requirements relating to property and personal affairs of clients; providing requirements for a licensee with respect to obtaining surety bonds; providing recordkeeping requirements relating to the safekeeping of personal effects; providing requirements for trust funds received by licensee and

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credited to the client; providing a penalty for certain misuse of a resident's personal needs allowance; providing criminal penalties for violations; providing for the disposition of property in the event of the death of a client; authorizing the Agency for Health Care Administration to adopt rules; creating s. 400.9981, F.S.; authorizing the agency to adopt and enforce certain rules; creating s. 400.9982, F.S.; providing procedures relating to violations and penalties; providing administrative fines for specified classes of violations; creating s. 400.9983, F.S.; authorizing the agency to apply certain provisions with regard to receivership proceedings; creating s. 400.9984, F.S.; requiring the Agency for Health Care Administration, the Department of Health, the Agency for Persons with Disabilities, and the Department of Children and Families to develop electronic systems for certain purposes; repealing s. 400.805, F.S., relating to transitional living facilities; providing that every transitional living facilities licensed under s. 400.805, F.S., on or before a specified date is licensed under the provisions of the act; amending s. 381.745, F.S.; revising a definition; amending s. 381.75, F.S.; revising the duties of the Department of Health as they relate to transitional living facilities; amending s. 381.78, F.S.; conforming provisions to changes made by the act; amending ss. 408.802 and 408.820, F.S.; conforming a provision to changes made



by the act; amending s. 400.93, F.S.; providing that
transitional living facilities licensed under part XI
of ch. 400, F.S., are exempt from home medical
equipment provider licensure; providing an effective
date.