Florida Senate - 2008

SENATOR AMENDMENT

Bill No. CS/CS/CS/SB 2216, 1st Eng.



CHAMBER	ACTION

Senate	•	House
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	•	
Floor: 1/AD/RM 5/1/2008 5:02 PM	•	Floor: RC 5/2/2008 10:06 AM

Senator Storms moved the following Senate amendment to House amendment (820601):

Senate Amendment (with title amendment)

Delete line(s) 5-521

and insert:

Section 1. Subsection (4) of section 322.142, Florida Statutes, is amended to read:

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322.142 Color photographic or digital imaged licenses.--

The department may maintain a film negative or print 10 (4) file. The department shall maintain a record of the digital image 11 and signature of the licensees, together with other data required 12 13 by the department for identification and retrieval. Reproductions 14 from the file or digital record are exempt from the provisions of s. 119.07(1) and shall be made and issued only for departmental 15 administrative purposes; for the issuance of duplicate licenses; 16 in response to law enforcement agency requests; to the Department 17 Page 1 of 58

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18 of State pursuant to an interagency agreement to facilitate 19 determinations of eligibility of voter registration applicants 20 and registered voters in accordance with ss. 98.045 and 98.075; to the Department of Revenue pursuant to an interagency agreement 21 for use in establishing paternity and establishing, modifying, or 22 23 enforcing support obligations in Title IV-D cases; to the Department of Children and Family Services pursuant to an 24 25 interagency agreement to conduct protective investigations under 26 chapter 415; or to the Department of Financial Services pursuant 27 to an interagency agreement to facilitate the location of owners of unclaimed property, the validation of unclaimed property 28 29 claims, and the identification of fraudulent or false claims, and 30 are exempt from the provisions of s. 119.07(1). Section 2. Effective April 1, 2009, subsection (25) is 31 32 added to section 400.141, Florida Statutes, to read: 400.141 Administration and management of nursing home 33 34 facilities.--Every licensed facility shall comply with all 35 applicable standards and rules of the agency and shall: 36 (25) Conduct a search of the Department of Law Enforcement's sexual offender database for each prospective 37 resident before admission or immediately after admission. A 38

39 facility must maintain verification that all residents have been 40 screened. The information obtained may be used by the facility to assess the needs of the resident and to provide adequate and 41 42 appropriate health care and protective and support services in accordance with this part. The information obtained may be 43 disclosed to other residents. The facility does not have to 44 45 rescreen a resident who is away from a facility for no more than 46 45 days.

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Facilities that have been awarded a Gold Seal under the program established in s. 400.235 may develop a plan to provide certified nursing assistant training as prescribed by federal regulations and state rules and may apply to the agency for approval of their program.

53 Section 3. Subsection (3) of section 400.19, Florida 54 Statutes, is amended to read:

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400.19 Right of entry and inspection .--

56 The agency shall every 15 months conduct at least one (3) 57 unannounced inspection to determine compliance by the licensee with statutes, and related with rules promulgated under the 58 59 provisions of those statutes, governing minimum standards of 60 construction, quality and adequacy of care, and rights of residents. The survey shall be conducted every 6 months for the 61 62 next 2-year period if the facility has been cited for a class I deficiency, has been cited for two or more class II deficiencies 63 arising from separate surveys or investigations within a 60-day 64 65 period, or has had three or more substantiated complaints within 66 a 6-month period, each resulting in at least one class I or class II deficiency. In addition to any other fees or fines in this 67 part, the agency shall assess a fine for each facility that is 68 69 subject to the 6-month survey cycle. The fine for the 2-year period shall be \$6,000, one-half to be paid at the completion of 70 71 each survey. The agency may adjust this fine by the change in the 72 Consumer Price Index, based on the 12 months immediately 73 preceding the change increase, to cover the cost of the additional surveys. The agency shall verify through subsequent 74 inspection that any deficiency identified during inspection is 75 76 corrected. However, the agency may verify the correction of a 77 class III or class IV deficiency unrelated to resident rights or

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78 resident care without reinspecting the facility if adequate 79 written documentation has been received from the facility, which provides assurance that the deficiency has been corrected. The 80 giving or causing to be given of advance notice of such 81 82 unannounced inspections by an employee of the agency to any 83 unauthorized person shall constitute cause for suspension of not fewer than 5 working days according to the provisions of chapter 84 110. 85 86 Section 4. Effective April 1, 2009, section 400.215, 87 Florida Statutes, is amended to read: 400.215 Background Personnel screening requirement. --88 89 The agency shall require Background screening as (1)90 provided in chapter 435 is required for all nursing home facility employees or prospective employees of facilities licensed under 91 92 this part who are expected to, or whose responsibilities may require them to: 93 (a) Provide personal care or services to residents; 94 95 (b) Have access to resident living areas; or 96 (c) Have access to resident funds or other personal 97 property. (2) Background screening as provided in chapter 435 is 98 99 required for all nursing home facility contracted workers who are 100 expected to, or whose responsibilities may require them to, provide personal care or services to residents. The facility 101 102 shall maintain verification that such contracted workers have 103 been screened pursuant to this section. The facility may either obtain a copy of the qualifying screening results from the entity 104 105 or receive an affidavit from the entity which specifies that a 106 background screen has been performed on all contracted workers sent to the facility. Contracted workers who do not provide 107

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108 personal care or services to residents are not required to be 109 screened pursuant to this section but must sign in at the 110 reception desk or nurses' station upon entering the facility, 111 wear an identification badge while on the premises, and sign out 112 before leaving the facility. The nursing facility shall maintain 113 a log containing the information collected.

114 <u>(3)(2)</u> Employers, and employees, contractors, and 115 <u>contracted workers</u> shall comply with the requirements of s. 116 435.05.

117 (a) Notwithstanding the provisions of s. 435.05(1), 118 facilities must have in their possession evidence that level 1 screening under s. 435.03 has been completed before allowing an 119 120 employee or contracted worker to begin employment in the facility 121 working with patients as provided in subsection (1). All 122 information necessary for conducting level 1 background screening 123 using level 1 standards as specified in s. 435.03 shall be 124 submitted by the nursing facility to the agency. Results of the 125 background screening shall be provided by the agency to the 126 requesting nursing facility.

(b) Employees and contracted workers qualified under the 127 provisions of paragraph (a) who have not maintained continuous 128 129 residency within the state for the 5 years immediately preceding the date of request for background screening must complete level 130 2 screening, as provided in s. 435.04 chapter 435. Such Employees 131 may work in a conditional status for up to 180 days pending the 132 133 receipt of written findings evidencing the completion of level 2 screening. Contracted workers who are awaiting the completion of 134 135 level 2 screening may work only under the direct and visual 136 supervision of persons who have met the screening requirements of this section. Level 2 screening is shall not be required for of 137

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138 employees, or prospective employees, or contracted workers who 139 attest in writing under penalty of perjury that they meet the 140 residency requirement. To complete Completion of level 2 141 screening: shall require

142 <u>1.</u> The employee or <u>contracted worker shall</u> prospective
 143 employee to furnish to the nursing facility a full set of
 144 fingerprints <u>for conducting a federal criminal records check</u> to
 145 enable a criminal background investigation to be conducted.

1462.The nursing facility shall submit the completed147fingerprint card to the agency.

148 <u>3.</u> The agency shall establish a record of the request in 149 the database provided for in paragraph (c) and forward the 150 request to the Department of Law Enforcement, which is authorized 151 to submit the fingerprints to the Federal Bureau of Investigation 152 for a national criminal history records check.

153 <u>4.</u> The results of the national criminal history records 154 check shall be returned to the agency, which shall maintain the 155 results in the database provided for in paragraph (c).

<u>5.</u> The agency shall notify the administrator of the
requesting nursing facility or the administrator of any other
<u>requesting</u> facility licensed under chapter 393, chapter 394,
chapter 395, chapter 397, chapter 429, or this chapter, as
requested by such facility, as to whether or not the employee has
qualified under level 1 or level 2 screening.

An employee or <u>contracted worker</u> prospective employee who has qualified under level 2 screening and has maintained such continuous residency within the state <u>is</u> shall not be required to complete a subsequent level 2 screening as a condition of employment at another facility.

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168 (c) The agency shall establish and maintain a database that 169 includes of background screening information which shall include the results of all both level 1 and level 2 screening. The 170 171 Department of Law Enforcement shall timely provide to the agency, 172 electronically, the results of each statewide screening for 173 incorporation into the database. The agency shall, upon request from any facility, agency, or program required by or authorized 174 by law to screen its employees or contracted workers applicants, 175 176 notify the administrator of the facility, agency, or program of 177 the qualifying or disqualifying status of the person employee or 178 applicant named in the request. 179 (d) Applicants and Employees, prospective employees, and 180 contracted workers shall be excluded from employment pursuant to s. 435.06, and may not be employed or resume employment until 181 182 exempted or all appeals have been resolved in favor of the person 183 screened. However, an employee of a nursing facility, employed 184 prior to October 1, 1998, who is determined to have a disqualifying offense occurring after October 1, 1998, may 185 186 continue employment pending the outcome of an exemption request if such request is made within 30 days of receipt of the results 187 of the background screening. An employee of a nursing facility, 188 189 employed before October 1, 1998, who is determined to have a 190 disqualifying offense before October 1, 1998, but does not have a disqualifying offense after that date, is not required to submit 191

192 an exemption request pursuant to s. 435.07 and may continue his 193 or her employment.

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195 <u>Notwithstanding chapter 435, the agency may not provide to the</u>
 196 <u>employer the results of background screening for offenses</u>
 197 occurring prior to October 1, 1998, for persons employed before

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October 1, 1998, except for an absolute disqualifying offense.
For the purposes of this section, the term "absolute
disqualifying offense" means a felony offense pursuant to s.
787.01(3)(a); s. 787.02(3)(a); s. 787.025, s. 796.03; s. 796.035;
s. 800.04, except for crimes identified in ss. 800.04(7)(c) and
(d); s. 825.1025; s. 827.071; s. 847.0133; s. 847.0135(2) and
(3); s. 847.0137(2) and (3); and s. 847.0138(2) and (3); s.
847.0145; s. 796.045; or chapter 794. Notwithstanding s. 435.07,
a person who has been convicted of, or entered a plea of guilty
or nolo contendere, regardless of adjudication, to an absolute
disqualifying offense may not be granted an exemption from
disqualification from employment. Neither the agency nor an
employer is required to rescreen or reevaluate qualifications for
employment of a person who was screened by that employer and
continuously employed before April 1, 2009.

213 (4) (3) The person being screened applicant is responsible 214 for paying the fees associated with obtaining the required 215 screening. Payment for the screening shall be submitted to the 216 agency. The agency shall establish a schedule of fees to cover 217 the costs of level 1 and level 2 screening. Facilities may pay 218 reimburse employees for these costs. The Department of Law 219 Enforcement shall charge the agency for a level 1 or level 2 220 screening a rate sufficient to cover the costs of such screening pursuant to s. 943.053(3). The agency shall, as allowable, 221 222 reimburse nursing facilities for the cost of conducting 223 background screening as required by this section. This 224 reimbursement is will not be subject to any rate ceilings or 225 payment targets in the Medicaid Reimbursement plan.

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(5) $\frac{(4)(a)}{(a)}$ As provided in s. 435.07: τ



(a) The agency may grant an exemption from disqualification
 to an employee, or prospective employee, or contracted worker who
 is subject to this section and who has not received a
 professional license or certification from the Department of
 Health.

As provided in s. 435.07, The appropriate regulatory 232 (b) board within the Department of Health, or that department itself 233 when there is no board, may grant an exemption from 234 235 disqualification to an employee, or prospective employee, or contracted worker who is subject to this section and who has 236 237 received a professional license or certification from the 238 Department of Health or a regulatory board within that 239 department.

240 (6) (5) Any provision of law to the contrary notwithstanding, Persons who have been screened and qualified as 241 required by this section, and who have not been unemployed for 242 243 more than 180 days thereafter, and who, under penalty of perjury, attest to not having been convicted of a disqualifying offense 244 245 since the completion of such screening are, shall not be required to be rescreened. An employer may obtain, pursuant to s. 435.10, 246 written verification of qualifying screening results from the 247 248 previous employer, contractor, or other entity that which caused 249 the such screening to be performed.

250 <u>(7) (6)</u> The agency and the Department of Health <u>may</u> shall 251 have authority to adopt rules <u>to administer</u> pursuant to the 252 Administrative Procedure Act to implement this section.

253 (7) All employees shall comply with the requirements of 254 this section by October 1, 1998. No current employee of a nursing 255 facility as of the effective date of this act shall be required 256 to submit to rescreening if the nursing facility has in its



257 possession written evidence that the person has been screened and qualified according to level 1 standards as specified in s. 258 259 435.03(1). Any current employee who meets the level 1 requirement 260 but does not meet the 5-year residency requirement as specified 261 in this section must provide to the employing nursing facility 262 written attestation under penalty of perjury that the employee has not been convicted of a disqualifying offense in another 263 264 state or jurisdiction. All applicants hired on or after October 265 1, 1998, shall comply with the requirements of this section.

266 (8) There is no monetary or unemployment liability on the 267 part of, and a no cause of action for damages does not arise 268 arising against, an employer that, upon notice of a disqualifying 269 offense listed under chapter 435 or an act of domestic violence, 270 terminates the employee against whom the report was issued, 271 whether or not the employee has filed for an exemption with the 272 Department of Health or the agency for Health Care 273 Administration.

274 Section 5. Subsection (6) is added to section 408.809, 275 Florida Statutes, to read:

408.809 Background screening; prohibited offenses.--

(6) The agency shall establish a schedule of fees to cover the costs of any level 1 or level 2 screening required pursuant to this part or other authorizing statutes and may adopt rules to carry out these screenings and for the schedule of fees.

281 Section 6. Subsection (5) of section 408.810, Florida 282 Statutes, is amended to read:

408.810 Minimum licensure requirements.--In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must

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286 comply with the requirements of this section in order to obtain 287 and maintain a license.

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(5) Each licensee must:

(a) On or before the first day services are provided to a
client, a licensee must inform the client and his or her
immediate family or representative, if appropriate, of the right
to report:

1. Complaints. 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 (phone number)."

298 2. Abusive, neglectful, or exploitative practices. The 299 statewide toll-free telephone number for the central abuse 300 hotline must be provided to clients in a manner that is clearly 301 legible and must include the words: "To report abuse, neglect, or 302 exploitation, please call toll-free (phone number)." The agency 303 shall publish a minimum of a 90-day advance notice of a change in 304 the toll-free telephone numbers.

305 (b) Each licensee shall Establish appropriate policies and
 306 procedures for providing such notice to clients.

307 (c) Publicly display a poster approved by the agency 308 containing the names, addresses, and telephone numbers for the state's central abuse hotline, the State Long-Term Care 309 310 Ombudsman, the agency's consumer hotline, the Advocacy Center for 311 Persons with Disabilities, the Florida Statewide Advocacy 312 Council, and the Medicaid Fraud Control Unit, along with a clear 313 description of the assistance to be expected from each. The 314 Statewide Public Guardianship Office and its website shall also be listed. The agency shall make the poster available on the 315

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316 Internet. Providers may download the poster, at no charge, from 317 the agency's website. 318 Section 7. Section 408.811, Florida Statutes, is amended to 319 read: 320 408.811 Right of inspection; copies; inspection reports.--321 (1) An authorized officer or employee of the agency may 322 make or cause to be made any inspection or investigation deemed necessary by the agency to determine the state of compliance with 323 324 this part, authorizing statutes, and applicable rules. The right 325 of inspection extends to any business that the agency has reason 326 to believe is being operated as a provider without a license, but 327 inspection of any business suspected of being operated without 328 the appropriate license may not be made without the permission of 329 the owner or person in charge unless a warrant is first obtained 330 from a circuit court. Any application for a license issued under 331 this part, authorizing statutes, or applicable rules constitutes 332 permission for an appropriate inspection to verify the 333 information submitted on or in connection with the application. 334 (a) All inspections shall be unannounced, except as specified in s. 408.806. The giving or causing to be given of 335 336 advance notice of the unannounced inspection by an agency 337 employee to any unauthorized person shall, in accordance with 338 chapter 110, constitute cause for suspension of the employee for 339 at least 5 working days. 340 Inspections for relicensure shall be conducted (b) 341 biennially unless otherwise specified by authorizing statutes or 342 applicable rules. 343 (c) Deficiencies found during an inspection or 344 investigation must be corrected within 30 days unless an 345 alternative timeframe is required or approved by the agency. Page 12 of 58 5/2/2008 10:12:00 AM 10-09096A-08



346	(d) The agency may require an applicant or licensee to
347	submit a plan of correction for deficiencies. If required, the
348	plan of correction must be filed with the agency within 10 days
349	unless an alternative timeframe is required.

(2) Inspections conducted in conjunction with certification
may be accepted in lieu of a complete licensure inspection.
However, a licensure inspection may also be conducted to review
any licensure requirements that are not also requirements for
certification.

(3) The agency shall have access to and the licensee shall provide copies of all provider records required during an inspection at no cost to the agency.

358 (4) (a) Each licensee shall maintain as public information, 359 available upon request, records of all inspection reports 360 pertaining to that provider that have been filed by the agency unless those reports are exempt from or contain information that 361 362 is exempt from s. 119.07(1) and s. 24(a), Art. I of the State 363 Constitution or is otherwise made confidential by law. Effective 364 October 1, 2006, copies of such reports shall be retained in the records of the provider for at least 3 years following the date 365 366 the reports are filed and issued, regardless of a change of 367 ownership.

368 (b) A licensee shall, upon the request of any person who 369 has completed a written application with intent to be admitted by 370 such provider, any person who is a client of such provider, or any relative, spouse, or guardian of any such person, furnish to 371 372 the requester a copy of the last inspection report pertaining to 373 the licensed provider that was issued by the agency or by an 374 accrediting organization if such report is used in lieu of a 375 licensure inspection.

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376	(c) As an alternative to sending reports required by this
377	part or authorizing statutes, the agency may provide electronic
378	access to information or documents.
379	Section 8. Subsection (2) of section 415.103, Florida
380	Statutes, is amended to read:
381	415.103 Central abuse hotline
382	(2) Upon receiving an oral or written report of known or
383	suspected abuse, neglect, or exploitation of a vulnerable adult,
384	the central abuse hotline <u>shall</u> must determine if the report
385	requires an immediate onsite protective investigation.
386	(a) For reports requiring an immediate onsite protective
387	investigation, the central abuse hotline must immediately notify
388	the department's designated protective investigative district
389	staff responsible for protective investigations to ensure prompt
390	initiation of an onsite investigation.
391	(b) For reports not requiring an immediate onsite
392	protective investigation, the central abuse hotline must notify
393	the department's designated protective investigative district
394	staff responsible for protective investigations in sufficient
395	time to allow for an investigation to be commenced within 24
396	hours. At the time of notification of district staff with respect
397	to the report, the central abuse hotline must also provide any
398	known information on any previous <u>reports</u> report concerning <u>the</u> a
399	subject of the present report or any pertinent information
400	relative to the present report or any noted earlier reports.
401	(c) If the report is of known or suspected abuse of a

402 vulnerable adult by someone other than a relative, caregiver, or 403 household member, the call shall be immediately transferred to 404 the appropriate county sheriff's office.

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405 Section 9. Paragraph (e) of subsection (1) and paragraph 406 (g) of subsection (2) of section 415.1051, Florida Statutes, are 407 amended to read:

408 415.1051 Protective services interventions when capacity to 409 consent is lacking; nonemergencies; emergencies; orders; 410 limitations.--

(1) NONEMERGENCY PROTECTIVE SERVICES INTERVENTIONS.--If the department has reasonable cause to believe that a vulnerable adult or a vulnerable adult in need of services is being abused, neglected, or exploited and is in need of protective services but lacks the capacity to consent to protective services, the department shall petition the court for an order authorizing the provision of protective services.

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(e) Continued protective services.--

419 1. <u>Within</u> No more than 60 days after the date of the order 420 authorizing the provision of protective services, the department 421 shall petition the court to determine whether:

422 a. Protective services <u>are to</u> will be continued with the 423 consent of the vulnerable adult pursuant to this subsection;

b. Protective services <u>are to will</u> be continued for the
vulnerable adult who lacks capacity;

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c. Protective services $\underline{are to} = \frac{will}{will}$ be discontinued; or

427 d. A petition for guardianship <u>shall</u> should be filed
428 pursuant to chapter 744.

429 2. If the court determines that a petition for guardianship
430 <u>shall should</u> be filed pursuant to chapter 744, the court, for
431 good cause shown, may order continued protective services until
432 it makes a determination regarding capacity.

433 <u>3. If the department has a good faith belief that the</u>
434 <u>vulnerable adult lacks capacity, the petition to determine</u>

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435 incapacity under s. 744.3201 may be filed by the department. Once 436 the petition is filed, the department may not be appointed 437 guardian and may not provide legal counsel for the guardian.

EMERGENCY PROTECTIVE SERVICES INTERVENTION. -- If the 438 (2)439 department has reasonable cause to believe that a vulnerable 440 adult is suffering from abuse or neglect that presents a risk of 441 death or serious physical injury to the vulnerable adult and that 442 the vulnerable adult lacks the capacity to consent to emergency 443 protective services, the department may take action under this 444 subsection. If the vulnerable adult has the capacity to consent 445 and refuses consent to emergency protective services, emergency 446 protective services may not be provided.

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(g) Continued emergency protective services.--

1. <u>Within</u> Not more than 60 days after the date of the order authorizing the provision of emergency protective services, the department shall petition the court to determine whether:

451 a. Emergency protective services <u>are to will</u> be continued
452 with the consent of the vulnerable adult;

453 b. Emergency protective services <u>are to</u> will be continued 454 for the vulnerable adult who lacks capacity;

455 c. Emergency protective services <u>are to</u> will be 456 discontinued; or

457

d. A petition shall should be filed under chapter 744.

458 2. If it is decided to file a petition under chapter 744,
459 for good cause shown, the court may order continued emergency
460 protective services until a determination is made by the court.

3. If the department has a good faith belief that the
vulnerable adult lacks capacity, the petition to determine
incapacity under s. 744.3201 may be filed by the department. Once

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464	the petition is filed, the department may not be appointed
465	guardian and may not provide legal counsel for the guardian.
466	Section 10. Section 415.112, Florida Statutes, is amended
467	to read:
468	415.112 Rules for implementation of ss. 415.101-
469	415.113The department shall <u>adopt</u> promulgate rules <u>to</u>
470	administer this chapter including, but not limited to: for the
471	implementation of ss. 415.101-415.113.
472	(1) Background screening of department employees and
473	employee applicants which includes a criminal records check and
474	drug testing of adult protective investigators and adult
475	protective investigator supervisors.
476	(2) The reporting of adult abuse, neglect, exploitation, a
477	vulnerable adult in need of services, false reporting, and adult
478	protective investigations.
479	(3) Confidentiality and retention of department records,
480	access to records, and record requests.
481	(4) Injunctions and other protective orders.
482	(5) The provision of emergency and nonemergency protective
483	services intervention.
484	(6) Agreements with law enforcement and other state
485	agencies.
486	(7) Legal and casework procedures, including, but not
487	limited to, diligent search, petitions, emergency removals,
488	capacity to consent, and adult protection teams.
489	(8) The legal and casework management of cases involving
490	protective supervision, protective orders, judicial reviews,
491	administrative reviews, case plans, and documentation
492	requirements.



493Section 11. Paragraphs (b) and (c) of subsection (3) of494section 429.07, Florida Statutes, are amended to read:

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429.07 License required; fee.--

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

502 (b) An extended congregate care license shall be issued to 503 facilities providing, directly or through contract, services 504 beyond those authorized in paragraph (a), including services 505 performed by persons licensed under acts performed pursuant to 506 part I of chapter 464 by persons licensed thereunder, and 507 supportive services, as defined by rule, to persons who would 508 otherwise would be disqualified from continued residence in a 509 facility licensed under this part.

510 1. To obtain an In order for extended congregate care 511 license services to be provided in a facility licensed under this part, the agency must first determine that all requirements 512 513 established in law and rule are met and must specifically 514 designate, on the facility's license, that such services may be 515 provided and whether the designation applies to all or part of the a facility. Such designation may be made at the time of 516 517 initial licensure or relicensure, or upon request in writing by a 518 licensee under this part and part II of chapter 408. Notification of approval or denial of the such request shall be made in 519 520 accordance with part II of chapter 408. Existing

521 <u>2.</u> Facilities <u>applying for, and facilities currently</u> 522 <u>licensed qualifying</u> to provide, extended congregate care services

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523 must have maintained a standard license and may not have been 524 subject to administrative sanctions during the previous 2 years, 525 or since initial licensure if the facility has been licensed for 526 less than 2 years, for any of the following reasons:

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a. A class I or class II violation;

528 b. Three or more repeat or recurring class III violations 529 of identical or similar resident care standards as specified in 530 rule from which a pattern of noncompliance is found by the 531 agency;

532 c. Three or more class III violations that were not 533 corrected in accordance with the corrective action plan approved 534 by the agency;

535 d. Violation of resident care standards <u>which result in</u> 536 <u>requiring the facility</u> resulting in a requirement to employ the 537 services of a consultant pharmacist or consultant dietitian;

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

542 f. Imposition of a moratorium pursuant to this part or part 543 II of chapter 408 or initiation of injunctive proceedings.

544 3.2. A facility that is Facilities that are licensed to 545 provide extended congregate care services must shall maintain a 546 written progress report on each person who receives such 547 services, which report describes the type, amount, duration, 548 scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse, or 549 550 appropriate designee, representing the agency shall visit the 551 facility such facilities at least quarterly to monitor residents 552 who are receiving extended congregate care services and to

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553 determine if the facility is in compliance with this part, part 554 II of chapter 408, and rules that relate to extended congregate 555 care. One of these visits may be in conjunction with the regular 556 survey. The monitoring visits may be provided through contractual 557 arrangements with appropriate community agencies. A registered 558 nurse shall serve as part of the team that inspects the such 559 facility. The agency may waive one of the required yearly monitoring visits for a facility that has been licensed for at 560 561 least 24 months to provide extended congregate care services, if, 562 during the inspection, the registered nurse determines that 563 extended congregate care services are being provided 564 appropriately, and if the facility has no class I or class II 565 violations and no uncorrected class III violations. Before such 566 decision is made, The agency must first shall consult with the 567 long-term care ombudsman council for the area in which the 568 facility is located to determine if any complaints have been made 569 and substantiated about the quality of services or care. The 570 agency may not waive one of the required yearly monitoring visits 571 if complaints have been made and substantiated.

572 <u>4.</u>3. Facilities that are licensed to provide extended 573 congregate care services <u>must</u> shall:

574a. Demonstrate the capability to meet unanticipated575resident service needs.

576 b. Offer a physical environment that promotes a homelike 577 setting, provides for resident privacy, promotes resident 578 independence, and allows sufficient congregate space as defined 579 by rule.

580 c. Have sufficient staff available, taking into account the 581 physical plant and firesafety features of the building, to assist 582 with the evacuation of residents in an emergency, as necessary.

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583 d. Adopt and follow policies and procedures that maximize 584 resident independence, dignity, choice, and decisionmaking to 585 permit residents to age in place to the extent possible, so that 586 moves due to changes in functional status are minimized or 587 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.

593

f. Implement the concept of managed risk.

g. Provide, either directly or through contract, the
services of a person licensed pursuant to part I of chapter 464.

596 h. In addition to the training mandated in s. 429.52, 597 provide specialized training as defined by rule for facility 598 staff.

599 5.4. Facilities licensed to provide extended congregate 600 care services are exempt from the criteria for continued 601 residency as set forth in rules adopted under s. 429.41. 602 Facilities so licensed must shall adopt their own requirements 603 within guidelines for continued residency set forth by rule. 604 However, such facilities may not serve residents who require 24-605 hour nursing supervision. Facilities licensed to provide extended congregate care services must shall provide each resident with a 606 607 written copy of facility policies governing admission and 608 retention.

609 <u>6.5.</u> The primary purpose of extended congregate care 610 services is to allow residents, as they become more impaired, the 611 option of remaining in a familiar setting from which they would 612 otherwise be disqualified for continued residency. A facility

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613 licensed to provide extended congregate care services may also 614 admit an individual who exceeds the admission criteria for a 615 facility with a standard license, if the individual is determined 616 appropriate for admission to the extended congregate care 617 facility.

618 <u>7.6.</u> Before admission of an individual to a facility 619 licensed to provide extended congregate care services, the 620 individual must undergo a medical examination as provided in s. 621 <u>429.26(4)</u> and the facility must develop a preliminary service 622 plan for the individual <u>as provided in s. 429.26</u>.

623 <u>8.7.</u> When a facility can no longer provide or arrange for 624 services in accordance with the resident's service plan and needs 625 and the facility's policy, the facility shall make arrangements 626 for relocating the person in accordance with s. 429.28(1)(k).

6279.8.Failure to provide extended congregate care services628may result in denial of extended congregate care license renewal.

629 9. No later than January 1 of each year, the department, in 630 consultation with the agency, shall prepare and submit to the 631 Governor, the President of the Senate, the Speaker of the House of Representatives, and the chairs of appropriate legislative 632 633 committees, a report on the status of, and recommendations related to, extended congregate care services. The status report 634 must include, but need not be limited to, the following 635 636 information:

637 a. A description of the facilities licensed to provide such
 638 services, including total number of beds licensed under this
 639 part.

640 b. The number and characteristics of residents receiving
641 such services.

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642	c. The types of services rendered that could not be
643	provided through a standard license.
644	d. An analysis of deficiencies cited during licensure
645	inspections.
646	e. The number of residents who required extended congregate
647	care services at admission and the source of admission.
648	f. Recommendations for statutory or regulatory changes.
649	g. The availability of extended congregate care to state
650	clients residing in facilities licensed under this part and in
651	need of additional services, and recommendations for
652	appropriations to subsidize extended congregate care services for
653	such persons.
654	h. Such other information as the department considers
655	appropriate.
656	(c) A limited nursing services license shall be issued to a
657	facility that provides services beyond those authorized in
658	paragraph (a) and as specified in this paragraph.
659	1. <u>To obtain a In order for limited nursing services</u>
660	license to be provided in a facility licensed under this part,
661	the agency must first determine that all requirements established
662	in law and rule are met and must specifically designate, on the
663	facility's license, that such services may be provided. Such
664	designation may be made at the time of initial licensure or
665	relicensure, or upon request in writing by a licensee under this
666	part and part II of chapter 408. Notification of approval or
667	denial of such request shall be made in accordance with part II
668	of chapter 408. Existing
669	2. Facilities applying for, and facilities currently

670 <u>licensed qualifying</u> to provide, limited nursing services <u>must</u>
 671 shall have maintained a standard license and may not have been

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672 subject to administrative sanctions that affect the health, 673 safety, and welfare of residents for the previous 2 years or 674 since initial licensure if the facility has been licensed for 675 less than 2 years.

676 3.2. Facilities that are licensed to provide limited 677 nursing services shall maintain a written progress report on each 678 person who receives such nursing services, which report describes the type, amount, duration, scope, and outcome of services that 679 680 are rendered and the general status of the resident's health. A 681 registered nurse representing the agency shall visit such 682 facilities at least twice a year to monitor residents who are 683 receiving limited nursing services and to determine if the 684 facility is in compliance with applicable provisions of this 685 part, part II of chapter 408, and related rules. The monitoring 686 visits may be provided through contractual arrangements with 687 appropriate community agencies. A registered nurse shall also 688 serve as part of the team that inspects the such facility.

689 <u>4.3.</u> A person who receives limited nursing services under 690 this part must meet the admission criteria established by the 691 agency for assisted living facilities. <u>If</u> When a resident no 692 longer meets the admission criteria for a facility licensed under 693 this part, arrangements for relocating the person shall be made 694 in accordance with s. 429.28(1)(k), unless the facility is <u>also</u> 695 licensed to provide extended congregate care services.

696 Section 12. Effective April 1, 2009, section 429.174,697 Florida Statutes, is amended to read:

698

429.174 Background screening; exemptions.--

(1) The owner or administrator of an assisted living
 facility must conduct level 1 background screening, as set forth
 in chapter 435, on all employees hired on or after October 1,

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702 1998, who perform personal services or who have access to resident living areas as defined in s. 429.02(16). The agency may 703 704 exempt an individual from employment disqualification as set 705 forth in s. 435.07 chapter 435. However, such person may not be 706 employed or resume employment pending the granting of an 707 exemption or until all appeals have been resolved in favor of the 708 person screened. A person employed before October 1, 1998, who is 709 determined to have a disqualifying offense occurring after 710 October 1, 1998, may continue employment pending the outcome of 711 an exemption request if such request is made within 30 days of 712 receipt of the results of the background screening. A person 713 employed before October 1, 1998, who is determined to have a 714 disqualifying offense before October 1, 1998, but does not have a disqualifying offense after that date, is not required to submit 715 716 an exemption request pursuant to s. 435.07 and may continue his 717 or her employment. Employees Such persons shall be considered as 718 having met the screening requirements this requirement if:

719 <u>(a) (1)</u> Proof of compliance with level 1 screening 720 requirements obtained to meet any professional license 721 requirements in this state is provided and accompanied, under 722 penalty of perjury, by a copy of the person's current 723 professional license and an affidavit of current compliance with 724 the background screening requirements.

725 (b) (2) The person required to be screened has been 726 continuously employed in the same type of occupation for which 727 the person is seeking employment without a breach in service 728 which exceeds 180 days, and proof of compliance with the level 1 729 screening requirement which is no more than 2 years old is 730 provided. Proof of compliance shall be provided directly from one 731 employer or contractor to another, and not from the person

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screened. Upon request, a copy of screening results shall be
provided by the employer retaining documentation of the screening
to the person screened.

735 <u>(c)(3)</u> The person required to be screened is employed by a 736 corporation or business entity or related corporation or business 737 entity that owns, operates, or manages more than one facility or 738 agency licensed under this chapter, and for whom a level 1 739 screening was conducted by the corporation or business entity as 740 a condition of initial or continued employment.

742 Notwithstanding chapter 435, the agency may not provide to the 743 employer the results of background screening for offenses 744 occurring prior to October 1, 1998, for persons employed before 745 October 1, 1998, except for an absolute disqualifying offense. 746 For the purposes of this section, the term "absolute 747 disqualifying offense" means a felony offense pursuant to s. 748 787.01(3)(a); s. 787.02(3)(a); s. 787.025, s. 796.03; s. 796.035; s. 800.04, except for crimes identified in ss. 800.04(7)(c) and 749 750 (d); s. 825.1025; s. 827.071; s. 847.0133; s. 847.0135(2) and 751 (3); s. 847.0137(2) and (3); and s. 847.0138(2) and (3); s. 847.0145; s. 796.045; or chapter 794. Notwithstanding s. 435.07, 752 753 a person who has been convicted of, or entered a plea of guilty 754 or nolo contendere, regardless of adjudication, to an absolute 755 disqualifying offense may not be granted an exemption from 756 disqualification from employment. The agency or an employer is 757 not required to rescreen or reevaluate qualifications for 758 employment of a person who was screened by that employer and 759 continuously employed before April 1, 2009. 760 (2) Level 1 screening as provided in chapter 435 is 761 required for all contracted workers who are expected to, or whose

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741



762 responsibilities may require them to, provide personal services 763 to residents. The facility shall maintain verification that such 764 contracted workers have been screened pursuant to this section. 765 The facility may either obtain a copy of the qualifying screening 766 results from the entity or receive an affidavit from the entity 767 which specifies that a background screen has been performed on 768 all contracted workers sent to the facility. A contracted worker 769 who does not provide personal services to residents is not 770 required to be screened pursuant to this section but must sign in 771 at the reception desk upon entering the facility, wear an 772 identification badge while on the premises, and sign out before 773 leaving the facility. The facility shall maintain a log 774 containing the information collected.

775 (3) The person being screened is responsible for paying the 776 fees associated with obtaining the required screening. Payment 777 for the screening shall be submitted to the agency. The agency 778 shall establish a schedule of fees to cover the costs of level 1 and level 2 screening. Facilities may reimburse employees or 779 780 contracted workers for these costs. The Department of Law 781 Enforcement shall charge the agency for a level 1 or level 2 782 screening a rate sufficient to cover the costs of screening 783 pursuant to s. 943.053(3).

Section 13. Subsection (1) of section 429.255, FloridaStatutes, is amended to read:

786

429.255 Use of personnel; emergency care.--

(1) (a) <u>Facility staff, including</u> persons under contract to the facility, facility <u>employees</u> 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,

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792 manage individual weekly pill organizers for residents who self-793 administer medication, give prepackaged enemas ordered by a 794 physician, observe residents, document observations on the 795 appropriate resident's record, report observations to the 796 resident's physician, and contract or allow residents or a 797 resident's representative, designee, surrogate, guardian, or 798 attorney in fact to contract with a third party, provided 799 residents meet the criteria for appropriate placement as defined 800 in s. 429.26. Nursing assistants certified pursuant to part II of 801 chapter 464 may take residents' vital signs as directed by a 802 licensed nurse or physician.

803 Facility All staff, including persons under contract to (b) 804 the facility and facility employees in facilities licensed under 805 this part shall exercise their professional responsibility to 806 observe residents, to document observations on the appropriate 807 resident's record, and to report the observations to the resident's physician, and to provide needed services competently. 808 809 However, the owner or administrator of the facility is shall be 810 responsible for determining that the resident receiving services is appropriate for residence in the facility and for the 811 provision of and quality of care and services provided to the 812 813 resident.

(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.

817 Section 14. Present subsections (8) through (12) of section 818 429.26, Florida Statutes, are renumbered as sections (6) through 819 (10), respectively, and present subsections (1) through (7) of 820 that section, are amended to read:

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821 429.26 Appropriateness of placements; examinations of 822 residents.--

823 (1)The owner or administrator of a facility is responsible 824 for determining the appropriateness of admission of an individual 825 to the facility and for determining the continued appropriateness 826 of residence of an individual in the facility. A determination 827 shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or 828 829 arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria 830 831 or continued residency for the type of license held by the 832 facility under this part. Except as provided in s. 429.28(1)(k), 833 a resident may not be moved from one facility to another without 834 consultation with and agreement from the resident or, if 835 applicable, the resident's representative or designee or the 836 resident's family, guardian, surrogate, or attorney in fact. If 837 In the case of a resident who has been placed by the department 838 or the Department of Children and Family Services, the 839 administrator must notify the appropriate contact person in the 840 applicable department.

841 (2) A physician, physician assistant, or nurse practitioner 842 who is employed by an assisted living facility to provide an 843 initial examination for admission purposes may not have financial 844 interest in the facility.

845 (3) Persons licensed under part I of chapter 464 who are
846 employed by or under contract with a facility shall, on a routine
847 basis or at least monthly, perform a nursing assessment of the
848 residents for whom they are providing nursing services ordered by
849 a physician, except administration of medication, and shall
850 document such assessment, including any substantial changes in a

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851 resident's status which may necessitate relocation to a nursing 852 home, hospital, or specialized health care facility. Such records 853 shall be maintained in the facility for inspection by the agency 854 and shall be forwarded to the resident's case manager, if 855 applicable.

856 (2) (4) If possible, each resident shall have been examined 857 by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to 858 859 the facility. The person conducting an examination under this 860 subsection may not have financial interest in the facility. The 861 signed and completed medical examination report shall be 862 submitted to the owner or administrator of the facility who shall use the information contained in the report therein to assist in 863 864 determining the determination of the appropriateness of the 865 resident's admission and continued stay in the facility and to 866 develop a plan for the provision of services for the resident. 867 The plan must be reviewed and updated annually; however, for a 868 resident receiving nursing services ordered by a physician, 869 except administration of medication, the plan must be reviewed 870 and updated quarterly and whenever a resident experiences a significant change in condition. The medical examination report 871 872 and plan for services shall be reported on a single form provided 873 by the agency or a community supported-living plan for mental health residents. The plan shall become a permanent part of the 874 875 record of the resident at the facility and shall be made 876 available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive 877 878 Assessment and Review for Long-Term Care Services (CARES) Program 879 fulfills the requirements for a medical examination under this 880 subsection and s. 429.07(3)(b)6.

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881 (a) (5) Except as provided in s. 429.07, if a medical 882 examination has not been completed within 60 days before the 883 admission of the resident to the facility, medical personnel a 884 licensed physician, licensed physician assistant, or licensed 885 nurse practitioner shall examine the resident and complete a 886 medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility 887 888 owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent 889 part of the record of the resident at the facility and shall be 890 891 made available to the agency during inspection by the agency or 892 upon request.

893 (b) (6) Any resident accepted in a facility and placed by the department or the Department of Children and Family Services 894 895 must be shall have been examined by medical personnel within 30 896 days before placement in the facility and recorded on a medical 897 examination form provided by the agency. The examination shall 898 include an assessment of the appropriateness of placement in a 899 facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form 900 901 shall accompany the resident and shall be submitted to the 902 facility owner or administrator. For Additionally, in the case of 903 a mental health resident, the Department of Children and Family 904 Services must provide documentation that the individual has been 905 assessed by a psychiatrist, clinical psychologist, clinical 906 social worker, or psychiatric nurse, or an individual who is supervised by one of these professionals, and determined to be 907 908 appropriate to reside in an assisted living facility. The 909 documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An 910

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911 evaluation completed upon discharge from a state mental hospital 912 meets the requirements of this subsection related to 913 appropriateness for placement as a mental health resident 914 providing it was completed within 90 days prior to admission to 915 the facility. The applicable department shall provide to the 916 facility administrator any information about the resident that 917 would help the administrator meet his or her responsibilities under this section subsection (1). Further, department personnel 918 919 shall explain to the facility operator any special needs of the 920 resident and advise the operator whom to call should problems 921 arise. The applicable department shall advise and assist the 922 facility administrator where the special needs of residents who 923 are recipients of optional state supplementation require such 924 assistance.

925 (3) Effective April 1, 2009, a search of the Department of 926 Law Enforcement's sexual offender database for each prospective 927 resident must be conducted by the facility before admission or immediately after admission. The facility must maintain 928 929 verification that all residents have been screened. The 930 information obtained may be used by the facility to assess the 931 needs of the resident and the care and services offered or 932 arranged by the facility in accordance with this section. The 933 information obtained may be disclosed to other residents. The facility does not have to rescreen a resident who is away from a 934 935 facility for not more than 45 days.

936 (4) Persons licensed under part I of chapter 464 who are 937 employed by or under contract with a facility shall, at least 938 monthly, perform a nursing assessment of residents for whom they 939 are providing nursing services ordered by a physician, except 940 administration of medication, and shall document such assessment,

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941 <u>including any substantial change in a resident's status which may</u> 942 <u>necessitate relocation to a nursing home, hospital, or</u> 943 <u>specialized health care facility. The records must be maintained</u> 944 <u>in the facility for inspection by the agency and shall be</u> 945 <u>forwarded to the resident's case manager, if applicable.</u>

946 (5) (7) Residents shall be periodically assessed to 947 determine if the resident is capable of handling his or her personal and financial affairs and, if not, whether a responsible 948 949 person such as a resident representative or designee, guardian, 950 surrogate, or attorney in fact is available to make decisions on 951 behalf of the resident. If a resident is having difficulty 952 handling his or her personal or financial affairs because of a 953 decline in health or cognitive abilities, the owner or 954 administrator shall contact the resident's representative or 955 designee, guardian, surrogate, or attorney in fact. If a resident 956 does not have family or a legal representative to make decisions 957 on his or her behalf, the owner or administrator must contact the 958 Florida Abuse Hotline. The facility must notify a licensed 959 physician when a resident exhibits signs of dementia or cognitive impairment or has a change of condition in order to rule out the 960 961 presence of an underlying physiological condition that may be 962 contributing to such dementia or impairment. The notification 963 must occur within 30 days after the acknowledgment of such signs 964 by facility staff. If an underlying condition is determined to 965 exist, the facility shall arrange, with the appropriate health 966 care provider, the necessary care and services to treat the 967 condition.

968 Section 15. Subsections (3) through (8) of section 429.27, 969 Florida Statutes, are renumbered as subsections (6) through (11),

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970 respectively, and subsections (1) and (2) of that section, are 971 amended to read:

972

429.27 Property and personal affairs of residents.--

973 (1) (a) A resident shall be given the option of using his or 974 her own belongings, as space permits; choosing his or her 975 roommate; and, whenever possible, unless the resident is 976 adjudicated incompetent or incapacitated under state law, 977 managing his or her own affairs.

978 (2) (b) The admission of a resident to a facility does and 979 his or her presence therein shall not confer on the facility or 980 its owner, administrator, staff employees, or representatives any 981 authority to manage, use, or dispose of any property of the 982 resident or to make financial or health care decisions on behalf 983 of the resident; nor shall such admission or presence confer on 984 any of such persons any authority or responsibility for the 985 personal affairs of the resident, except if that which may be 986 necessary for the safe management of the facility or for the 987 safety of the resident.

988 <u>(3)(2)</u> A facility, or an owner, administrator, <u>staff</u> 989 employee, or representative thereof, may not act as the 990 <u>resident's representative or designee</u>, guardian, <u>health care</u> 991 <u>surrogate</u>, trustee, or conservator for <u>a</u> any resident of the 992 assisted living facility or any of <u>the</u> such resident's property 993 <u>unless the person is a relative of the resident</u>.

994 (4) A facility An owner, administrator, or staff member, or
995 representative thereof, may not act as a competent resident's
996 payee for social security, veteran's, or railroad benefits
997 without the consent of the resident. Any facility whose owner,
998 administrator, or staff, or representative thereof whor serves as
999 representative payee for a any resident must of the facility

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1000 shall file a surety bond with the agency in an amount equal to 1001 twice the average monthly aggregate income or personal funds due 1002 to residents, or expendable for <u>his or her</u> their account, which 1003 are received by a facility.

1004 (5) Any facility whose owner, administrator, or staff, or a 1005 representative thereof who_{τ} is granted power of attorney for a any resident must of the facility shall file a surety bond with 1006 1007 the agency for each resident for whom such power of attorney is granted. The surety bond must shall be in an amount equal to 1008 1009 twice the average monthly income of the resident, plus the value of any resident's property under the control of the attorney in 1010 1011 fact. The bond must shall be executed by the facility as 1012 principal and a licensed surety company. The bond shall be conditioned upon the faithful compliance of the facility with 1013 this section and shall run to the agency for the benefit of any 1014 resident who suffers a financial loss as a result of the misuse 1015 1016 or misappropriation by a facility of funds held pursuant to this 1017 subsection. Any surety company that cancels or does not renew the 1018 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 1019 cancellation or nonrenewal. Any facility owner, administrator, or 1020 1021 staff, or representative thereof, who is granted power of 1022 attorney for a any resident of the facility shall, on a monthly 1023 basis, be required to provide the resident with a written statement of any transaction made on behalf of the resident 1024 pursuant to this subsection, and a copy of such statement given 1025 to the resident shall be retained in each resident's file and 1026 1027 available for agency inspection.



Section 16. Paragraphs (k) and (l) of subsection (1), subsection (2), and paragraph (b) of subsection (3) of section 429.28, Florida Statutes, are amended to read:

1031

429.28 Resident bill of rights.--

(1) No resident of a facility 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:

1037 Receive at least 45 days' written notice of relocation (k) or termination of residency from the licensee as provided in s. 1038 1039 429.285, unless the relocation or termination of residency is 1040 initiated by the resident or the resident designee; facility unless, for medical reasons, the resident is certified by a 1041 physician to require an emergency relocation to a facility 1042 providing a more skilled level of care; or the resident engages 1043 in a pattern of conduct that is harmful or offensive to other 1044 1045 residents. In the case of a resident who has been adjudicated 1046 mentally incapacitated, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency 1047 termination. Reasons for relocation shall be set forth in 1048 1049 writing. In order for a licensee facility to terminate the 1050 residency of an individual without notice as provided in this 1051 paragraph herein, the licensee facility shall show good cause in 1052 a court of competent jurisdiction. Admission to a facility 1053 licensed under this part may not be conditioned upon a waiver of such right, and any document or provision in a document that 1054 1055 purports to waive or preclude such right is void and unenforceable. 1056


1057 (1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing 1058 1059 officials, or any other person without restraint, interference, 1060 coercion, discrimination, or reprisal. Each licensee facility 1061 shall establish a written grievance procedure to facilitate the 1062 residents' exercise of this right. This right includes access to 1063 ombudsman volunteers and advocates and the right to be a member 1064 of, to be active in, and to associate with advocacy or special 1065 interest groups. Each licensee shall maintain a written log of 1066 grievances that shall be available for inspection and shall be maintained for at least 2 years. Residents may provide verbal or 1067 1068 written grievances.

1069 The administrator of a facility shall ensure that a (2) written notice of the rights, obligations, and prohibitions set 1070 forth in this part is posted in a prominent place in each 1071 facility and read or explained to residents who cannot read. This 1072 1073 notice shall include the name, address, and telephone numbers of the local ombudsman council and central abuse hotline and, when 1074 1075 applicable, the Advocacy Center for Persons with Disabilities, 1076 Inc., and the Florida local advocacy council, where complaints 1077 may be lodged. The licensee facility must ensure a resident's access to a telephone to call the local ombudsman council, 1078 1079 central abuse hotline, Advocacy Center for Persons with 1080 Disabilities, Inc., and the Florida local advocacy council. 1081 (3)

(b) In order to determine whether the <u>licensee</u> 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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1086	planning and service area in which the facility is located to
1087	discuss residents' experiences within the facility.
1088	Section 17. Section 429.285, Florida Statutes, is created
1089	to read:
1090	429.285 Resident relocation or termination of residency;
1091	requirements and procedures
1092	(1) A facility licensed under this part must permit a
1093	resident to remain in the facility. Relocation or termination of
1094	residency of a resident may not occur unless:
1095	(a) The relocation or termination of residency is necessary
1096	for the resident's welfare and the resident's needs cannot be met
1097	in the facility;
1098	(b) The relocation or termination of residency is
1099	appropriate because the resident's health has improved
1100	sufficiently so that the resident no longer needs the services
1101	provided by the facility;
1102	(c) The health and safety of other residents or facility
1103	employees would be endangered;
1104	(d) The resident has failed, after at least 30 days'
1105	notice, to provide payment for his or her stay in the facility;
1106	(e) The facility ceases to operate;
1107	(f) There is a documented pattern of harmful and offensive
1108	behavior by the resident; or
1109	(g) The contract provided for under s. 429.24(1) between
1110	the licensee and the resident expires on its own terms.
1111	(2) When a relocation or termination of residency is
1112	initiated by the licensee, the administrator that is relocating
1113	the resident or terminating residency, or an individual employed
1114	by the facility who is designated by the administrator to act on
1115	behalf of the administration, must sign the notice of relocation



1116	or termination of residency. Any notice indicating a medical
1117	reason for relocation or termination of residency must be signed
1118	by the resident's physician or include an attached physician's
1119	written order for the relocation or termination of residency.
1120	(3) At least 45 days prior to a proposed relocation or
1121	termination of residency, a licensee must provide by certified
1122	mail advance written notice of the proposed relocation or
1123	termination of residency to the resident and, if known, to a
1124	family member or the resident's legal guardian or representative.
1125	(4) The notice must be in writing and contain all
1126	information required by state and federal laws, rules, and
1127	regulations. A copy of the notice must be placed in the
1128	resident's file. The agency shall develop a standard form to be
1129	used by all facilities licensed under this part for purposes of
1130	notifying residents of a relocation or termination of residency.
1131	In addition to any other pertinent information included, the form
1132	shall:
1133	(a) Specify the reason allowed under state law justifying
1134	the relocation or termination of the residency, with an
1135	explanation to support this action.
1136	(b) State the effective date of the relocation or
1137	termination of residency and the location to which the resident
1138	is being relocated.
1139	(c) Include the right and means to request the local long-
1140	term care ombudsman council to review the notice of relocation or
1141	termination of residency.
1142	(5) A relocation or termination of residency notice
1143	initiated by a licensee must be reported to the Office of State
1144	Long-Term Care Ombudsman by mail, electronic mail, or facsimile
1145	within 5 business days after a resident's receipt of a notice to
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1146	relocate or terminate residency. The Office of State Long-Term
1147	Care Ombudsman shall compile and publish the information
1148	collected from such notices in the annual report required by s.
1149	400.0065(2)(i). A resident may request that the local long-term
1150	care ombudsman council review any notice of relocation or
1151	termination of residency given to the resident. When requested by
1152	a resident to review such notice, the local long-term care
1153	ombudsman council shall do so within 5 business days after
1154	receipt of the request.
1155	(6) In the event of an emergency relocation or termination
1156	of residency, as provided under s. 429.28(1)(k), notice shall be
1157	provided to the resident, the resident's legal guardian or
1158	representative, and the local long-term care ombudsman council by
1159	telephone or in person. The written notice shall be given before
1160	the relocation or termination of residency, if possible, and no
1161	later than 5 business days after the relocation or termination of
1162	residency. A local long-term care ombudsman council conducting a
1163	review under this section shall do so within 2 business days
1164	after receipt of the request. The resident's file must include
1165	documentation indicating who was contacted, whether the contact
1166	was by telephone or in person, and the date and time of the
1167	contact.
1168	(7) After receipt of a notice required under this section,
1169	the local long-term care ombudsman council may request a private
1170	informal conversation with a resident to whom the notice is
1171	directed, and, if known, a family member or the resident's legal
1172	guardian or representative, to ensure that the licensee is
1173	proceeding with the relocation or termination of residency in
1174	accordance with the requirements of this section.

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1175	(8) The agency may adopt rules pursuant to ss. 120.536(1)
1176	and 120.54 to administer this section.
1177	Section 18. Subsection (1) of section 429.294, Florida
1178	Statutes, is amended to read:
1179	429.294 Availability of facility records for investigation
1180	of resident's rights violations and defenses; penalty
1181	(1) Failure to provide complete copies of a resident's
1182	records, including, but not limited to, all medical records and
1183	the resident's chart, within the control or possession of the
1184	facility within 10 days, in accordance with the provisions of s.
1185	400.145, shall constitute evidence of failure of that party to
1186	comply with good faith discovery requirements and shall waive the
1187	good faith certificate and presuit notice requirements under this
1188	part by the requesting party.
1189	Section 19. Section 429.34, Florida Statutes, is amended to
1190	read:
1191	429.34 Right of entry and inspectionIn addition to the

1193 (1) Any duly designated officer or employee of the 1194 department, the Department of Children and Family Services, the 1195 Medicaid Fraud Control Unit of the Office of the Attorney 1196 General, the state or local fire marshal, or a member of the 1197 state or local long-term care ombudsman council shall have the 1198 right to enter unannounced upon and into the premises of any 1199 facility licensed pursuant to this part in order to determine the 1200 state of compliance with the provisions of this part, part II of 1201 chapter 408, and applicable rules. Data collected by the state or 1202 local long-term care ombudsman councils or the state or local 1203 advocacy councils may be used by the agency in investigations 1204 involving violations of regulatory standards.

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requirements of s. 408.811:7

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1205 (2) Every 24 months the agency shall conduct at least one 1206 unannounced inspection to determine compliance with this chapter 1207 and related rules, including minimum standards of quality and 1208 adequacy of care and the rights of residents. Two additional 1209 surveys shall be conducted every 6 months for the next year if 1210 the facility has been cited for a class I deficiency or two or more class II deficiencies arising from separate surveys or 1211 investigations within a 60-day period. In addition to any fines 1212 imposed on a facility under s. 429.19, the agency shall assess a 1213 1214 fine of \$69 per bed for each of the additional two surveys, not to exceed \$12,000 each. The agency shall adjust this fine by the 1215 1216 change in the Consumer Price Index, based on the 12 months 1217 immediately preceding the change, to cover the cost of the additional two surveys. The agency shall verify through 1218 subsequent inspections that any deficiency identified during an 1219 inspection is corrected. However, the agency may verify the 1220 correction of a class III or class IV deficiency unrelated to 1221 resident rights or resident care without reinspecting the 1222 1223 facility if adequate written documentation has been received from 1224 the facility which provides assurance that the deficiency has 1225 been corrected. 1226 Section 20. Present subsection (14) of section 429.65, 1227 Florida Statutes, is renumbered as subsection (15), and a new 1228 subsection (14) is added to that section, to read: 1229 429.65 Definitions.--As used in this part, the term: (14) "Reside" means the licensee or applicant lives in the 1230 adult family care home as a primary residence. For purposes of 1231 1232 this part, any two of the following documents that include the adult family care home address and the name of the licensee or 1233

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1234 applicant may be accepted by the agency as proof that the 1235 licensee or applicant resides in the adult family care home: 1236 (a) Homestead exemption documentation; 1237 (b) Lease or rental agreement accompanied by a 1238 corresponding utility bill; or 1239 (c) Personal identification issued by a state or federal 1240 agency. Section 21. Subsection (4) of section 429.67, Florida 1241 1242 Statutes, is amended to read: 1243 429.67 Licensure.--Upon receipt of a completed license application or 1244 (4) 1245 license renewal, and the fee, the agency shall initiate a level 1 1246 background screening as provided under chapter 435 on the adult 1247 family-care home provider, the designated relief person, all adult household members, and all staff members, and any other 1248 person who provides personal services to residents or who have 1249 1250 routine access to the adult family-care home. Proof of compliance with level 1 screening standards 1251 (a) 1252 which has been submitted within the previous 5 years to meet any 1253 facility or professional licensure requirements of the agency or 1254 the Department of Health satisfies the requirements of this 1255 subsection. Such proof must be accompanied, under penalty of 1256 perjury, by a copy of the person's current professional license 1257 and an affidavit of current compliance with the background 1258 screening requirements. 1259 The person required to be screened must have been (b) 1260 continuously employed in the same type of occupation for which 1261 the person is seeking employment without a breach in service that exceeds 180 days, and proof of compliance with the level 1 1262 1263 screening requirement which is no more than 2 years old must be Page 43 of 58 5/2/2008 10:12:00 AM 10-09096A-08



1264 provided. Proof of compliance shall be provided directly from one 1265 employer or contractor to another, and not from the person 1266 screened. Upon request, a copy of screening results shall be 1267 provided to the person screened by the employer retaining 1268 documentation of the screening.

1269 Section 22. Subsection (3) is added to section 429.69, 1270 Florida Statutes, to read:

1271 429.69 Denial, revocation, and suspension of a license.--In 1272 addition to the requirements of part II of chapter 408, the 1273 agency may deny, suspend, and revoke a license for any of the 1274 following reasons:

(3) Failure of the adult family-care home provider who owns or rents the home to live in the home.

1277 Section 23. Paragraph (b) of subsection (1) of section1278 429.73, Florida Statutes, is amended to read:

1279 429.73 Rules and standards relating to adult family-care 1280 homes.--

(1) The agency, in consultation with the department, may adopt rules to administer the requirements of part II of chapter 408. The department, in consultation with the Department of Health, the Department of Children and Family Services, and the agency shall, by rule, establish minimum standards to ensure the health, safety, and well-being of each resident in the adult family-care home pursuant to this part. The rules must address:

(b) Services that must be provided to all residents of an adult family-care home and standards for such services, which must include, but need not be limited to:

1. Room and board.

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1291

Assistance necessary to perform the activities of daily
 living.

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1294	3. Assistance necessary to administer medication.
1295	4. Supervision of residents.
1296	5. Health monitoring, including periodic assessments to
1297	determine if the resident is competent to handle his or her
1298	personal and financial affairs and, if not, whether a responsible
1299	person such as a guardian, surrogate, or attorney in fact is
1300	available to make decisions on behalf of the resident.
1301	6. Social and leisure activities.
1302	Section 24. Effective April 1, 2009, subsections (2) and
1303	(3) of section 435.03, Florida Statutes, are amended to read:
1304	435.03 Level 1 screening standards
1305	(2) Any person for whom employment screening is required by
1306	statute must not have been convicted of found guilty of,
1307	regardless of adjudication , or entered a plea of <u>guilty or</u> nolo
1308	contendere or guilty to , <u>regardless of adjudication, to</u> any
1309	offense prohibited under any of the following provisions of the
1310	Florida statutes or under any similar statute of another
1311	jurisdiction:
1312	(a) Section 393.135, relating to sexual misconduct with
1313	certain developmentally disabled clients and reporting of such
1314	sexual misconduct.
1315	(b) Section 394.4593, relating to sexual misconduct with
1316	certain mental health patients and reporting of such sexual
1317	misconduct.
1318	(c) Section 415.111, relating to abuse, neglect, or
1319	exploitation of a vulnerable adult.
1320	(d) Section 782.04, relating to murder.
1321	(e) Section 782.07, relating to manslaughter, aggravated
1322	manslaughter of an elderly person or disabled adult, or
1323	aggravated manslaughter of a child.
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1324	(f) Section 782.071, relating to vehicular homicide.
1325	(g) Section 782.09, relating to killing of an unborn quick
1326	child by injury to the mother.
1327	(h) Section 784.011, relating to assault, if the victim of
1328	the offense was a minor.
1329	(i) Section 784.021, relating to aggravated assault.
1330	(j) Section 784.03, relating to battery, if the victim of
1331	the offense was a minor.
1332	(k) Section 784.045, relating to aggravated battery.
1333	(1) Section 787.01, relating to kidnapping.
1334	(m) Section 787.02, relating to false imprisonment.
1335	(n) Section 794.011, relating to sexual battery.
1336	(o) Former s. 794.041, relating to prohibited acts of
1337	persons in familial or custodial authority.
1338	(p) Chapter 796, relating to prostitution.
1339	(q) Section 798.02, relating to lewd and lascivious
1340	behavior.
1341	(r) Chapter 800, relating to lewdness and indecent
1342	exposure.
1343	(s) Section 806.01, relating to arson.
1344	(t) Chapter 812, relating to theft, robbery, and related
1345	crimes, if the offense was a felony.
1346	(u) Section 817.563, relating to fraudulent sale of
1347	controlled substances, only if the offense was a felony.
1348	(v) Section 825.102, relating to abuse, aggravated abuse,
1349	or neglect of an elderly person or disabled adult.
1350	(w) Section 825.1025, relating to lewd or lascivious
1351	offenses committed upon or in the presence of an elderly person
1352	or disabled adult.

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1353	(x) Section 825.103, relating to exploitation of an elderly
1354	person or disabled adult, if the offense was a felony.
1355	(y) Section 826.04, relating to incest.
1356	(z) Section 827.03, relating to child abuse, aggravated
1357	child abuse, or neglect of a child.
1358	(aa) Section 827.04, relating to contributing to the
1359	delinquency or dependency of a child.
1360	(bb) Former s. 827.05, relating to negligent treatment of
1361	children.
1362	(cc) Section 827.071, relating to sexual performance by a
1363	child.
1364	(dd) Chapter 847, relating to obscene literature.
1365	(ee) Chapter 893, relating to drug abuse prevention and
1366	control, only if the offense was a felony or if any other person
1367	involved in the offense was a minor.
1368	(ff) Section 916.1075, relating to sexual misconduct with
1369	certain forensic clients and reporting of such sexual misconduct.
1370	(3) Standards must also ensure that the person:
1371	(a) Has not been convicted of, or entered a plea of guilty
1372	or nolo contendere to, regardless of adjudication, offenses
1373	prohibited under any of the following statutes or under any
1374	similar statute of another jurisdiction, if he or she is an
1375	<u>employee or employer</u> For employees and employers licensed or
1376	registered pursuant to <u>chapter 393,</u> chapter 400 <u>, part II of</u>
1377	<u>chapter 408,</u> or chapter 429, <u>or an employee or employer at a</u> and
1378	for employees and employers of developmental disabilities
1379	institutions as defined in s. 393.063, intermediate care
1380	facilities for the developmentally disabled as defined in s.
1381	400.960, and mental health treatment <u>facility</u> facilities as
1382	defined in s. 394.455, meets the requirements of this chapter.
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1383	1. Sections 409.920 and 409.9201, relating to Medicaid
1384	fraud.
1385	2. Chapter 429, relating to assisted care communities.
1386	3. Chapter 784, relating to assault, battery, and culpable
1387	negligence, if the offense is a felony.
1388	4. Section 810.02, relating to burglary, if the offense is
1389	a felony.
1390	5. Section 817.034, relating to communications fraud.
1391	6. Section 817.234, relating to fraudulent insurance
1392	claims.
1393	7. Section 817.505, relating to patient brokering.
1394	8. Section 817.568, relating to identification theft.
1395	9. Sections 817.60 and 817.61, relating to credit cards, if
1396	the offense is a felony.
1397	10. Sections 831.01, 831.02, 831.07, 831.09, 831.30, and
1398	831.31 relating to forgery, uttering, and counterfeiting.
1399	(b) Has not committed an act that constitutes domestic
1400	violence as defined in s. 741.28.
1401	Section 25. Effective April 1, 2009, subsections (2) and
1402	(4) of section 435.04, Florida Statutes, are amended to read:
1403	435.04 Level 2 screening standards
1404	(2) The security background investigations under this
1405	section must ensure that no persons subject to the provisions of
1406	this section have been <u>convicted</u> found guilty of, regardless of
1407	adjudication, or entered a plea of <u>guilty or</u> nolo contendere or
1408	guilty to , <u>regardless of adjudication, to</u> any offense prohibited
1409	under any of the following provisions of the Florida statutes or
1410	under any similar statute of another jurisdiction:



1411	(a) Section 393.135, relating to sexual misconduct with
1412	certain developmentally disabled clients and reporting of such
1413	sexual misconduct.
1414	(b) Section 394.4593, relating to sexual misconduct with
1415	certain mental health patients and reporting of such sexual
1416	misconduct.
1417	(c) Section 415.111, relating to adult abuse, neglect, or
1418	exploitation of aged persons or disabled adults.
1419	(d) Section 782.04, relating to murder.
1420	(e) Section 782.07, relating to manslaughter, aggravated
1421	manslaughter of an elderly person or disabled adult, or
1422	aggravated manslaughter of a child.
1423	(f) Section 782.071, relating to vehicular homicide.
1424	(g) Section 782.09, relating to killing of an unborn quick
1425	child by injury to the mother.
1426	(h) Section 784.011, relating to assault, if the victim of
1427	the offense was a minor.
1428	(i) Section 784.021, relating to aggravated assault.
1429	(j) Section 784.03, relating to battery, if the victim of
1430	the offense was a minor.
1431	(k) Section 784.045, relating to aggravated battery.
1432	(1) Section 784.075, relating to battery on a detention or
1433	commitment facility staff.
1434	(m) Section 787.01, relating to kidnapping.
1435	(n) Section 787.02, relating to false imprisonment.
1436	(o) Section 787.04(2), relating to taking, enticing, or
1437	removing a child beyond the state limits with criminal intent
1438	pending custody proceedings.
1439	(p) Section 787.04(3), relating to carrying a child beyond
1440	the state lines with criminal intent to avoid producing a child
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1441	at a custody hearing or delivering the child to the designated
1442	person.
1443	(q) Section 790.115(1), relating to exhibiting firearms or
1444	weapons within 1,000 feet of a school.
1445	(r) Section 790.115(2)(b), relating to possessing an
1446	electric weapon or device, destructive device, or other weapon on
1447	school property.
1448	(s) Section 794.011, relating to sexual battery.
1449	(t) Former s. 794.041, relating to prohibited acts of
1450	persons in familial or custodial authority.
1451	(u) Chapter 796, relating to prostitution.
1452	(v) Section 798.02, relating to lewd and lascivious
1453	behavior.
1454	(w) Chapter 800, relating to lewdness and indecent
1455	exposure.
1456	(x) Section 806.01, relating to arson.
1457	(y) Chapter 812, relating to theft, robbery, and related
1458	crimes, if the offense is a felony.
1459	(z) Section 817.563, relating to fraudulent sale of
1460	controlled substances, only if the offense was a felony.
1461	(aa) Section 825.102, relating to abuse, aggravated abuse,
1462	or neglect of an elderly person or disabled adult.
1463	(bb) Section 825.1025, relating to lewd or lascivious
1464	offenses committed upon or in the presence of an elderly person
1465	or disabled adult.
1466	(cc) Section 825.103, relating to exploitation of an
1467	elderly person or disabled adult, if the offense was a felony.
1468	(dd) Section 826.04, relating to incest.
1469	(ee) Section 827.03, relating to child abuse, aggravated
1470	child abuse, or neglect of a child.
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1471 (ff) Section 827.04, relating to contributing to the delinguency or dependency of a child. 1472 1473 Former s. 827.05, relating to negligent treatment of (qq) children. 1474 1475 (hh) Section 827.071, relating to sexual performance by a 1476 child. 1477 (ii) Section 843.01, relating to resisting arrest with 1478 violence. 1479 Section 843.025, relating to depriving a law (ijj) enforcement, correctional, or correctional probation officer 1480 means of protection or communication. 1481 1482 Section 843.12, relating to aiding in an escape. (kk) 1483 Section 843.13, relating to aiding in the escape of (11) juvenile inmates in correctional institutions. 1484 Chapter 847, relating to obscene literature. 1485 (mm) Section 874.05(1), relating to encouraging or 1486 (nn) 1487 recruiting another to join a criminal gang. 1488 (oo) Chapter 893, relating to drug abuse prevention and 1489 control, only if the offense was a felony or if any other person involved in the offense was a minor. 1490 (pp) Section 916.1075, relating to sexual misconduct with 1491 certain forensic clients and reporting of such sexual misconduct. 1492 Section 944.35(3), relating to inflicting cruel or 1493 (qq) 1494 inhuman treatment on an inmate resulting in great bodily harm. 1495 (rr) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner. 1496 Section 944.47, relating to introduction of contraband 1497 (ss) 1498 into a correctional facility. Section 985.701, relating to sexual misconduct in 1499 (tt) 1500 juvenile justice programs.

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1501 (uu) Section 985.711, relating to contraband introduced 1502 into detention facilities. 1503 (4) Standards must also ensure that the person: 1504 (a) Has not been convicted of, or entered a plea of guilty 1505 or nolo contendere to, regardless of adjudication, offenses 1506 prohibited under any of the following statutes or under any 1507 similar statute of another jurisdiction, if he or she is an 1508 employee or employer For employees or employers licensed or 1509 registered pursuant to chapter 393, chapter 400, part II of 1510 chapter 408, or chapter 429, or an employee or employer at a 1511 mental health treatment facility as defined in s. 394.455 does 1512 not have a confirmed report of abuse, neglect, or exploitation as 1513 defined in s. 415.102(6), which has been uncontested or upheld under s. 415.103. 1514 1515 1. Sections 409.920 and 409.9201, relating to Medicaid 1516 fraud. 1517 2. Chapter 429, relating to assisted care communities. 1518 3. Chapter 784, relating to assault, battery, and culpable 1519 negligence, if the offense is a felony. 4. Section 810.02, relating to burglary, if the offense is 1520 1521 a felony. 1522 5. Section 817.034, relating to communications fraud. 1523 6. Section 817.234, relating to fraudulent insurance 1524 claims. 1525 7. Section 817.505, relating to patient brokering. 1526 8. Section 817.568, relating to identification theft. 9. Sections 817.60 and 817.61, relating to credit cards, if 1527 1528 the offense is a felony. 1529 10. Sections 831.01, 831.02, 831.07, 831.09, 831.30, and 831.31 relating to forgery, uttering, and counterfeiting. 1530

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1531 (b) Has not committed an act that constitutes domestic violence as defined in s. 741.28 s. 741.30. 1532 1533 (c) Does not have a confirmed report of abuse, neglect, or 1534 exploitation which has been uncontested or upheld under s. 1535 415.103, if the person is an employee of a developmental 1536 disabilities institution as defined in s. 393.063. 1537 Section 26. Subsection (13) of section 400.141, subsection (3) of section 408.809, subsection (2) of section 429.08, and 1538 1539 subsection (5) of section 429.41, Florida Statutes, are repealed. 1540 Section 27. Paragraph (h) of subsection (3) of section 1541 430.80, Florida Statutes, is amended to read: 1542 430.80 Implementation of a teaching nursing home pilot 1543 project.--To be designated as a teaching nursing home, a nursing 1544 (3) home licensee must, at a minimum: 1545 (h) Maintain insurance coverage pursuant to s. 400.141(19) 1546 1547 s. 400.141(20) or proof of financial responsibility in a minimum 1548 amount of \$750,000. Such Proof of financial responsibility may 1549 include: 1550 1. Maintaining an escrow account consisting of cash or assets eligible for deposit in accordance with s. 625.52; or 1551 2. Obtaining and maintaining, pursuant to chapter 675, an 1552 1553 unexpired, irrevocable, nontransferable and nonassignable letter 1554 of credit issued by a any bank or savings association organized 1555 and existing under the laws of this state or a any bank or 1556 savings association organized under the laws of the United States 1557 that has its principal place of business in this state or has a 1558 branch office which is authorized to receive deposits in this 1559 state. The letter of credit shall be used to satisfy the 1560 obligation of the facility to the claimant upon presentment of a

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1561 final judgment indicating liability and awarding damages to be 1562 paid by the facility or upon presentment of a settlement 1563 agreement signed by all parties if the to the agreement when such final judgment or settlement is a result of a liability claim 1564 1565 against the facility. 1566 Section 28. Subsection (13) of section 651.118, Florida 1567 Statutes, is amended to read: 1568 651.118 Agency for Health Care Administration; certificates 1569 of need; sheltered beds; community beds.--1570 (13) Residents, as defined in this chapter, are not 1571 1572 400.141(15)(d). 1573 Section 29. The sum of \$241,274 is appropriated to the 1574 Agency for Health Care Administration from the Health Care Trust 1575 Fund for the 2008-2009 fiscal year, and 8.5 full-time equivalent positions along with an associated salary rate of 298,721 are 1576 1577 authorized for the purpose of implementing the provisions of this 1578 act. 1579 Section 30. Except as otherwise expressly provided in this 1580 act, this act shall take effect October 1, 2008. 1581 1582 1583 And the title is amended as follows: 1584 Delete line(s) 527-571 1585 and insert: 1586 A bill to be entitled 1587 An act relating to adult protection and care; amending s. 1588 322.142, F.S.; authorizing the Department of Children and 1589 Family Services to obtain copies of driver's license files 1590 maintained by the Department of Highway Safety and Motor Page 54 of 58

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1591 Vehicles for the purpose of conducting protective 1592 investigations; amending s. 400.141, F.S.; requiring a 1593 search of the Department of Law Enforcement's sexual 1594 offender database to be conducted on all nursing home 1595 residents; amending s. 400.19, F.S.; revising provisions 1596 relating to unannounced inspections; amending s. 400.215, 1597 F.S.; requiring contracted workers employed in a nursing 1598 home to submit to background screening; prohibiting 1599 employees and contracted workers who do not meet 1600 background screening requirements from being employed in a nursing home; providing certain exceptions; deleting an 1601 1602 obsolete provision; amending s. 408.809, F.S.; requiring 1603 the agency to establish a fee schedule to cover the cost 1604 of a level 1 or level 2 screening and giving the agency 1605 rulemaking authority; amending s. 408.810, F.S.; requiring health care facilities regulated by the Agency for Health 1606 1607 Care Administration to post certain information in the 1608 facility; requiring the agency to have the information 1609 available on its website; amending s. 408.811, F.S.; 1610 providing that agency employees who provide advance notice of unannounced agency inspections are subject to 1611 suspension; providing a timeline and process for 1612 1613 correction of deficiencies; providing that the agency may 1614 provide electronic access to documents; amending s. 1615 415.103, F.S.; requiring certain reports to the central abuse hotline relating to vulnerable adults to be 1616 1617 immediately transferred to the county sheriff's office; 1618 amending s. 415.1051, F.S.; authorizing the Department of 1619 Children and Family Services to file the petition to 1620 determine incapacity in adult protection proceedings;

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1621 prohibiting the department from serving as the guardian or 1622 providing legal counsel to the guardian; amending s. 1623 415.112, F.S.; specifying rules to be adopted by the 1624 Department of Children and Family Services relating to 1625 adult protective services under ch. 415, F.S.; amending s. 1626 429.07, F.S.; providing that license requirements for 1627 specialty licenses apply to current licensees as well as 1628 applicants for an extended congregate care and limited 1629 nursing license; conforming a cross-reference; amending s. 1630 429.174, F.S.; requiring certain employees and contracted workers in assisted living facilities to submit to 1631 1632 background screening; prohibiting employees and contracted 1633 workers who do not meet background screening requirements 1634 from being employed in an assisted living facility; providing certain exceptions; requiring the person being 1635 screened to pay for the cost of screening; amending s. 1636 429.255, F.S.; providing that the owner or administrator 1637 1638 of an assisted living facility is responsible for the 1639 services provided in the facility; amending s. 429.26, 1640 F.S.; clarifying a prohibition on moving a resident; providing for the development of a plan for services for 1641 all residents; requiring that the plan be updated and 1642 1643 reviewed periodically; requiring a search of the 1644 Department of Law Enforcement's sexual offender database 1645 to be conducted on all residents of an assisted living 1646 facility; requiring residents to be periodically assessed 1647 for competency to handle personal affairs; amending s. 1648 429.27, F.S.; prohibiting assisted living facility 1649 personnel from making certain decisions for a resident or 1650 acting as the resident's representative or surrogate;

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amending s. 429.28, F.S.; revising and specifying certain 1651 1652 conditions in an assisted living facility's resident bill 1653 of rights for a resident's relocation or termination of 1654 residency; creating s. 429.285, F.S.; prohibiting resident 1655 relocation or termination of residency in the absence of 1656 certain specified conditions; requiring the administrator 1657 or employee of a facility to sign a notice of relocation or termination of residency and requiring a physician's 1658 1659 signature under certain circumstances; requiring a 1660 licensee to provide advance written notice to the resident 1661 and other specified persons regarding relocation or 1662 termination of residency; providing that the notice 1663 contain certain information; providing for the creation of 1664 a form to submit relocation or termination of residency information and specifying information to be included 1665 therein; requiring a licensee to report relocation or 1666 termination of residency to the Office of State Long-term 1667 1668 Care Ombudsman within a certain timeframe; permitting 1669 residents to seek the assistance of the local long-term 1670 care ombudsmen council in reviewing a notice of relocation or termination of residency; providing for emergency 1671 1672 relocation and termination of residency; permitting the 1673 local long-term care ombudsmen council to request private 1674 informal contact with a resident upon receipt of a notice 1675 of relocation or termination of residency; authorizing the 1676 agency to adopt rules; amending s. 429.294, F.S.; deleting a cross-reference; amending s. 429.34, F.S.; providing for 1677 1678 unannounced inspections; providing for additional 6-month 1679 inspections for certain violations; providing for an 1680 additional fine for 6-month inspections; amending s.

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1681 429.65, F.S.; providing a definition of the term "reside"; 1682 amending s. 429.67, F.S.; expanding the list of persons 1683 who must have a background screening in adult family-care homes; amending s. 429.69, F.S.; providing that the 1684 1685 failure of a adult family-care home provider to live in 1686 the home is grounds for the denial, revocation, or 1687 suspension of a license; amending s. 429.73, F.S.; 1688 requiring adult family-care home residents to be 1689 periodically assessed for competency to handle personal 1690 affairs; amending ss. 435.03 and 435.04, F.S.; providing additional criminal offenses for screening certain health 1691 1692 care facility personnel; repealing s. 400.141(13), F.S., 1693 relating to a requirement to post certain information in 1694 nursing homes; repealing s. 408.809(3), F.S., relating to the granting of a provisional license while awaiting the 1695 results of a background screening; repealing s. 429.08(2), 1696 F.S., deleting a provision relating to local workgroups of 1697 1698 field offices of the Agency for Health Care 1699 Administration; repealing s. 429.41(5), F.S., relating to agency inspections; amending ss. 430.80 and 651.118, F.S.; 1700 conforming cross-references; providing an appropriation 1701 1702 and authorizing additional positions; providing effective 1703 dates.

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