SB 1816

 ${\bf By}$ the Committee on Health Regulation

	588-02055B-10 20101816
1	A bill to be entitled
2	An act relating to assisted living facilities;
3	amending s. 429.07, F.S.; deleting the requirement for
4	an assisted living facility to obtain an additional
5	license in order to provide limited nursing services;
6	deleting the requirement for the Agency for Health
7	Care Administration to conduct quarterly monitoring
8	visits of facilities that hold a license to provide
9	extended congregate care services; deleting the
10	requirement for the Department of Elderly Affairs to
11	report annually on the status of and recommendations
12	related to extended congregate care; deleting the
13	requirement for the Agency for Health Care
14	Administration to conduct monitoring visits at least
15	twice a year to facilities providing limited nursing
16	services; increasing the licensure fees and the
17	maximum fee required for the standard license;
18	increasing the licensure fees for the extended
19	congregate care license; eliminating the license fee
20	for the limited nursing services license; transferring
21	from another provision of law the requirement that a
22	biennial survey of an assisted living facility include
23	specific actions to determine whether the facility is
24	adequately protecting residents' rights; providing
25	that an assisted living facility that has a class I
26	violation or a class II violation is subject to
27	monitoring visits; requiring a registered nurse to
28	participate in certain monitoring visits; amending s.
29	429.17, F.S.; deleting provisions related to the

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30	limited nursing services license; amending s. 429.19,
31	F.S.; clarifying that a monitoring fee may be assessed
32	in addition to an administrative fine; amending s.
33	429.255, F.S.; eliminating provisions authorizing the
34	use of volunteers to provide certain health-care-
35	related services in assisted living facilities;
36	authorizing assisted living facilities to provide
37	limited nursing services; requiring an assisted living
38	facility to be responsible for certain recordkeeping
39	and staff to be trained to monitor residents receiving
40	certain health-care-related services; repealing s.
41	429.28(3), F.S., relating to a requirement for a
42	biennial survey of an assisted living facility, to
43	conform to changes made by the act; amending s.
44	429.41, F.S., relating to rulemaking; conforming
45	provisions to changes made by the act; amending s.
46	429.54, F.S.; requiring licensed assisted living
47	facilities to electronically report certain data
48	semiannually to the Agency for Health Care
49	Administration in accordance with rules adopted by the
50	Department of Elderly Affairs; providing an effective
51	date.
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53	Be It Enacted by the Legislature of the State of Florida:
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55	Section 1. Subsections (3) and (4) of section 429.07,
56	Florida Statutes, are amended, and subsections (6) and (7) are
57	added to that section, to read:
58	429.07 License required; fee; inspections

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          (3) In addition to the requirements of s. 408.806, each
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    license granted by the agency must state the type of care for
    which the license is granted. Licenses shall be issued for one
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    or more of the following categories of care: standard, extended
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    congregate care, limited nursing services, or limited mental
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    health.
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          (a) A standard license shall be issued to a facility
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    facilities providing one or more of the personal services
    identified in s. 429.02. Such licensee facilities may also
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    employ or contract with a person licensed under part I of
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    chapter 464 to administer medications and perform other tasks as
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    specified in s. 429.255.
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          (b) An extended congregate care license shall be issued to
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    a licensee facilities providing, directly or through contract,
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    services beyond those authorized in paragraph (a), including
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    acts performed pursuant to part I of chapter 464 by persons
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    licensed thereunder, and supportive services defined by rule to
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77 residence in a facility licensed under this part. 78 1. In order for extended congregate care services to be provided in a facility licensed under this part, the agency must 79 80 first determine that all requirements established in law and 81 rule are met and must specifically designate, on the facility's 82 license, that such services may be provided and whether the 83 designation applies to all or part of a facility. Such 84 designation may be made at the time of initial licensure or 85 relicensure, or upon request in writing by a licensee under this 86 part and part II of chapter 408. Notification of approval or

persons who otherwise would be disqualified from continued

87 denial of such request shall be made in accordance with part II

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88	of chapter 408. <u>An</u> existing <u>licensee</u> facilities qualifying to
89	provide extended congregate care services must have maintained a
90	standard license and may not have been subject to administrative
91	sanctions during the previous 2 years, or since initial
92	licensure if the facility has been licensed for less than 2
93	years, for any of the following reasons:
94	a. A class I or class II violation;
95	b. Three or more repeat or recurring class III violations
96	of identical or similar resident care standards as specified in
97	rule from which a pattern of noncompliance is found by the
98	agency;
99	c. Three or more class III violations that were not
100	corrected in accordance with the corrective action plan approved
101	by the agency;
102	d. Violation of resident care standards resulting in a
103	requirement to employ the services of a consultant pharmacist or
104	consultant dietitian;
105	e. Denial, suspension, or revocation of a license for
106	another facility under this part in which the applicant for an
107	extended congregate care license has at least 25 percent
108	ownership interest; or
109	f. Imposition of a moratorium pursuant to this part or part
110	II of chapter 408 or initiation of injunctive proceedings.
111	2. <u>A licensee</u> Facilities that is are licensed to provide
112	extended congregate care services shall maintain a written
113	progress report <u>for</u> on each person who receives such services,
114	and the which report must describe describes the type, amount,
115	duration, scope, and outcome of services that are rendered and
116	the general status of the resident's health. A registered nurse,

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117	or appropriate designee, representing the agency shall visit
118	such facilities at least quarterly to monitor residents who are
119	receiving extended congregate care services and to determine if
120	the facility is in compliance with this part, part II of chapter
121	408, and rules that relate to extended congregate care. One of
122	these visits may be in conjunction with the regular survey. The
123	monitoring visits may be provided through contractual
124	arrangements with appropriate community agencies. A registered
125	nurse shall serve as part of the team that inspects such
126	facility. The agency may waive one of the required yearly
127	monitoring visits for a facility that has been licensed for at
128	least 24 months to provide extended congregate care services,
129	if, during the inspection, the registered nurse determines that
130	extended congregate care services are being provided
131	appropriately, and if the facility has no class I or class II
132	violations and no uncorrected class III violations. Before such
133	decision is made, the agency shall consult with the long-term
134	care ombudsman council for the area in which the facility is
135	located to determine if any complaints have been made and
136	substantiated about the quality of services or care. The agency
137	may not waive one of the required yearly monitoring visits if
138	complaints have been made and substantiated.
139	3. Licensees Facilities that are licensed to provide
140	extended congregate care services shall:

141 a. Demonstrate the capability to meet unanticipated142 resident service needs.

b. Offer a physical environment that promotes a homelike
setting, provides for resident privacy, promotes resident
independence, and allows sufficient congregate space as defined

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146
     by rule.
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          c. Have sufficient staff available, taking into account the
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     physical plant and firesafety features of the building, to
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     assist with the evacuation of residents in an emergency, as
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     necessary.
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          d. Adopt and follow policies and procedures that maximize
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     resident independence, dignity, choice, and decisionmaking to
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     permit residents to age in place to the extent possible, so that
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     moves due to changes in functional status are minimized or
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     avoided.
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          e. Allow residents or, if applicable, a resident's
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     representative, designee, surrogate, guardian, or attorney in
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     fact to make a variety of personal choices, participate in
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     developing service plans, and share responsibility in
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     decisionmaking.
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          f. Implement the concept of managed risk.
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          g. Provide, either directly or through contract, the
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     services of a person licensed pursuant to part I of chapter 464.
          h. In addition to the training mandated in s. 429.52,
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     provide specialized training as defined by rule for facility
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     staff.
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          4. Licensees Facilities licensed to provide extended
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     congregate care services are exempt from the criteria for
     continued residency as set forth in rules adopted under s.
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     429.41. Licensees Facilities so licensed shall adopt their own
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     requirements within guidelines for continued residency set forth
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     by rule. However, such licensees facilities may not serve
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     residents who require 24-hour nursing supervision. Licensees
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     Facilities licensed to provide extended congregate care services
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588-02055B-10 20101816 175 shall provide each resident with a written copy of facility 176 policies governing admission and retention. 177 5. The primary purpose of extended congregate care services 178 is to allow residents, as they become more impaired, the option of remaining in a familiar setting from which they would 179 otherwise be disqualified for continued residency. A licensee 180 181 facility licensed to provide extended congregate care services 182 may also admit an individual who exceeds the admission criteria for a facility with a standard license, if the individual is 183 184 determined appropriate for admission to the extended congregate 185 care facility. 186 6. Before admission of an individual to a facility licensed

186 6. Before admission of an individual to a facility licensed 187 to provide extended congregate care services, the individual 188 must undergo a medical examination as provided in s. 429.26(4) 189 and the facility must develop a preliminary service plan for the 190 individual.

191 7. When a <u>licensee</u> facility can no longer provide or 192 arrange for services in accordance with the resident's service 193 plan and needs and the <u>licensee's</u> facility's policy, the <u>licensee</u> facility shall make arrangements for relocating the 195 person in accordance with s. 429.28(1)(k).

1968. Failure to provide extended congregate care services may197result in denial of extended congregate care license renewal.

198 9. No later than January 1 of each year, the department, in 199 consultation with the agency, shall prepare and submit to the 200 Governor, the President of the Senate, the Speaker of the House 201 of Representatives, and the chairs of appropriate legislative 202 committees, a report on the status of, and recommendations 203 related to, extended congregate care services. The status report

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

588-02055B-10 20101816 233 at the time of initial licensure or relicensure, or upon request 234 in writing by a licensee under this part and part II of chapter 235 408. Notification of approval or denial of such request shall be 236 made in accordance with part II of chapter 408. Existing 237 facilities qualifying to provide limited nursing services shall have maintained a standard license and may not have been subject 238 239 to administrative sanctions that affect the health, safety, and welfare of residents for the previous 2 years or since initial 240 241 licensure if the facility has been licensed for less than 2 2.42 vears. 243 2. Facilities that are licensed to provide limited nursing 244 services shall maintain a written progress report on each person who receives such nursing services, which report describes the 245 246 type, amount, duration, scope, and outcome of services that are 247 rendered and the general status of the resident's health. A 248 registered nurse representing the agency shall visit such 249 facilities at least twice a year to monitor residents who are 250 receiving limited nursing services and to determine if the 251 facility is in compliance with applicable provisions of this 252 part, part II of chapter 408, and related rules. The monitoring visits may be provided through contractual arrangements with 253 254 appropriate community agencies. A registered nurse shall also 255 serve as part of the team that inspects such facility. 256 3. A person who receives limited nursing services under 257 this part must meet the admission criteria established by the 258 agency for assisted living facilities. When a resident no longer 259 meets the admission criteria for a facility licensed under this 260 part, arrangements for relocating the person shall be made in accordance with s. 429.28(1)(k), unless the facility is licensed 261

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588-02055B-10 20101816 262 to provide extended congregate care services. 263 (4) In accordance with s. 408.805, an applicant or licensee 264 shall pay a fee for each license application submitted under 265 this part, part II of chapter 408, and applicable rules. The 266 amount of the fee shall be established by rule. (a) The biennial license fee required of a facility is \$356 267 268 \$300 per license, with an additional fee of \$67.50 \$50 per 269 resident based on the total licensed resident capacity of the 270 facility, except that no additional fee will be assessed for 271 beds designated for recipients of optional state supplementation 272 payments provided for in s. 409.212. The total fee may not 273 exceed \$18,500 \$10,000. (b) In addition to the total fee assessed under paragraph 274 275 (a), the agency shall require facilities that are licensed to 276 provide extended congregate care services under this part to pay 277 an additional fee per licensed facility. The amount of the biennial fee shall be \$501 + 400 per license, with an additional 278 279 fee of \$10 per resident based on the total licensed resident 280 capacity of the facility.

(c) In addition to the total fee assessed under paragraph (a), the agency shall require facilities that are licensed to provide limited nursing services under this part to pay an additional fee per licensed facility. The amount of the biennial fee shall be \$250 per license, with an additional fee of \$10 per resident based on the total licensed resident capacity of the facility.

288 (6) In order to determine whether the licensee is
 289 adequately protecting residents' rights as provided in s.
 290 429.28, the biennial survey shall include private informal

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291	conversations with a sample of residents and consultation with
292	the ombudsman council in the planning and service area in which
293	the facility is located to discuss residents' experiences within
294	the facility.
295	(7) An assisted living facility that has been cited within
296	the previous 24-month period for a class I violation or a class
297	II violation, regardless of the status of any enforcement or
298	disciplinary action, is subject to periodic unannounced
299	monitoring to determine if the facility is in compliance with
300	this part, part II of chapter 408, and applicable rules.
301	Monitoring may occur through a desk review or onsite. If a cited
302	violation relates to providing or failing to provide nursing
303	care, a registered nurse must participate in at least two onsite
304	monitoring visits within a 12-month period.
305	Section 2. Subsections (1) and (5) of section 429.17,
306	Florida Statutes, are amended to read:
307	429.17 Expiration of license; renewal; conditional
308	license
309	(1) Limited nursing, Extended congregate care, and limited
310	mental health licenses shall expire at the same time as the
311	facility's standard license, regardless of when issued.
312	(5) When an extended <u>congregate</u> care or limited nursing
313	license is requested during a facility's biennial license
314	period, the fee shall be prorated in order to permit the
315	additional license to expire at the end of the biennial license
316	period. The fee shall be calculated as of the date the
317	additional license application is received by the agency.
318	Section 3. Subsection (7) of section 429.19, Florida
319	Statutes, is amended to read:

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320	429.19 Violations; imposition of administrative fines;
321	grounds
322	(7) In addition to any administrative fines imposed, the
323	agency may assess a survey <u>or monitoring</u> fee, equal to the
324	lesser of one half of the facility's biennial license and bed
325	fee or \$500, to cover the cost of conducting initial complaint
326	investigations that result in the finding of a violation that
327	was the subject of the complaint or monitoring visits conducted
328	under s. 429.28(3)(c) to verify the correction of the
329	violations, or to monitor the health, safety, or security of
330	residents under s. 429.07(7).
331	Section 4. Section 429.255, Florida Statutes, is amended to
332	read:
333	429.255 Use of personnel; emergency care
334	(1)(a) Persons under contract to the facility ${ m or}_{m au}$ facility
335	staff , or volunteers, who are licensed according to part I of
336	chapter 464, or those persons exempt under s. 464.022(1), and
337	others as defined by rule, may administer medications to
338	residents, take residents' vital signs, manage individual weekly
339	pill organizers for residents who self-administer medication,
340	give prepackaged enemas ordered by a physician, observe
341	residents, document observations on the appropriate resident's

record, report observations to the resident's physician, and 342 contract or allow residents or a resident's representative, 343 designee, surrogate, guardian, or attorney in fact to contract 344 345 with a third party, provided residents meet the criteria for 346 appropriate placement as defined in s. 429.26. Persons under 347 contract to the facility or facility staff who are licensed 348 according to part I of chapter 464 may provide limited nursing

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588-02055B-10 20101816 349 services. Nursing assistants certified pursuant to part II of 350 chapter 464 may take residents' vital signs as directed by a 351 licensed nurse or physician. The licensee is responsible for 352 maintaining documentation of services provided under this 353 paragraph as required by rule and ensuring that staff are 354 adequately trained to monitor residents receiving these 355 services. 356 (b) All staff in facilities licensed under this part shall 357 exercise their professional responsibility to observe residents, 358 to document observations on the appropriate resident's record, 359 and to report the observations to the resident's physician.

360 However, the owner or administrator of the facility shall be 361 responsible for determining that the resident receiving services 362 is appropriate for residence in the facility.

363 (c) In an emergency situation, licensed personnel may carry 364 out their professional duties pursuant to part I of chapter 464 365 until emergency medical personnel assume responsibility for 366 care.

367 (2) In facilities licensed to provide extended congregate 368 care, persons under contract to the facility or \overline{r} facility staff \overline{r} 369 or volunteers, who are licensed according to part I of chapter 370 464, or those persons exempt under s. 464.022(1), or those 371 persons certified as nursing assistants pursuant to part II of 372 chapter 464, may also perform all duties within the scope of 373 their license or certification, as approved by the facility 374 administrator and pursuant to this part.

(3) Facility staff may withhold or withdraw cardiopulmonary
resuscitation if presented with an order not to resuscitate
executed pursuant to s. 401.45. The department shall adopt rules

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378	providing for the implementation of such orders. Facility staff
379	and facilities shall not be subject to criminal prosecution or
380	civil liability, nor be considered to have engaged in negligent
381	or unprofessional conduct, for withholding or withdrawing
382	cardiopulmonary resuscitation pursuant to such an order and
383	rules adopted by the department. The absence of an order to
384	resuscitate executed pursuant to s. 401.45 does not preclude a
385	physician from withholding or withdrawing cardiopulmonary
386	resuscitation as otherwise permitted by law.
387	Section 5. Subsection (3) of section 429.28, Florida
388	Statutes, is repealed.
389	Section 6. Paragraphs (i) and (j) of subsection (1) of
390	section 429.41, Florida Statutes, are amended to read:
391	429.41 Rules establishing standards
392	(1) It is the intent of the Legislature that rules
393	published and enforced pursuant to this section shall include
394	criteria by which a reasonable and consistent quality of
395	resident care and quality of life may be ensured and the results
396	of such resident care may be demonstrated. Such rules shall also
397	ensure a safe and sanitary environment that is residential and
398	noninstitutional in design or nature. It is further intended
399	that reasonable efforts be made to accommodate the needs and
400	preferences of residents to enhance the quality of life in a
401	facility. The agency, in consultation with the department, may
402	adopt rules to administer the requirements of part II of chapter
403	408. In order to provide safe and sanitary facilities and the
404	highest quality of resident care accommodating the needs and
405	preferences of residents, the department, in consultation with
406	the agency, the Department of Children and Family Services, and

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407	the Department of Health, shall adopt rules, policies, and
408	procedures to administer this part, which must include
409	reasonable and fair minimum standards in relation to:
410	(i) Facilities holding <u>an</u> a limited nursing, extended
411	congregate care $_{m{ au}}$ or limited mental health license.
412	(j) The establishment of specific criteria to define
413	appropriateness of resident admission and continued residency in
414	a facility holding a standard, limited nursing, extended
415	congregate care, and limited mental health license.
416	Section 7. Section 429.54, Florida Statutes, is amended to
417	read:
418	429.54 Collection of information; local subsidy
419	(1) Facilities that are licensed under this part must
420	report electronically to the agency semiannually, or more
421	frequently as determined by rule, data related to the facility,
422	including, but not limited to: the total number of residents,
423	the number of residents who are receiving limited mental health
424	services, the number of residents who are receiving extended
425	congregate care services, the number of residents who are
426	receiving limited nursing services, funding sources of the
427	residents, and professional staffing employed by or under
428	contract with the licensee to provide resident services. The
429	department, in consultation with the agency, shall adopt rules
430	to administer this subsection.
431	(2) (1) To enable the department to collect the information
122	requested by the Legislature regarding the actual cost of

431 (2)(1) To enable the department to collect the information 432 requested by the Legislature regarding the actual cost of 433 providing room, board, and personal care in facilities, the 434 department is authorized to conduct field visits and audits of 435 facilities as may be necessary. The owners of randomly sampled

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436	facilities shall submit such reports, audits, and accountings of
437	cost as the department may require by rule; provided that such
438	reports, audits, and accountings shall be the minimum necessary
439	to implement the provisions of this section. Any facility
440	selected to participate in the study shall cooperate with the
441	department by providing cost of operation information to
442	interviewers.
443	(3)(2) Local governments or organizations may contribute to
444	the cost of care of local facility residents by further
445	subsidizing the rate of state-authorized payment to such
446	facilities. Implementation of local subsidy shall require
447	departmental approval and shall not result in reductions in the
448	state supplement.
449	Section 8. This act shall take effect July 1, 2010.