

1 A bill to be entitled

2 An act relating to health of residents; amending s.
3 394.4574, F.S.; providing that Medicaid managed care
4 plans are responsible for enrolled mental health
5 residents; providing that managing entities under
6 contract with the Department of Children and Families
7 are responsible for mental health residents who are
8 not enrolled with a Medicaid managed care plan;
9 deleting a provision to conform to changes made by the
10 act; requiring that the community living support plan
11 be completed and provided to the administrator of a
12 facility within a specified period after the
13 resident's admission; requiring the community living
14 support plan to be updated when there is a significant
15 change to the mental health resident's behavioral
16 health; requiring the case manager assigned to a
17 mental health resident of an assisted living facility
18 that holds a limited mental health license to keep a
19 record of the date and time of face-to-face
20 interactions with the resident and to make the record
21 available to the responsible entity for inspection;
22 requiring that the record be maintained for a
23 specified period; requiring the responsible entity to
24 ensure that there is adequate and consistent
25 monitoring and implementation of community living
26 support plans and cooperative agreements and that

27 | concerns are reported to the appropriate regulatory
28 | oversight organization under certain circumstances;
29 | amending s. 400.0074, F.S.; requiring that an
30 | administrative assessment conducted by a local council
31 | be comprehensive in nature and focus on factors
32 | affecting the rights, health, safety, and welfare of
33 | nursing home residents; requiring a local council to
34 | conduct an exit consultation with the facility
35 | administrator or administrator designee to discuss
36 | issues and concerns in areas affecting the rights,
37 | health, safety, and welfare of residents and make
38 | recommendations for improvement; amending s. 400.0078,
39 | F.S.; requiring that a resident or a representative of
40 | a resident of a long-term care facility be informed
41 | that retaliatory action cannot be taken against a
42 | resident for presenting grievances or for exercising
43 | any other resident right; amending s. 409.212, F.S.;
44 | increasing the cap on additional supplementation a
45 | person may receive under certain conditions; amending
46 | s. 429.02, F.S.; revising the definition of the term
47 | "limited nursing services"; amending s. 429.07, F.S.;
48 | requiring that an extended congregate care license be
49 | issued to certain facilities that have been licensed
50 | as assisted living facilities under certain
51 | circumstances and authorizing the issuance of such
52 | license if a specified condition is met; providing the

53 | purpose of an extended congregate care license;
54 | providing that the initial extended congregate care
55 | license of an assisted living facility is provisional
56 | under certain circumstances; requiring a licensee to
57 | notify the Agency for Health Care Administration if it
58 | accepts a resident who qualifies for extended
59 | congregate care services; requiring the agency to
60 | inspect the facility for compliance with the
61 | requirements of an extended congregate care license;
62 | requiring the issuance of an extended congregate care
63 | license under certain circumstances; requiring the
64 | licensee to immediately suspend extended congregate
65 | care services under certain circumstances; requiring a
66 | registered nurse representing the agency to visit the
67 | facility at least twice a year, rather than quarterly,
68 | to monitor residents who are receiving extended
69 | congregate care services; authorizing the agency to
70 | waive one of the required yearly monitoring visits
71 | under certain circumstances; authorizing the agency to
72 | deny or revoke a facility's extended congregate care
73 | license; requiring a registered nurse representing the
74 | agency to visit the facility at least annually, rather
75 | than twice a year, to monitor residents who are
76 | receiving limited nursing services; providing that
77 | such monitoring visits may be conducted in conjunction
78 | with other agency inspections; authorizing the agency

79 | to waive the required yearly monitoring visit for a
80 | facility that is licensed to provide limited nursing
81 | services under certain circumstances; amending s.
82 | 429.075, F.S.; requiring an assisted living facility
83 | that serves one or more mental health residents to
84 | obtain a limited mental health license; revising the
85 | methods employed by a limited mental health facility
86 | relating to placement requirements to include
87 | providing written evidence that a request for a
88 | community living support plan, a cooperative
89 | agreement, and assessment documentation was sent to
90 | the Department of Children and Families within 72
91 | hours after admission; amending s. 429.14, F.S.;
92 | revising the circumstances under which the agency may
93 | deny, revoke, or suspend the license of an assisted
94 | living facility and impose an administrative fine;
95 | requiring the agency to deny or revoke the license of
96 | an assisted living facility under certain
97 | circumstances; requiring the agency to impose an
98 | immediate moratorium on the license of an assisted
99 | living facility under certain circumstances; deleting
100 | a provision requiring the agency to provide a list of
101 | facilities with denied, suspended, or revoked licenses
102 | to the Department of Business and Professional
103 | Regulation; exempting a facility from the 45-day
104 | notice requirement if it is required to relocate some

105 or all of its residents; amending s. 429.178, F.S.;

106 conforming cross-references; amending s. 429.19, F.S.;

107 providing for classification of the scope of a

108 violation based upon number of residents affected and

109 number of staff involved; revising the amounts and

110 uses of administrative fines; requiring the agency to

111 levy a fine for violations that are corrected before

112 an inspection if noncompliance occurred within a

113 specified period of time; deleting factors that the

114 agency is required to consider in determining

115 penalties and fines; amending s. 429.256, F.S.;

116 revising the term "assistance with self-administration

117 of medication" as it relates to the Assisted Living

118 Facilities Act; amending s. 429.27, F.S.; revising the

119 amount of cash for which a facility may provide

120 safekeeping for a resident; amending s. 429.28, F.S.;

121 providing notice requirements to inform facility

122 residents that the identity of the resident and

123 complainant in any complaint made to the State Long-

124 Term Care Ombudsman Program or a local long-term care

125 ombudsman council is confidential and that retaliatory

126 action cannot be taken against a resident for

127 presenting grievances or for exercising any other

128 resident right; requiring that a facility that

129 terminates an individual's residency after the filing

130 of a complaint be fined if good cause is not shown for

131 the termination; requiring the agency to adopt rules
132 to determine compliance with facility standards and
133 resident's rights; amending s. 429.34, F.S.; requiring
134 certain persons to report elder abuse in assisted
135 living facilities; requiring the agency to regularly
136 inspect every licensed assisted living facility;
137 requiring the agency to conduct more frequent
138 inspections under certain circumstances; requiring the
139 licensee to pay a fee for the cost of additional
140 inspections; requiring the agency to annually adjust
141 the fee; amending s. 429.41, F.S.; providing that
142 certain staffing requirements apply only to residents
143 in continuing care facilities who are receiving the
144 relevant service; amending s. 429.52, F.S.; requiring
145 each newly hired employee of an assisted living
146 facility to attend a preservice orientation provided
147 by the assisted living facility; requiring the
148 employee and administrator to sign a statement that
149 the employee completed the orientation and keep the
150 signed statement in the employee's personnel record;
151 requiring additional hours of training for assistance
152 with medication; conforming a cross-reference;
153 creating s. 429.55, F.S.; directing the agency to
154 create a consumer information website that publishes
155 specified information regarding assisted living
156 facilities; providing criteria for webpage content;

157 | creating s. 429.56, F.S.; authorizing the agency to
158 | create and maintain a monitored public comment webpage
159 | regarding licensed assisted living facilities;
160 | providing restrictions on who may post comments;
161 | requiring the Office of Program Policy Analysis and
162 | Government Accountability to study the reliability of
163 | facility surveys and submit to the Governor and the
164 | Legislature its findings and recommendations;
165 | providing appropriations and authorizing positions;
166 | amending s. 395.001, F.S.; providing legislative
167 | intent regarding recovery care centers; amending s.
168 | 395.002, F.S.; revising and providing definitions;
169 | amending s. 395.003, F.S.; including recovery care
170 | centers as facilities licensed under chapter 395,
171 | F.S.; creating s. 395.0171, F.S.; providing admission
172 | criteria for a recovery care center; requiring
173 | emergency care, transfer, and discharge protocols;
174 | authorizing the agency to adopt rules; amending s.
175 | 395.1055, F.S.; authorizing the agency to establish
176 | separate standards for the care and treatment of
177 | patients in recovery care centers; amending s.
178 | 395.10973, F.S.; directing the agency to enforce
179 | special-occupancy provisions of the Florida Building
180 | Code applicable to recovery care centers; amending s.
181 | 395.301, F.S.; providing for format and content of a
182 | patient bill from a recovery care center; amending s.

183 408.802, F.S.; providing applicability of the Health
184 Care Licensing Procedures Act to recovery care
185 centers; amending s. 408.820, F.S.; exempting recovery
186 care centers from specified minimum licensure
187 requirements; amending ss. 394.4787, 409.97, and
188 409.975, F.S.; conforming cross-references; creating
189 part XI of chapter 400, F.S.; providing legislative
190 intent; providing definitions; requiring the licensure
191 of transitional living facilities; providing license
192 fees and application requirements; requiring
193 accreditation of licensed facilities; providing
194 requirements for transitional living facility policies
195 and procedures governing client admission, transfer,
196 and discharge; requiring a comprehensive treatment
197 plan to be developed for each client; providing plan
198 and staffing requirements; requiring certain consent
199 for continued treatment in a transitional living
200 facility; providing licensee responsibilities;
201 providing notice requirements; prohibiting a licensee
202 or employee of a facility from serving notice upon a
203 client to leave the premises or take other retaliatory
204 action under certain circumstances; requiring the
205 client and client's representative to be provided with
206 certain information; requiring the licensee to develop
207 and implement certain policies and procedures;
208 providing licensee requirements relating to

209 administration of medication; requiring maintenance of
210 medication administration records; providing
211 requirements for administration of medications by
212 unlicensed staff; specifying who may conduct training
213 of staff; requiring licensees to adopt policies and
214 procedures for administration of medications by
215 trained staff; requiring the Agency for Health Care
216 Administration to adopt rules; providing requirements
217 for the screening of potential employees and training
218 and monitoring of employees for the protection of
219 clients; requiring licensees to implement certain
220 policies and procedures to protect clients; providing
221 conditions for investigating and reporting incidents
222 of abuse, neglect, mistreatment, or exploitation of
223 clients; providing requirements and limitations for
224 the use of physical restraints, seclusion, and
225 chemical restraint medication on clients; providing a
226 limitation on the duration of an emergency treatment
227 order; requiring notification of certain persons when
228 restraint or seclusion is imposed; authorizing the
229 agency to adopt rules; providing background screening
230 requirements; requiring the licensee to maintain
231 certain personnel records; providing administrative
232 responsibilities for licensees; providing
233 recordkeeping requirements; providing licensee
234 responsibilities with respect to the property and

235 personal affairs of clients; providing requirements
236 for a licensee with respect to obtaining surety bonds;
237 providing recordkeeping requirements relating to the
238 safekeeping of personal effects; providing
239 requirements for trust funds or other property
240 received by a licensee and credited to the client;
241 providing a penalty for certain misuse of a client's
242 personal funds, property, or personal needs allowance;
243 providing criminal penalties for violations; providing
244 for the disposition of property in the event of the
245 death of a client; authorizing the agency to adopt
246 rules; providing legislative intent; authorizing the
247 agency to adopt and enforce rules establishing
248 standards for transitional living facilities and
249 personnel thereof; classifying violations and
250 providing penalties therefor; providing administrative
251 fines for specified classes of violations; authorizing
252 the agency to apply certain provisions with regard to
253 receivership proceedings; requiring the agency, the
254 Department of Health, the Agency for Persons with
255 Disabilities, and the Department of Children and
256 Families to develop electronic information systems for
257 certain purposes; repealing s. 400.805, F.S., relating
258 to transitional living facilities; revising the title
259 of part V of chapter 400, F.S.; amending s. 381.745,
260 F.S.; revising the definition of the term

261 "transitional living facility," to conform; amending
262 s. 381.75, F.S.; revising the duties of the Department
263 of Health and the agency relating to transitional
264 living facilities; amending ss. 381.78, 400.93,
265 408.802, and 408.820, F.S.; conforming provisions to
266 changes made by the act; providing applicability with
267 respect to transitional living facilities licensed
268 before a specified date; creating s. 752.011, F.S.;
269 authorizing the grandparent of a minor child to
270 petition a court for visitation under certain
271 circumstances; requiring a preliminary hearing;
272 providing for the payment of attorney fees and costs
273 by a petitioner who fails to make a prima facie
274 showing of harm; authorizing grandparent visitation
275 upon specific court findings; providing factors for
276 court consideration; providing for application of the
277 Uniform Child Custody Jurisdiction and Enforcement
278 Act; encouraging the consolidation of certain
279 concurrent actions; providing for modification of an
280 order awarding grandparent visitation; limiting the
281 frequency of actions seeking visitation; limiting
282 application to a minor child placed for adoption;
283 providing for venue; creating s. 752.071, F.S.;
284 providing conditions under which a court may terminate
285 a grandparent visitation order upon adoption of a
286 minor child by a stepparent or close relative;

287 amending s. 752.015, F.S.; conforming provisions and
 288 cross-references to changes made by the act; repealing
 289 s. 752.01, F.S., relating to actions by a grandparent
 290 for visitation rights; repealing s. 752.07, F.S.,
 291 relating to the effect of adoption of a child by a
 292 stepparent on grandparent visitation rights; amending
 293 s. 400.474, F.S.; revising the report requirements for
 294 home health agencies; providing effective dates.

295
 296 Be It Enacted by the Legislature of the State of Florida:

297
 298 Section 1. Section 394.4574, Florida Statutes, is amended
 299 to read:

300 394.4574 ~~Department~~ Responsibilities for coordination of
 301 services for a mental health resident who resides in an assisted
 302 living facility that holds a limited mental health license.—

303 (1) As used in this section, the term "mental health
 304 resident," ~~for purposes of this section,~~ means an individual who
 305 receives social security disability income due to a mental
 306 disorder as determined by the Social Security Administration or
 307 receives supplemental security income due to a mental disorder
 308 as determined by the Social Security Administration and receives
 309 optional state supplementation.

310 (2) Medicaid managed care plans are responsible for
 311 Medicaid enrolled mental health residents, and managing entities
 312 under contract with the department are responsible for mental

313 health residents who are not enrolled in a Medicaid health plan.

314 A Medicaid managed care plan or a managing entity shall ~~The~~

315 ~~department~~ must ensure that:

316 (a) A mental health resident has been assessed by a
 317 psychiatrist, clinical psychologist, clinical social worker, or
 318 psychiatric nurse, or an individual who is supervised by one of
 319 these professionals, and determined to be appropriate to reside
 320 in an assisted living facility. The documentation must be
 321 provided to the administrator of the facility within 30 days
 322 after the mental health resident has been admitted to the
 323 facility. An evaluation completed upon discharge from a state
 324 mental hospital meets the requirements of this subsection
 325 related to appropriateness for placement as a mental health
 326 resident if it was completed within 90 days before ~~prior to~~
 327 admission to the facility.

328 (b) A cooperative agreement, as required in s. 429.075, is
 329 developed by ~~between~~ the mental health care services provider
 330 that serves a mental health resident and the administrator of
 331 the assisted living facility with a limited mental health
 332 license in which the mental health resident is living. ~~Any~~
 333 ~~entity that provides Medicaid prepaid health plan services shall~~
 334 ~~ensure the appropriate coordination of health care services with~~
 335 ~~an assisted living facility in cases where a Medicaid recipient~~
 336 ~~is both a member of the entity's prepaid health plan and a~~
 337 ~~resident of the assisted living facility. If the entity is at~~
 338 ~~risk for Medicaid targeted case management and behavioral health~~

339 ~~services, the entity shall inform the assisted living facility~~
340 ~~of the procedures to follow should an emergent condition arise.~~

341 (c) The community living support plan, as defined in s.
342 429.02, has been prepared by a mental health resident and his or
343 her a mental health case manager ~~of that resident~~ in
344 consultation with the administrator of the facility or the
345 administrator's designee. The plan must be completed and
346 provided to the administrator of the assisted living facility
347 with a limited mental health license in which the mental health
348 resident lives within 30 days after the resident's admission.
349 The support plan and the agreement may be in one document.

350 (d) The assisted living facility with a limited mental
351 health license is provided with documentation that the
352 individual meets the definition of a mental health resident.

353 (e) The mental health services provider assigns a case
354 manager to each mental health resident for whom the entity is
355 responsible ~~who lives in an assisted living facility with a~~
356 ~~limited mental health license.~~ The case manager shall coordinate
357 ~~is responsible for coordinating~~ the development ~~of~~ and
358 implementation of the community living support plan defined in
359 s. 429.02. The plan must be updated at least annually, or when
360 there is a significant change in the resident's behavioral
361 health status, such as an inpatient admission or a change in
362 medication, level of service, or residence. Each case manager
363 shall keep a record of the date and time of any face-to-face
364 interaction with the resident and make the record available to

365 the responsible entity for inspection. The record must be
366 retained for at least 2 years after the date of the most recent
367 interaction.

368 (f) Adequate and consistent monitoring and implementation
369 of community living support plans and cooperative agreements are
370 conducted by the resident's case manager.

371 (g) Concerns are reported to the appropriate regulatory
372 oversight organization if a regulated provider fails to deliver
373 appropriate services or otherwise acts in a manner that has the
374 potential to result in harm to the resident.

375 (3) The Secretary of Children and ~~Families~~ Family
376 Services, in consultation with the Agency for Health Care
377 Administration, shall ~~annually~~ require each district
378 administrator to develop, with community input, a detailed
379 annual plan that demonstrates ~~detailed plans that demonstrate~~
380 how the district will ensure the provision of state-funded
381 mental health and substance abuse treatment services to
382 residents of assisted living facilities that hold a limited
383 mental health license. This plan ~~These plans~~ must be consistent
384 with the substance abuse and mental health district plan
385 developed pursuant to s. 394.75 and must address case management
386 services; access to consumer-operated drop-in centers; access to
387 services during evenings, weekends, and holidays; supervision of
388 the clinical needs of the residents; and access to emergency
389 psychiatric care.

390 Section 2. Subsection (1) of section 400.0074, Florida

391 Statutes, is amended, and paragraph (h) is added to subsection
 392 (2) of that section, to read:

393 400.0074 Local ombudsman council onsite administrative
 394 assessments.—

395 (1) In addition to any specific investigation conducted
 396 pursuant to a complaint, the local council shall conduct, at
 397 least annually, an onsite administrative assessment of each
 398 nursing home, assisted living facility, and adult family-care
 399 home within its jurisdiction. This administrative assessment
 400 must be comprehensive in nature and must ~~shall~~ focus on factors
 401 affecting residents' ~~the~~ rights, health, safety, and welfare ~~of~~
 402 ~~the residents~~. Each local council is encouraged to conduct a
 403 similar onsite administrative assessment of each additional
 404 long-term care facility within its jurisdiction.

405 (2) An onsite administrative assessment conducted by a
 406 local council shall be subject to the following conditions:

407 (h) The local council shall conduct an exit consultation
 408 with the facility administrator or administrator designee to
 409 discuss issues and concerns in areas affecting residents'
 410 rights, health, safety, and welfare and, if needed, make
 411 recommendations for improvement.

412 Section 3. Subsection (2) of section 400.0078, Florida
 413 Statutes, is amended to read:

414 400.0078 Citizen access to State Long-Term Care Ombudsman
 415 Program services.—

416 (2) ~~Every resident or representative of a resident shall~~

417 ~~receive,~~ Upon admission to a long-term care facility, each
 418 resident or representative of a resident must receive
 419 information regarding the purpose of the State Long-Term Care
 420 Ombudsman Program, the statewide toll-free telephone number for
 421 receiving complaints, information that retaliatory action cannot
 422 be taken against a resident for presenting grievances or for
 423 exercising any other resident right, and other relevant
 424 information regarding how to contact the program. Each resident
 425 or his or her representative ~~Residents or their representatives~~
 426 must be furnished additional copies of this information upon
 427 request.

428 Section 4. Paragraph (c) of subsection (4) of section
 429 409.212, Florida Statutes, is amended to read:

430 409.212 Optional supplementation.—

431 (4) In addition to the amount of optional supplementation
 432 provided by the state, a person may receive additional
 433 supplementation from third parties to contribute to his or her
 434 cost of care. Additional supplementation may be provided under
 435 the following conditions:

436 (c) The additional supplementation shall not exceed four
 437 ~~two~~ times the provider rate recognized under the optional state
 438 supplementation program.

439 Section 5. Subsection (13) of section 429.02, Florida
 440 Statutes, is amended to read:

441 429.02 Definitions.—When used in this part, the term:

442 (13) "Limited nursing services" means acts that may be

443 performed by a person licensed under ~~pursuant to~~ part I of
 444 chapter 464 ~~by persons licensed thereunder while carrying out~~
 445 ~~their professional duties but limited to those acts which the~~
 446 ~~department specifies by rule. Acts which may be specified by~~
 447 ~~rule as allowable~~ Limited nursing services shall be for persons
 448 who meet the admission criteria established by the department
 449 for assisted living facilities and shall not be complex enough
 450 to require 24-hour nursing supervision and may include such
 451 services as the application and care of routine dressings, and
 452 care of casts, braces, and splints.

453 Section 6. Paragraphs (b) and (c) of subsection (3) of
 454 section 429.07, Florida Statutes, are amended to read:

455 429.07 License required; fee.—

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

462 (b) An extended congregate care license shall be issued to
 463 each facility that has been licensed as an assisted living
 464 facility for 2 or more years and that provides services
 465 ~~facilities providing~~, directly or through contract, ~~services~~
 466 beyond those authorized in paragraph (a), including services
 467 performed by persons licensed under part I of chapter 464 and
 468 supportive services, as defined by rule, to persons who would

469 otherwise be disqualified from continued residence in a facility
470 licensed under this part. An extended congregate care license
471 may be issued to a facility that has a provisional extended
472 congregate care license and meets the requirements for licensure
473 under subparagraph 2. The primary purpose of extended congregate
474 care services is to allow residents the option of remaining in a
475 familiar setting from which they would otherwise be disqualified
476 for continued residency as they become more impaired. A facility
477 licensed to provide extended congregate care services may also
478 admit an individual who exceeds the admission criteria for a
479 facility with a standard license, if he or she is determined
480 appropriate for admission to the extended congregate care
481 facility.

482 1. In order for extended congregate care services to be
483 provided, the agency must first determine that all requirements
484 established in law and rule are met and must specifically
485 designate, on the facility's license, that such services may be
486 provided and whether the designation applies to all or part of
487 the facility. This ~~Such~~ designation may be made at the time of
488 initial licensure or relicensure, or upon request in writing by
489 a licensee under this part and part II of chapter 408. The
490 notification of approval or the denial of the request shall be
491 made in accordance with part II of chapter 408. Each existing
492 facility that qualifies ~~facilities qualifying~~ to provide
493 extended congregate care services must have maintained a
494 standard license and may not have been subject to administrative

495 sanctions during the previous 2 years, or since initial
 496 licensure if the facility has been licensed for less than 2
 497 years, for any of the following reasons:

- 498 a. A class I or class II violation;
- 499 b. Three or more repeat or recurring class III violations
 500 of identical or similar resident care standards from which a
 501 pattern of noncompliance is found by the agency;
- 502 c. Three or more class III violations that were not
 503 corrected in accordance with the corrective action plan approved
 504 by the agency;
- 505 d. Violation of resident care standards which results in
 506 requiring the facility to employ the services of a consultant
 507 pharmacist or consultant dietitian;
- 508 e. Denial, suspension, or revocation of a license for
 509 another facility licensed under this part in which the applicant
 510 for an extended congregate care license has at least 25 percent
 511 ownership interest; or
- 512 f. Imposition of a moratorium pursuant to this part or
 513 part II of chapter 408 or initiation of injunctive proceedings.

514
 515 The agency may deny or revoke a facility's extended congregate
 516 care license for not meeting the criteria for an extended
 517 congregate care license as provided in this subparagraph.

518 2. If an assisted living facility has been licensed for
 519 less than 2 years, the initial extended congregate care license
 520 must be provisional and may not exceed 6 months. Within the

521 first 3 months after the provisional license is issued, the
522 licensee shall notify the agency, in writing, when it has
523 admitted at least one extended congregate care resident, after
524 which an unannounced inspection shall be made to determine
525 compliance with the requirements of an extended congregate care
526 license. Failure to admit an extended congregate care resident
527 within the first 3 months shall render the extended congregate
528 care license void. A licensee with a provisional extended
529 congregate care license that demonstrates compliance with all
530 the requirements of an extended congregate care license during
531 the inspection shall be issued an extended congregate care
532 license. In addition to sanctions authorized under this part, if
533 violations are found during the inspection and the licensee
534 fails to demonstrate compliance with all assisted living
535 facility requirements during a followup inspection, the licensee
536 shall immediately suspend extended congregate care services, and
537 the provisional extended congregate care license expires. The
538 agency may extend the provisional license for not more than 1
539 month in order to complete a followup visit.

540 3.2. A facility that is licensed to provide extended
541 congregate care services shall maintain a written progress
542 report on each person who receives services which describes the
543 type, amount, duration, scope, and outcome of services that are
544 rendered and the general status of the resident's health. A
545 registered nurse, or appropriate designee, representing the
546 agency shall visit the facility at least twice a year ~~quarterly~~

547 to monitor residents who are receiving extended congregate care
548 services and to determine if the facility is in compliance with
549 this part, part II of chapter 408, and relevant rules. One of
550 the visits may be in conjunction with the regular survey. The
551 monitoring visits may be provided through contractual
552 arrangements with appropriate community agencies. A registered
553 nurse shall serve as part of the team that inspects the
554 facility. The agency may waive one of the required yearly
555 monitoring visits for a facility that has:

556 a. Held an extended congregate care license for at least
557 24 months; ~~been licensed for at least 24 months to provide~~
558 ~~extended congregate care services, if, during the inspection,~~
559 ~~the registered nurse determines that extended congregate care~~
560 ~~services are being provided appropriately, and if the facility~~
561 ~~has~~

562 b. No class I or class II violations and no uncorrected
563 class III violations; ~~and-~~

564 c. No ombudsman council complaints that resulted in a
565 citation for licensure. ~~The agency must first consult with the~~
566 ~~long term care ombudsman council for the area in which the~~
567 ~~facility is located to determine if any complaints have been~~
568 ~~made and substantiated about the quality of services or care.~~
569 ~~The agency may not waive one of the required yearly monitoring~~
570 ~~visits if complaints have been made and substantiated.~~

571 4.3. A facility that is licensed to provide extended
572 congregate care services must:

- 573 a. Demonstrate the capability to meet unanticipated
574 resident service needs.
- 575 b. Offer a physical environment that promotes a homelike
576 setting, provides for resident privacy, promotes resident
577 independence, and allows sufficient congregate space as defined
578 by rule.
- 579 c. Have sufficient staff available, taking into account
580 the physical plant and firesafety features of the building, to
581 assist with the evacuation of residents in an emergency.
- 582 d. Adopt and follow policies and procedures that maximize
583 resident independence, dignity, choice, and decisionmaking to
584 permit residents to age in place, so that moves due to changes
585 in functional status are minimized or avoided.
- 586 e. Allow residents or, if applicable, a resident's
587 representative, designee, surrogate, guardian, or attorney in
588 fact to make a variety of personal choices, participate in
589 developing service plans, and share responsibility in
590 decisionmaking.
- 591 f. Implement the concept of managed risk.
- 592 g. Provide, directly or through contract, the services of
593 a person licensed under part I of chapter 464.
- 594 h. In addition to the training mandated in s. 429.52,
595 provide specialized training as defined by rule for facility
596 staff.
- 597 5.4. A facility that is licensed to provide extended
598 congregate care services is exempt from the criteria for

599 continued residency set forth in rules adopted under s. 429.41.
600 A licensed facility must adopt its own requirements within
601 guidelines for continued residency set forth by rule. However,
602 the facility may not serve residents who require 24-hour nursing
603 supervision. A licensed facility that provides extended
604 congregate care services must also provide each resident with a
605 written copy of facility policies governing admission and
606 retention.

607 ~~5. The primary purpose of extended congregate care~~
608 ~~services is to allow residents, as they become more impaired,~~
609 ~~the option of remaining in a familiar setting from which they~~
610 ~~would otherwise be disqualified for continued residency. A~~
611 ~~facility licensed to provide extended congregate care services~~
612 ~~may also admit an individual who exceeds the admission criteria~~
613 ~~for a facility with a standard license, if the individual is~~
614 ~~determined appropriate for admission to the extended congregate~~
615 ~~care facility.~~

616 6. Before the admission of an individual to a facility
617 licensed to provide extended congregate care services, the
618 individual must undergo a medical examination as provided in s.
619 429.26(4) and the facility must develop a preliminary service
620 plan for the individual.

621 7. If ~~When~~ a facility can no longer provide or arrange for
622 services in accordance with the resident's service plan and
623 needs and the facility's policy, the facility must ~~shall~~ make
624 arrangements for relocating the person in accordance with s.

625 429.28 (1) (k) .

626 ~~8. Failure to provide extended congregate care services~~
 627 ~~may result in denial of extended congregate care license~~
 628 ~~renewal.~~

629 (c) A limited nursing services license shall be issued to
 630 a facility that provides services beyond those authorized in
 631 paragraph (a) and as specified in this paragraph.

632 1. In order for limited nursing services to be provided in
 633 a facility licensed under this part, the agency must first
 634 determine that all requirements established in law and rule are
 635 met and must specifically designate, on the facility's license,
 636 that such services may be provided. This ~~Such~~ designation may be
 637 made at the time of initial licensure or licensure renewal
 638 ~~relicensure~~, or upon request in writing by a licensee under this
 639 part and part II of chapter 408. Notification of approval or
 640 denial of such request shall be made in accordance with part II
 641 of chapter 408. An existing facility that qualifies ~~facilities~~
 642 ~~qualifying~~ to provide limited nursing services must ~~shall~~ have
 643 maintained a standard license and may not have been subject to
 644 administrative sanctions that affect the health, safety, and
 645 welfare of residents for the previous 2 years or since initial
 646 licensure if the facility has been licensed for less than 2
 647 years.

648 2. A facility ~~Facilities~~ that is ~~are~~ licensed to provide
 649 limited nursing services shall maintain a written progress
 650 report on each person who receives such nursing services. The ~~r~~

651 ~~which~~ report must describe ~~describes~~ the type, amount, duration,
652 scope, and outcome of services that are rendered and the general
653 status of the resident's health. A registered nurse representing
654 the agency shall visit the facility ~~such facilities~~ at least
655 annually ~~twice a year~~ to monitor residents who are receiving
656 limited nursing services and to determine if the facility is in
657 compliance with applicable provisions of this part, part II of
658 chapter 408, and related rules. The monitoring visits may be
659 provided through contractual arrangements with appropriate
660 community agencies. A registered nurse shall also serve as part
661 of the team that inspects such facility. Visits may be in
662 conjunction with other agency inspections. The agency may waive
663 the required yearly monitoring visit for a facility that has:
664 a. Had a limited nursing services license for at least 24
665 months;
666 b. No class I or class II violations and no uncorrected
667 class III violations; and
668 c. No ombudsman council complaints that resulted in a
669 citation for licensure.
670 3. A person who receives limited nursing services under
671 this part must meet the admission criteria established by the
672 agency for assisted living facilities. When a resident no longer
673 meets the admission criteria for a facility licensed under this
674 part, arrangements for relocating the person shall be made in
675 accordance with s. 429.28(1)(k), unless the facility is licensed
676 to provide extended congregate care services.

677 Section 7. Section 429.075, Florida Statutes, is amended
678 to read:

679 429.075 Limited mental health license.—An assisted living
680 facility that serves one ~~three~~ or more mental health residents
681 must obtain a limited mental health license.

682 (1) To obtain a limited mental health license, a facility
683 must hold a standard license as an assisted living facility,
684 must not have any current uncorrected ~~deficiencies or~~
685 violations, and must ensure that, within 6 months after
686 receiving a limited mental health license, the facility
687 administrator and the staff of the facility who are in direct
688 contact with mental health residents must complete training of
689 no less than 6 hours related to their duties. This ~~Such~~
690 designation may be made at the time of initial licensure or
691 relicensure or upon request in writing by a licensee under this
692 part and part II of chapter 408. Notification of approval or
693 denial of such request shall be made in accordance with this
694 part, part II of chapter 408, and applicable rules. This
695 training must ~~will~~ be provided by or approved by the Department
696 of Children and Families ~~Family Services~~.

697 (2) A facility that is ~~Facilities~~ licensed to provide
698 services to mental health residents must ~~shall~~ provide
699 appropriate supervision and staffing to provide for the health,
700 safety, and welfare of such residents.

701 (3) A facility that has a limited mental health license
702 must:

703 (a) Have a copy of each mental health resident's community
704 living support plan and the cooperative agreement with the
705 mental health care services provider or provide written evidence
706 that a request for the community living support plan and the
707 cooperative agreement was sent to the Medicaid managed care plan
708 or managing entity under contract with the Department of
709 Children and Families within 72 hours after admission. The
710 support plan and the agreement may be combined.

711 (b) Have documentation ~~that is~~ provided by the Department
712 of Children and Families ~~Family Services~~ that each mental health
713 resident has been assessed and determined to be able to live in
714 the community in an assisted living facility that has ~~with~~ a
715 limited mental health license or provide written evidence that a
716 request for documentation was sent to the Department of Children
717 and Families within 72 hours after admission.

718 (c) Make the community living support plan available for
719 inspection by the resident, the resident's legal guardian or
720 ~~the resident's~~ health care surrogate, and other individuals who
721 have a lawful basis for reviewing this document.

722 (d) Assist the mental health resident in carrying out the
723 activities identified in the individual's community living
724 support plan.

725 (4) A facility that has ~~with~~ a limited mental health
726 license may enter into a cooperative agreement with a private
727 mental health provider. For purposes of the limited mental
728 health license, the private mental health provider may act as

729 the case manager.

730 Section 8. Section 429.14, Florida Statutes, is amended to
731 read:

732 429.14 Administrative penalties.—

733 (1) In addition to the requirements of part II of chapter
734 408, the agency may deny, revoke, and suspend any license issued
735 under this part and impose an administrative fine in the manner
736 provided in chapter 120 against a licensee for a violation of
737 any provision of this part, part II of chapter 408, or
738 applicable rules, or for any of the following actions by a
739 licensee, ~~for the actions of~~ any person subject to level 2
740 background screening under s. 408.809, or ~~for the actions of~~ any
741 facility staff ~~employee~~:

742 (a) An intentional or negligent act seriously affecting
743 the health, safety, or welfare of a resident of the facility.

744 (b) A ~~The~~ determination by the agency that the owner lacks
745 the financial ability to provide continuing adequate care to
746 residents.

747 (c) Misappropriation or conversion of the property of a
748 resident of the facility.

749 (d) Failure to follow the criteria and procedures provided
750 under part I of chapter 394 relating to the transportation,
751 voluntary admission, and involuntary examination of a facility
752 resident.

753 (e) A citation for ~~of~~ any of the following violations
754 ~~deficiencies~~ as specified in s. 429.19:

- 755 1. One or more cited class I violations ~~deficiencies~~.
- 756 2. Three or more cited class II violations ~~deficiencies~~.
- 757 3. Five or more cited class III violations ~~deficiencies~~
- 758 that have been cited on a single survey and have not been
- 759 corrected within the times specified.
- 760 (f) Failure to comply with the background screening
- 761 standards of this part, s. 408.809(1), or chapter 435.
- 762 (g) Violation of a moratorium.
- 763 (h) Failure of the license applicant, the licensee during
- 764 relicensure, or a licensee that holds a provisional license to
- 765 meet the minimum license requirements of this part, or related
- 766 rules, at the time of license application or renewal.
- 767 (i) An intentional or negligent life-threatening act in
- 768 violation of the uniform firesafety standards for assisted
- 769 living facilities or other firesafety standards which ~~that~~
- 770 threatens the health, safety, or welfare of a resident of a
- 771 facility, as communicated to the agency by the local authority
- 772 having jurisdiction or the State Fire Marshal.
- 773 (j) Knowingly operating any unlicensed facility or
- 774 providing without a license any service that must be licensed
- 775 under this chapter or chapter 400.
- 776 (k) Any act constituting a ground upon which application
- 777 for a license may be denied.
- 778 (2) Upon notification by the local authority having
- 779 jurisdiction or by the State Fire Marshal, the agency may deny
- 780 or revoke the license of an assisted living facility that fails

781 to correct cited fire code violations that affect or threaten
782 the health, safety, or welfare of a resident of a facility.

783 (3) The agency may deny or revoke a license of an ~~to any~~
784 applicant or a controlling interest as defined in part II of
785 chapter 408 which has or had a 25 percent ~~25 percent~~ or greater
786 financial or ownership interest in any other facility that is
787 licensed under this part, or in any entity licensed by this
788 state or another state to provide health or residential care, if
789 that ~~which~~ facility or entity during the 5 years prior to the
790 application for a license closed due to financial inability to
791 operate; had a receiver appointed or a license denied,
792 suspended, or revoked; was subject to a moratorium; or had an
793 injunctive proceeding initiated against it.

794 (4) The agency shall deny or revoke the license of an
795 assisted living facility if:

796 (a) There are two moratoria, issued pursuant to this part
797 or part II of chapter 408, within a 2-year period which are
798 imposed by final order;

799 (b) The facility is cited for two or more class I
800 violations arising from unrelated circumstances during the same
801 survey or investigation; or

802 (c) The facility is cited for two or more class I
803 violations arising from separate surveys or investigations
804 within a 2-year period ~~that has two or more class I violations~~
805 ~~that are similar or identical to violations identified by the~~
806 ~~agency during a survey, inspection, monitoring visit, or~~

807 ~~complaint investigation occurring within the previous 2 years.~~

808 (5) An action taken by the agency to suspend, deny, or
 809 revoke a facility's license under this part or part II of
 810 chapter 408, in which the agency claims that the facility owner
 811 or an employee of the facility has threatened the health,
 812 safety, or welfare of a resident of the facility, must be heard
 813 by the Division of Administrative Hearings of the Department of
 814 Management Services within 120 days after receipt of the
 815 facility's request for a hearing, unless that time limitation is
 816 waived by both parties. The administrative law judge shall ~~must~~
 817 render a decision within 30 days after receipt of a proposed
 818 recommended order.

819 (6) As provided under s. 408.814, the agency shall impose
 820 an immediate moratorium on an assisted living facility that
 821 fails to provide the agency with access to the facility or
 822 prohibits the agency from conducting a regulatory inspection.
 823 The licensee may not restrict agency staff from accessing and
 824 copying records or from conducting confidential interviews with
 825 facility staff or any individual who receives services from the
 826 ~~facility provide to the Division of Hotels and Restaurants of~~
 827 ~~the Department of Business and Professional Regulation, on a~~
 828 ~~monthly basis, a list of those assisted living facilities that~~
 829 ~~have had their licenses denied, suspended, or revoked or that~~
 830 ~~are involved in an appellate proceeding pursuant to s. 120.60~~
 831 ~~related to the denial, suspension, or revocation of a license.~~

832 (7) Agency notification of a license suspension or

833 revocation, or denial of a license renewal, shall be posted and
 834 visible to the public at the facility.

835 (8) If a facility is required to relocate some or all of
 836 its residents due to agency action, that facility is exempt from
 837 the 45-days' notice requirement imposed under s. 429.28(1)(k).
 838 This subsection does not exempt the facility from any deadlines
 839 for corrective action set by the agency.

840 Section 9. Paragraphs (a) and (b) of subsection (2) of
 841 section 429.178, Florida Statutes, are amended to read:

842 429.178 Special care for persons with Alzheimer's disease
 843 or other related disorders.—

844 (2) (a) An individual who is employed by a facility that
 845 provides special care for residents who have ~~with~~ Alzheimer's
 846 disease or other related disorders, and who has regular contact
 847 with such residents, must complete up to 4 hours of initial
 848 dementia-specific training developed or approved by the
 849 department. The training must ~~shall~~ be completed within 3 months
 850 after beginning employment and satisfy ~~shall satisfy~~ the core
 851 training requirements of s. 429.52(3)(g) ~~429.52(2)(g)~~.

852 (b) A direct caregiver who is employed by a facility that
 853 provides special care for residents who have ~~with~~ Alzheimer's
 854 disease or other related disorders, ~~and who~~ provides direct care
 855 to such residents, ~~and who~~ must complete the required initial training
 856 and 4 additional hours of training developed or approved by the
 857 department. The training must ~~shall~~ be completed within 9 months
 858 after beginning employment and satisfy ~~shall satisfy~~ the core

859 training requirements of s. 429.52(3)(g) ~~429.52(2)(g)~~.

860 Section 10. Section 429.19, Florida Statutes, is amended
861 to read:

862 429.19 Violations; imposition of administrative fines;
863 grounds.—

864 (1) In addition to the requirements of part II of chapter
865 408, the agency shall impose an administrative fine in the
866 manner provided in chapter 120 for the violation of any
867 provision of this part, part II of chapter 408, and applicable
868 rules by an assisted living facility, for the actions of any
869 person subject to level 2 background screening under s. 408.809,
870 for the actions of any facility employee, or for an intentional
871 or negligent act seriously affecting the health, safety, or
872 welfare of a resident of the facility.

873 (2) Each violation of this part and adopted rules must
874 ~~shall~~ be classified according to the nature of the violation and
875 the gravity of its probable effect on facility residents. The
876 scope of a violation may be cited as an isolated, patterned, or
877 widespread deficiency. An isolated deficiency is a deficiency
878 affecting one or a very limited number of residents, or
879 involving one or a very limited number of staff, or a situation
880 that occurred only occasionally or in a very limited number of
881 locations. A patterned deficiency is a deficiency in which more
882 than a very limited number of residents are affected, or more
883 than a very limited number of staff are involved, or the
884 situation has occurred in several locations, or the same

885 resident or residents have been affected by repeated occurrences
886 of the same deficient practice but the effect of the deficient
887 practice is not found to be pervasive throughout the facility. A
888 widespread deficiency is a deficiency in which the problems
889 causing the deficiency are pervasive in the facility or
890 represent systemic failure that has affected or has the
891 potential to affect a large portion of the facility's residents.

892 The agency shall indicate the classification on the written
893 notice of the violation as follows:

894 (a) Class "I" violations are defined in s. 408.813. The
895 agency shall impose an administrative fine for a cited class I
896 violation of \$5,000 for an isolated deficiency; \$7,500 for a
897 patterned deficiency; and \$10,000 for a widespread deficiency.
898 If the agency has knowledge of a class I violation which
899 occurred within 12 months before an inspection, a fine must be
900 levied for that violation, regardless of whether the
901 noncompliance is corrected before the inspection ~~in an amount~~
902 ~~not less than \$5,000 and not exceeding \$10,000 for each~~
903 ~~violation.~~

904 (b) Class "II" violations are defined in s. 408.813. The
905 agency shall impose an administrative fine for a cited class II
906 violation of \$1,000 for an isolated deficiency; \$3,000 for a
907 patterned deficiency; and \$5,000 for a widespread deficiency ~~in~~
908 ~~an amount not less than \$1,000 and not exceeding \$5,000 for each~~
909 ~~violation.~~

910 (c) Class "III" violations are defined in s. 408.813. The

911 agency shall impose an administrative fine for a cited class III
 912 violation of \$500 for an isolated deficiency; \$750 for a
 913 patterned deficiency; and \$1,000 for a widespread deficiency in
 914 ~~an amount not less than \$500 and not exceeding \$1,000 for each~~
 915 ~~violation.~~

916 (d) Class "IV" violations are defined in s. 408.813. The
 917 agency shall impose an administrative fine for a cited class IV
 918 violation of \$100 for an isolated deficiency; \$150 for a
 919 patterned deficiency; and \$200 for a widespread deficiency in an
 920 ~~amount not less than \$100 and not exceeding \$200 for each~~
 921 ~~violation.~~

922 (e) Any fine imposed for a class I violation or a class II
 923 violation must be doubled if a facility was previously cited for
 924 one or more class I or class II violations during the agency's
 925 last licensure inspection or any inspection or complaint
 926 investigation since the last licensure inspection.

927 (f) Notwithstanding ss. 408.813(2)(c) and 408.832, if a
 928 facility is cited for 10 or more class III violations during an
 929 inspection or survey, the agency shall impose a fine for each
 930 violation.

931 (g) Regardless of the class of violation cited, instead of
 932 the fine amounts listed in paragraphs (a)-(d), the agency shall
 933 impose an administrative fine of \$500 if a facility is found not
 934 to be in compliance with the background screening requirements
 935 as provided in s. 408.809.

936 ~~(3) For purposes of this section, in determining if a~~

937 ~~penalty is to be imposed and in fixing the amount of the fine,~~
 938 ~~the agency shall consider the following factors:~~

939 ~~(a) The gravity of the violation, including the~~
 940 ~~probability that death or serious physical or emotional harm to~~
 941 ~~a resident will result or has resulted, the severity of the~~
 942 ~~action or potential harm, and the extent to which the provisions~~
 943 ~~of the applicable laws or rules were violated.~~

944 ~~(b) Actions taken by the owner or administrator to correct~~
 945 ~~violations.~~

946 ~~(c) Any previous violations.~~

947 ~~(d) The financial benefit to the facility of committing or~~
 948 ~~continuing the violation.~~

949 ~~(e) The licensed capacity of the facility.~~

950 (3)~~(4)~~ Each day of continuing violation after the date
 951 established by the agency ~~fixed for~~ correction ~~termination~~ of
 952 the violation, ~~as ordered by the agency,~~ constitutes an
 953 additional, separate, and distinct violation.

954 (4)~~(5)~~ An ~~Any~~ action taken to correct a violation shall be
 955 documented in writing by the owner or administrator of the
 956 facility and verified through followup visits by agency
 957 personnel. The agency may impose a fine and, in the case of an
 958 owner-operated facility, revoke or deny a facility's license
 959 when a facility administrator fraudulently misrepresents action
 960 taken to correct a violation.

961 (5)~~(6)~~ A ~~Any~~ facility whose owner fails to apply for a
 962 change-of-ownership license in accordance with part II of

963 chapter 408 and operates the facility under the new ownership is
964 subject to a fine of \$5,000.

965 (6)~~(7)~~ In addition to any administrative fines imposed,
966 the agency may assess a survey fee, equal to the lesser of one
967 half of the facility's biennial license and bed fee or \$500, to
968 cover the cost of conducting initial complaint investigations
969 that result in the finding of a violation that was the subject
970 of the complaint or monitoring visits conducted under s.
971 429.28(3)(c) to verify the correction of the violations.

972 (7)~~(8)~~ During an inspection, the agency shall make a
973 reasonable attempt to discuss each violation with the owner or
974 administrator of the facility, prior to written notification.

975 (8)~~(9)~~ The agency shall develop and disseminate an annual
976 list of all facilities sanctioned or fined for violations of
977 state standards, the number and class of violations involved,
978 the penalties imposed, and the current status of cases. The list
979 shall be disseminated, at no charge, to the Department of
980 Elderly Affairs, the Department of Health, the Department of
981 Children and Families ~~Family Services~~, the Agency for Persons
982 with Disabilities, the area agencies on aging, the Florida
983 Statewide Advocacy Council, and the state and local ombudsman
984 councils. The Department of Children and Families ~~Family~~
985 ~~Services~~ shall disseminate the list to service providers under
986 contract to the department who are responsible for referring
987 persons to a facility for residency. The agency may charge a fee
988 commensurate with the cost of printing and postage to other

989 interested parties requesting a copy of this list. This
 990 information may be provided electronically or through the
 991 agency's website ~~Internet site~~.

992 Section 11. Subsection (3) and paragraph (c) of subsection
 993 (4) of section 429.256, Florida Statutes, are amended to read:

994 429.256 Assistance with self-administration of
 995 medication.—

996 (3) Assistance with self-administration of medication
 997 includes:

998 (a) Taking the medication, in its previously dispensed,
 999 properly labeled container, including an insulin syringe that is
 1000 prefilled with the proper dosage by a pharmacist and an insulin
 1001 pen that is prefilled by the manufacturer, from where it is
 1002 stored, and bringing it to the resident.

1003 (b) In the presence of the resident, reading the label,
 1004 opening the container, removing a prescribed amount of
 1005 medication from the container, and closing the container.

1006 (c) Placing an oral dosage in the resident's hand or
 1007 placing the dosage in another container and helping the resident
 1008 by lifting the container to his or her mouth.

1009 (d) Applying topical medications.

1010 (e) Returning the medication container to proper storage.

1011 (f) Keeping a record of when a resident receives
 1012 assistance with self-administration under this section.

1013 (g) Assisting with the use of a nebulizer, including
 1014 removing the cap of a nebulizer, opening the unit dose of

1015 nebulizer solution, and pouring the prescribed premeasured dose
 1016 of medication into the dispensing cup of the nebulizer.

1017 (h) Using a glucometer to perform blood-glucose level
 1018 checks.

1019 (i) Assisting with putting on and taking off antiembolism
 1020 stockings.

1021 (j) Assisting with applying and removing an oxygen cannula
 1022 but not with titrating the prescribed oxygen settings.

1023 (k) Assisting with the use of a continuous positive airway
 1024 pressure device but not with titrating the prescribed setting of
 1025 the device.

1026 (l) Assisting with measuring vital signs.

1027 (m) Assisting with colostomy bags.

1028 (4) Assistance with self-administration does not include:

1029 ~~(c) Administration of medications through intermittent~~
 1030 ~~positive pressure breathing machines or a nebulizer.~~

1031 Section 12. Subsection (3) of section 429.27, Florida
 1032 Statutes, is amended to read:

1033 429.27 Property and personal affairs of residents.—

1034 (3) A facility, upon mutual consent with the resident,
 1035 shall provide for the safekeeping in the facility of personal
 1036 effects not in excess of \$500 and funds of the resident not in
 1037 excess of \$500 ~~\$200~~ cash, and shall keep complete and accurate
 1038 records of all such funds and personal effects received. If a
 1039 resident is absent from a facility for 24 hours or more, the
 1040 facility may provide for the safekeeping of the resident's

1041 personal effects in excess of \$500.

1042 Section 13. Paragraph (a) of subsection (3) and
 1043 subsections (2), (5), and (6) of section 429.28, Florida
 1044 Statutes, are amended to read:

1045 429.28 Resident bill of rights.—

1046 (2) The administrator of a facility shall ensure that a
 1047 written notice of the rights, obligations, and prohibitions set
 1048 forth in this part is posted in a prominent place in each
 1049 facility and read or explained to residents who cannot read. The
 1050 ~~This~~ notice must ~~shall~~ include the name, address, and telephone
 1051 numbers of the local ombudsman council, the ~~and~~ central abuse
 1052 hotline, and, if ~~when~~ applicable, Disability Rights Florida ~~the~~
 1053 ~~Advocacy Center for Persons with Disabilities, Inc., and the~~
 1054 ~~Florida local advocacy council~~, where complaints may be lodged.
 1055 The notice must state that a complaint made to the Office of
 1056 State Long-Term Care Ombudsman or a local long-term care
 1057 ombudsman council, the names and identities of the residents
 1058 involved in the complaint, and the identity of complainants are
 1059 kept confidential pursuant to s. 400.0077 and that retaliatory
 1060 action cannot be taken against a resident for presenting
 1061 grievances or for exercising any other resident right. The
 1062 facility must ensure a resident's access to a telephone to call
 1063 the local ombudsman council, central abuse hotline, and
 1064 Disability Rights Florida ~~Advocacy Center for Persons with~~
 1065 ~~Disabilities, Inc., and the Florida local advocacy council.~~

1066 (3) (a) The agency shall conduct a survey to determine

1067 general compliance with facility standards and compliance with
 1068 residents' rights as a prerequisite to initial licensure or
 1069 licensure renewal. The agency shall adopt rules for uniform
 1070 standards and criteria that will be used to determine compliance
 1071 with facility standards and compliance with residents' rights.

1072 (5) A ~~No~~ facility or employee of a facility may not serve
 1073 notice upon a resident to leave the premises or take any other
 1074 retaliatory action against any person who:

1075 (a) Exercises any right set forth in this section.

1076 (b) Appears as a witness in any hearing, inside or outside
 1077 the facility.

1078 (c) Files a civil action alleging a violation of the
 1079 provisions of this part or notifies a state attorney or the
 1080 Attorney General of a possible violation of such provisions.

1081 (6) A ~~Any~~ facility that ~~which~~ terminates the residency of
 1082 an individual who participated in activities specified in
 1083 subsection (5) must ~~shall~~ show good cause in a court of
 1084 competent jurisdiction. If good cause is not shown, the agency
 1085 shall impose a fine of \$2,500 in addition to any other penalty
 1086 assessed against the facility.

1087 Section 14. Section 429.34, Florida Statutes, is amended
 1088 to read:

1089 429.34 Right of entry and inspection.—

1090 (1) In addition to the requirements of s. 408.811, any
 1091 duly designated officer or employee of the department, the
 1092 Department of Children and Families ~~Family Services~~, the

1093 Medicaid Fraud Control Unit of the Office of the Attorney
 1094 General, the state or local fire marshal, or a member of the
 1095 state or local long-term care ombudsman council has ~~shall have~~
 1096 the right to enter unannounced upon and into the premises of any
 1097 facility licensed pursuant to this part in order to determine
 1098 the state of compliance with ~~the provisions of~~ this part, part
 1099 II of chapter 408, and applicable rules. Data collected by the
 1100 state or local long-term care ombudsman councils or the state or
 1101 local advocacy councils may be used by the agency in
 1102 investigations involving violations of regulatory standards. A
 1103 person specified in this section who knows or has reasonable
 1104 cause to suspect that a vulnerable adult has been or is being
 1105 abused, neglected, or exploited shall immediately report such
 1106 knowledge or suspicion to the central abuse hotline pursuant to
 1107 chapter 415.

1108 (2) The agency shall inspect each licensed assisted living
 1109 facility at least once every 24 months to determine compliance
 1110 with this chapter and related rules. If an assisted living
 1111 facility is cited for one or more class I violations or two or
 1112 more class II violations arising from separate surveys within a
 1113 60-day period or due to unrelated circumstances during the same
 1114 survey, the agency must conduct an additional licensure
 1115 inspection within 6 months. In addition to any fines imposed on
 1116 the facility under s. 429.19, the licensee shall pay a fee for
 1117 the cost of the additional inspection equivalent to the standard
 1118 assisted living facility license and per-bed fees, without

1119 exception for beds designated for recipients of optional state
 1120 supplementation. The agency shall adjust the fee in accordance
 1121 with s. 408.805.

1122 Section 15. Subsection (2) of section 429.41, Florida
 1123 Statutes, is amended to read:

1124 429.41 Rules establishing standards.—

1125 (2) In adopting any rules pursuant to this part, the
 1126 department, in conjunction with the agency, shall make distinct
 1127 standards for facilities based upon facility size; the types of
 1128 care provided; the physical and mental capabilities and needs of
 1129 residents; the type, frequency, and amount of services and care
 1130 offered; and the staffing characteristics of the facility. Rules
 1131 developed pursuant to this section may ~~shall~~ not restrict the
 1132 use of shared staffing and shared programming in facilities that
 1133 are part of retirement communities that provide multiple levels
 1134 of care and otherwise meet the requirements of law and rule. If
 1135 a continuing care facility licensed under chapter 651 or a
 1136 retirement community offering multiple levels of care licenses a
 1137 building or part of a building designated for independent living
 1138 for assisted living, staffing requirements established in rule
 1139 apply only to residents who receive personal, limited nursing,
 1140 or extended congregate care services under this part. Such
 1141 facilities shall retain a log listing the names and unit number
 1142 for residents receiving these services. The log must be
 1143 available to surveyors upon request. Except for uniform
 1144 firesafety standards, the department shall adopt by rule

1145 separate and distinct standards for facilities with 16 or fewer
 1146 beds and for facilities with 17 or more beds. The standards for
 1147 facilities with 16 or fewer beds must ~~shall~~ be appropriate for a
 1148 noninstitutional residential environment; however, ~~provided that~~
 1149 the structure may not be ~~is no~~ more than two stories in height
 1150 and all persons who cannot exit the facility unassisted in an
 1151 emergency must reside on the first floor. The department, in
 1152 conjunction with the agency, may make other distinctions among
 1153 types of facilities as necessary to enforce the provisions of
 1154 this part. Where appropriate, the agency shall offer alternate
 1155 solutions for complying with established standards, based on
 1156 distinctions made by the department and the agency relative to
 1157 the physical characteristics of facilities and the types of care
 1158 offered ~~therein~~.

1159 Section 16. Subsections (1) through (11) of section
 1160 429.52, Florida Statutes, are renumbered as subsections (2)
 1161 through (12), respectively, present subsections (5) and (9) are
 1162 amended, and a new subsection (1) is added to that section, to
 1163 read:

1164 429.52 Staff training and educational programs; core
 1165 educational requirement.—

1166 (1) Effective October 1, 2014, each new assisted living
 1167 facility employee who has not previously completed core training
 1168 must attend a preservice orientation provided by the facility
 1169 before interacting with residents. The preservice orientation
 1170 must be at least 2 hours in duration and cover topics that help

1171 the employee provide responsible care and respond to the needs
1172 of facility residents. Upon completion, the employee and the
1173 administrator of the facility must sign a statement that the
1174 employee completed the required preservice orientation. The
1175 facility must keep the signed statement in the employee's
1176 personnel record.

1177 (6)~~(5)~~ Staff involved with the management of medications
1178 and assisting with the self-administration of medications under
1179 s. 429.256 must complete a minimum of 6 4 additional hours of
1180 training provided by a registered nurse, licensed pharmacist, or
1181 department staff. The department shall establish by rule the
1182 minimum requirements of this additional training.

1183 (10)~~(9)~~ The training required by this section other than
1184 the preservice orientation must ~~shall~~ be conducted by persons
1185 registered with the department as having the requisite
1186 experience and credentials to conduct the training. A person
1187 seeking to register as a trainer must provide the department
1188 with proof of completion of the minimum core training education
1189 requirements, successful passage of the competency test
1190 established under this section, and proof of compliance with the
1191 continuing education requirement in subsection (5) ~~(4)~~.

1192 Section 17. Section 429.55, Florida Statutes, is created
1193 to read:

1194 429.55 Consumer information website.—The Legislature finds
1195 that consumers need additional information on the quality of
1196 care and service in assisted living facilities in order to

1197 select the best facility for themselves or their loved ones.
1198 Therefore, by November 1, 2014, the Agency for Health Care
1199 Administration shall create content that is easily accessible
1200 through the home page of the agency's website either directly or
1201 indirectly through links to one or more other established
1202 websites of the agency's choosing. The website must be
1203 searchable by facility name, city, or zip code. At a minimum,
1204 the content must include:

1205 (1) Information on each licensed assisted living facility,
1206 including, but not limited to:

1207 (a) The name and address of the facility.
1208 (b) The number and type of licensed beds in the facility.
1209 (c) The types of licenses held by the facility.
1210 (d) The facility's license expiration date and status.
1211 (e) Proprietary or nonproprietary status of the licensee.
1212 (f) Any affiliation with a company or other organization
1213 owning or managing more than one assisted living facility in
1214 this state.

1215 (g) The total number of clients that the facility is
1216 licensed to serve and the most recently available occupancy
1217 levels.

1218 (h) The number of private and semiprivate rooms offered.
1219 (i) The bed-hold policy.
1220 (j) The religious affiliation, if any, of the assisted
1221 living facility.

1222 (k) The languages spoken by the staff.

- 1223 (l) Availability of nurses.
- 1224 (m) Forms of payment accepted, including, but not limited
- 1225 to, Medicaid, Medicaid long-term managed care, private
- 1226 insurance, health maintenance organization, United States
- 1227 Department of Veterans Affairs, CHAMPUS program, or workers'
- 1228 compensation coverage.
- 1229 (n) Indication if the licensee is operating under
- 1230 bankruptcy protection.
- 1231 (o) Recreational and other programs available.
- 1232 (p) Special care units or programs offered.
- 1233 (q) Whether the facility has any mental health residents
- 1234 as defined in s. 394.4574(1) and the number of mental health
- 1235 residents.
- 1236 (r) Whether the facility is a part of a retirement
- 1237 community that offers other services pursuant to this part or
- 1238 part III of this chapter, part II or part III of chapter 400, or
- 1239 chapter 651.
- 1240 (s) Links to the State Long-Term Care Ombudsman Program
- 1241 website and the program's statewide toll-free telephone number.
- 1242 (t) Links to the websites of the providers or their
- 1243 affiliates.
- 1244 (u) Other relevant information that the agency currently
- 1245 collects.
- 1246 (2) Survey and violation information for the facility,
- 1247 including a list of the facility's violations committed during
- 1248 the previous 60 months, which on July 1, 2014, may include

1249 violations committed on or after July 1, 2009. The list shall be
 1250 updated monthly and include for each violation:

1251 (a) A summary of the violation, including all licensure,
 1252 revisit, and complaint survey information, presented in a manner
 1253 understandable by the general public.

1254 (b) Any sanctions imposed by final order.

1255 (c) The date the corrective action was confirmed by the
 1256 agency.

1257 (3) Links to inspection reports that the agency has on
 1258 file.

1259 Section 18. Section 429.56, Florida Statutes, is created
 1260 to read:

1261 429.56 Public comment webpage; restrictions.—By November
 1262 1, 2014, the Agency for Health Care Administration may create a
 1263 monitored comment webpage, maintained by the agency, which
 1264 allows members of the public to anonymously comment on assisted
 1265 living facilities that are licensed to operate in this state.
 1266 The comment webpage must, at a minimum, allow members of the
 1267 public to post comments regarding their experiences with, or
 1268 observations of, an assisted living facility and to review other
 1269 comments. Comments posted to the agency's comment webpage may
 1270 not contain profanity and are intended to provide meaningful
 1271 feedback about the assisted living facility. The agency shall
 1272 review comments for profane content before the comments are
 1273 posted to the webpage. A controlling interest, as defined in s.
 1274 408.803 in an assisted living facility, or an employee or owner

1275 of an assisted living facility, is prohibited from posting
 1276 comments on the webpage, except that a controlling interest,
 1277 employee, or owner may respond to comments on the webpage, and
 1278 the agency shall ensure that the responses are identified as
 1279 posted by a representative of the facility.

1280 Section 19. The Legislature finds that consistent
 1281 regulation of assisted living facilities benefits residents and
 1282 operators of such facilities. To determine whether surveys are
 1283 consistent between surveys and surveyors, the Office of Program
 1284 Policy Analysis and Government Accountability shall conduct a
 1285 study of intersurveyor reliability for assisted living
 1286 facilities. By November 1, 2014, the Office of Program Policy
 1287 Analysis and Government Accountability shall submit a report of
 1288 its findings to the Governor, the President of the Senate, and
 1289 the Speaker of the House of Representatives and make any
 1290 recommendations for improving intersurveyor reliability.

1291 Section 20. For fiscal year 2014-2015, the sums of
 1292 \$151,322 in recurring funds and \$7,986 in nonrecurring funds
 1293 from the Health Care Trust Fund are appropriated to the Agency
 1294 for Health Care Administration, and two full-time equivalent
 1295 positions with associated salary rate are authorized, for the
 1296 purpose of carrying out the regulatory activities provided in
 1297 this act.

1298 Section 21. Section 395.001, Florida Statutes, is amended
 1299 to read:

1300 395.001 Legislative intent.—It is the intent of the

1301 Legislature to provide for the protection of public health and
 1302 safety in the establishment, construction, maintenance, and
 1303 operation of hospitals, ambulatory surgical centers, recovery
 1304 care centers, and mobile surgical facilities by providing for
 1305 licensure of same and for the development, establishment, and
 1306 enforcement of minimum standards with respect thereto.

1307 Section 22. Subsections (25) through (33) of section
 1308 395.002, Florida Statutes, are renumbered as subsections (27)
 1309 through (35), respectively, subsections (3), (16), and (23) are
 1310 amended, and new subsections (25) and (26) are added to that
 1311 section, to read:

1312 395.002 Definitions.—As used in this chapter:

1313 (3) "Ambulatory surgical center" or "mobile surgical
 1314 facility" means a facility the primary purpose of which is to
 1315 provide elective surgical care, to ~~in~~ which the patient is
 1316 admitted ~~to~~ and discharged ~~from such facility~~ within 24 hours
 1317 ~~the same working day and is not permitted to stay overnight~~, and
 1318 which is not part of a hospital. However, a facility existing
 1319 for the primary purpose of performing terminations of pregnancy,
 1320 an office maintained by a physician for the practice of
 1321 medicine, or an office maintained for the practice of dentistry
 1322 shall not be construed to be an ambulatory surgical center,
 1323 provided that any facility or office which is certified or seeks
 1324 certification as a Medicare ambulatory surgical center shall be
 1325 licensed as an ambulatory surgical center pursuant to s.

1326 395.003. Any structure or vehicle in which a physician maintains

1327 an office and practices surgery, and which can appear to the
 1328 public to be a mobile office because the structure or vehicle
 1329 operates at more than one address, shall be construed to be a
 1330 mobile surgical facility.

1331 (16) "Licensed facility" means a hospital, ambulatory
 1332 surgical center, recovery care center, or mobile surgical
 1333 facility licensed in accordance with this chapter.

1334 (23) "Premises" means those buildings, beds, and equipment
 1335 located at the address of the licensed facility and all other
 1336 buildings, beds, and equipment for the provision of hospital,
 1337 ambulatory surgical, recovery, or mobile surgical care located
 1338 in such reasonable proximity to the address of the licensed
 1339 facility as to appear to the public to be under the dominion and
 1340 control of the licensee. For any licensee that is a teaching
 1341 hospital as defined in s. 408.07(45), reasonable proximity
 1342 includes any buildings, beds, services, programs, and equipment
 1343 under the dominion and control of the licensee that are located
 1344 at a site with a main address that is within 1 mile of the main
 1345 address of the licensed facility; and all such buildings, beds,
 1346 and equipment may, at the request of a licensee or applicant, be
 1347 included on the facility license as a single premises.

1348 (25) "Recovery care center" means a facility the primary
 1349 purpose of which is to provide recovery care services, to which
 1350 a patient is admitted and discharged within 72 hours, and which
 1351 is not part of a hospital.

1352 (26) "Recovery care services" means postsurgical and

1353 postdiagnostic medical and general nursing care provided to
1354 patients for whom acute care hospitalization is not required and
1355 an uncomplicated recovery is reasonably expected. The term
1356 includes postsurgical rehabilitation services. The term does not
1357 include intensive care services, coronary care services, or
1358 critical care services.

1359 Section 23. Subsection (1) of section 395.003, Florida
1360 Statutes, is amended to read:

1361 395.003 Licensure; denial, suspension, and revocation.—

1362 (1) (a) The requirements of part II of chapter 408 apply to
1363 the provision of services that require licensure pursuant to ss.
1364 395.001–395.1065 and part II of chapter 408 and to entities
1365 licensed by or applying for such licensure from the Agency for
1366 Health Care Administration pursuant to ss. 395.001–395.1065. A
1367 license issued by the agency is required in order to operate a
1368 hospital, ambulatory surgical center, recovery care center, or
1369 mobile surgical facility in this state.

1370 (b)1. It is unlawful for a person to use or advertise to
1371 the public, in any way or by any medium whatsoever, any facility
1372 as a "hospital," "ambulatory surgical center," "recovery care
1373 center," or "mobile surgical facility" unless such facility has
1374 first secured a license under the provisions of this part.

1375 2. This part does not apply to veterinary hospitals or to
1376 commercial business establishments using the word "hospital,"
1377 "ambulatory surgical center," "recovery care center," or "mobile
1378 surgical facility" as a part of a trade name if no treatment of

1379 human beings is performed on the premises of such
 1380 establishments.

1381 (c) Until July 1, 2006, additional emergency departments
 1382 located off the premises of licensed hospitals may not be
 1383 authorized by the agency.

1384 Section 24. Section 395.0171, Florida Statutes, is created
 1385 to read:

1386 395.0171 Recovery care center admissions; emergency and
 1387 transfer protocols; discharge planning and protocols.-

1388 (1) Admissions to a recovery care center shall be
 1389 restricted to patients who need recovery care services.

1390 (2) All patients must be certified by their attending or
 1391 referring physician or by a physician on staff at the facility
 1392 as medically stable and not in need of acute care
 1393 hospitalization before admission.

1394 (3) A patient may be admitted for recovery care services
 1395 upon discharge from a hospital or an ambulatory surgery center.
 1396 A patient may also be admitted postdiagnosis and posttreatment
 1397 for recovery care services.

1398 (4) A recovery care center must have emergency care and
 1399 transfer protocols, including transportation arrangements, and
 1400 referral or admission agreements with at least one hospital.

1401 (5) A recovery care center must have procedures for
 1402 discharge planning and discharge protocols.

1403 (6) The agency may adopt rules to implement this
 1404 subsection.

1405 Section 25. Subsections (2) and (8) of section 395.1055,
 1406 Florida Statutes, are amended, and subsection (10) is added to
 1407 that section, to read:

1408 395.1055 Rules and enforcement.—

1409 (2) Separate standards may be provided for general and
 1410 specialty hospitals, ambulatory surgical centers, recovery care
 1411 centers, mobile surgical facilities, and statutory rural
 1412 hospitals as defined in s. 395.602.

1413 (8) The agency may not adopt any rule governing the
 1414 design, construction, erection, alteration, modification,
 1415 repair, or demolition of any public or private hospital,
 1416 intermediate residential treatment facility, recovery care
 1417 center, or ambulatory surgical center. It is the intent of the
 1418 Legislature to preempt that function to the Florida Building
 1419 Commission and the State Fire Marshal through adoption and
 1420 maintenance of the Florida Building Code and the Florida Fire
 1421 Prevention Code. However, the agency shall provide technical
 1422 assistance to the commission and the State Fire Marshal in
 1423 updating the construction standards of the Florida Building Code
 1424 and the Florida Fire Prevention Code which govern hospitals,
 1425 intermediate residential treatment facilities, recovery care
 1426 centers, and ambulatory surgical centers.

1427 (10) The agency shall adopt rules for recovery care
 1428 centers which include fair and reasonable minimum standards for
 1429 ensuring that recovery care centers have:

1430 (a) A dietetic department, service, or other similarly

1431 titled unit, either on the premises or under contract, which
 1432 shall be organized, directed, and staffed to ensure the
 1433 provision of appropriate nutritional care and quality food
 1434 service.

1435 (b) Procedures to ensure the proper administration of
 1436 medications. Such procedures shall address the prescribing,
 1437 ordering, preparing, and dispensing of medications and
 1438 appropriate monitoring of the effects of such medications on the
 1439 patient.

1440 (c) A pharmacy, pharmaceutical department, or
 1441 pharmaceutical service, or similarly titled unit, on the
 1442 premises or under contract.

1443 Section 26. Subsection (8) of section 395.10973, Florida
 1444 Statutes, is amended to read:

1445 395.10973 Powers and duties of the agency.—It is the
 1446 function of the agency to:

1447 (8) Enforce the special-occupancy provisions of the
 1448 Florida Building Code which apply to hospitals, intermediate
 1449 residential treatment facilities, recovery care centers, and
 1450 ambulatory surgical centers in conducting any inspection
 1451 authorized by this chapter and part II of chapter 408.

1452 Section 27. Subsection (3) of section 395.301, Florida
 1453 Statutes, is amended to read:

1454 395.301 Itemized patient bill; form and content prescribed
 1455 by the agency.—

1456 (3) On each itemized statement submitted pursuant to

1457 subsection (1) there shall appear the words "A FOR-PROFIT (or
1458 NOT-FOR-PROFIT or PUBLIC) HOSPITAL (or AMBULATORY SURGICAL
1459 CENTER or RECOVERY CARE CENTER) LICENSED BY THE STATE OF
1460 FLORIDA" or substantially similar words sufficient to identify
1461 clearly and plainly the ownership status of the licensed
1462 facility. Each itemized statement must prominently display the
1463 phone number of the medical facility's patient liaison who is
1464 responsible for expediting the resolution of any billing dispute
1465 between the patient, or his or her representative, and the
1466 billing department.

1467 Section 28. Subsection (30) is added to section 408.802,
1468 Florida Statutes, to read:

1469 408.802 Applicability.—The provisions of this part apply
1470 to the provision of services that require licensure as defined
1471 in this part and to the following entities licensed, registered,
1472 or certified by the agency, as described in chapters 112, 383,
1473 390, 394, 395, 400, 429, 440, 483, and 765:

1474 (30) Recovery care centers, as provided under part I of
1475 chapter 395.

1476 Section 29. Subsection (29) is added to section 408.820,
1477 Florida Statutes, to read:

1478 408.820 Exemptions.—Except as prescribed in authorizing
1479 statutes, the following exemptions shall apply to specified
1480 requirements of this part:

1481 (29) Recovery care centers, as provided under part I of
1482 chapter 395, are exempt from s. 408.810(7)-(10).

1483 Section 30. Subsection (7) of section 394.4787, Florida
 1484 Statutes, is amended to read:

1485 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,
 1486 and 394.4789.—As used in this section and ss. 394.4786,
 1487 394.4788, and 394.4789:

1488 (7) "Specialty psychiatric hospital" means a hospital
 1489 licensed by the agency pursuant to s. 395.002(30) ~~395.002(28)~~
 1490 and part II of chapter 408 as a specialty psychiatric hospital.

1491 Section 31. Paragraph (a) of subsection (4) of section
 1492 409.97, Florida Statutes, is amended to read:

1493 409.97 State and local Medicaid partnerships.—

1494 (4) HOSPITAL RATE DISTRIBUTION.—

1495 (a) The agency is authorized to implement a tiered
 1496 hospital rate system to enhance Medicaid payments to all
 1497 hospitals when resources for the tiered rates are available from
 1498 general revenue and such contributions pursuant to subsection
 1499 (1) as are authorized under the General Appropriations Act.

1500 1. Tier 1 hospitals are statutory rural hospitals as
 1501 defined in s. 395.602, statutory teaching hospitals as defined
 1502 in s. 408.07(45), and specialty children's hospitals as defined
 1503 in s. 395.002(30) ~~395.002(28)~~.

1504 2. Tier 2 hospitals are community hospitals not included
 1505 in Tier 1 that provided more than 9 percent of the hospital's
 1506 total inpatient days to Medicaid patients and charity patients,
 1507 as defined in s. 409.911, and are located in the jurisdiction of
 1508 a local funding source pursuant to subsection (1).

1509 3. Tier 3 hospitals include all community hospitals.

1510 Section 32. Paragraph (b) of subsection (1) of section
 1511 409.975, Florida Statutes, is amended to read:

1512 409.975 Managed care plan accountability.—In addition to
 1513 the requirements of s. 409.967, plans and providers
 1514 participating in the managed medical assistance program shall
 1515 comply with the requirements of this section.

1516 (1) PROVIDER NETWORKS.—Managed care plans must develop and
 1517 maintain provider networks that meet the medical needs of their
 1518 enrollees in accordance with standards established pursuant to
 1519 s. 409.967(2)(c). Except as provided in this section, managed
 1520 care plans may limit the providers in their networks based on
 1521 credentials, quality indicators, and price.

1522 (b) Certain providers are statewide resources and
 1523 essential providers for all managed care plans in all regions.
 1524 All managed care plans must include these essential providers in
 1525 their networks. Statewide essential providers include:

1526 1. Faculty plans of Florida medical schools.

1527 2. Regional perinatal intensive care centers as defined in
 1528 s. 383.16(2).

1529 3. Hospitals licensed as specialty children's hospitals as
 1530 defined in s. 395.002(30) ~~395.002(28)~~.

1531 4. Accredited and integrated systems serving medically
 1532 complex children that are comprised of separately licensed, but
 1533 commonly owned, health care providers delivering at least the
 1534 following services: medical group home, in-home and outpatient

1535 nursing care and therapies, pharmacy services, durable medical
 1536 equipment, and Prescribed Pediatric Extended Care.

1537
 1538 Managed care plans that have not contracted with all statewide
 1539 essential providers in all regions as of the first date of
 1540 recipient enrollment must continue to negotiate in good faith.
 1541 Payments to physicians on the faculty of nonparticipating
 1542 Florida medical schools shall be made at the applicable Medicaid
 1543 rate. Payments for services rendered by regional perinatal
 1544 intensive care centers shall be made at the applicable Medicaid
 1545 rate as of the first day of the contract between the agency and
 1546 the plan. Payments to nonparticipating specialty children's
 1547 hospitals shall equal the highest rate established by contract
 1548 between that provider and any other Medicaid managed care plan.

1549 Section 33. Part XI of chapter 400, Florida Statutes,
 1550 consisting of sections 400.997 through 400.9985, is created to
 1551 read:

1552 PART XI

1553 TRANSITIONAL LIVING FACILITIES

1554 400.997 Legislative intent.—It is the intent of the
 1555 Legislature to provide for the licensure of transitional living
 1556 facilities and require the development, establishment, and
 1557 enforcement of basic standards by the Agency for Health Care
 1558 Administration to ensure quality of care and services to clients
 1559 in transitional living facilities. It is the policy of the state
 1560 that the least restrictive appropriate available treatment be

1561 used based on the individual needs and best interest of the
1562 client, consistent with optimum improvement of the client's
1563 condition. The goal of a transitional living program for persons
1564 who have brain or spinal cord injuries is to assist each person
1565 who has such an injury to achieve a higher level of independent
1566 functioning and to enable the person to reenter the community.
1567 It is also the policy of the state that the restraint or
1568 seclusion of a client is justified only as an emergency safety
1569 measure used in response to danger to the client or others. It
1570 is therefore the intent of the Legislature to achieve an ongoing
1571 reduction in the use of restraint or seclusion in programs and
1572 facilities that serve persons who have brain or spinal cord
1573 injuries.

1574 400.9971 Definitions.—As used in this part, the term:

1575 (1) "Agency" means the Agency for Health Care
1576 Administration.

1577 (2) "Chemical restraint" means a pharmacologic drug that
1578 physically limits, restricts, or deprives a person of movement
1579 or mobility, is used for client protection or safety, and is not
1580 required for the treatment of medical conditions or symptoms.

1581 (3) "Client's representative" means the parent of a child
1582 client or the client's guardian, designated representative,
1583 designee, surrogate, or attorney in fact.

1584 (4) "Department" means the Department of Health.

1585 (5) "Physical restraint" means a manual method to restrict
1586 freedom of movement of or normal access to a person's body, or a

1587 physical or mechanical device, material, or equipment attached
 1588 or adjacent to the person's body that the person cannot easily
 1589 remove and that restricts freedom of movement of or normal
 1590 access to the person's body, including, but not limited to, a
 1591 half-bed rail, a full-bed rail, a geriatric chair, or a Posey
 1592 restraint. The term includes any device that is not specifically
 1593 manufactured as a restraint but is altered, arranged, or
 1594 otherwise used for this purpose. The term does not include
 1595 bandage material used for the purpose of binding a wound or
 1596 injury.

1597 (6) "Seclusion" means the physical segregation of a person
 1598 in any fashion or the involuntary isolation of a person in a
 1599 room or area from which the person is prevented from leaving.
 1600 Such prevention may be accomplished by imposition of a physical
 1601 barrier or by action of a staff member to prevent the person
 1602 from leaving the room or area. For purposes of this part, the
 1603 term does not mean isolation due to a person's medical condition
 1604 or symptoms.

1605 (7) "Transitional living facility" means a site where
 1606 specialized health care services are provided to persons who
 1607 have brain or spinal cord injuries, including, but not limited
 1608 to, rehabilitative services, behavior modification, community
 1609 reentry training, aids for independent living, and counseling.

1610 400.9972 License required; fee; application.-

1611 (1) The requirements of part II of chapter 408 apply to
 1612 the provision of services that require licensure pursuant to

1613 this part and part II of chapter 408 and to entities licensed by
 1614 or applying for licensure from the agency pursuant to this part.
 1615 A license issued by the agency is required for the operation of
 1616 a transitional living facility in this state. However, this part
 1617 does not require a provider licensed by the agency to obtain a
 1618 separate transitional living facility license to serve persons
 1619 who have brain or spinal cord injuries as long as the services
 1620 provided are within the scope of the provider's license.

1621 (2) In accordance with this part, an applicant or a
 1622 licensee shall pay a fee for each license application submitted
 1623 under this part. The license fee shall consist of a \$4,588
 1624 license fee and a \$90 per-bed fee per biennium and shall conform
 1625 to the annual adjustment authorized in s. 408.805.

1626 (3) An applicant for licensure must provide:

1627 (a) The location of the facility for which the license is
 1628 sought and documentation, signed by the appropriate local
 1629 government official, which states that the applicant has met
 1630 local zoning requirements.

1631 (b) Proof of liability insurance as provided in s.
 1632 624.605(1)(b).

1633 (c) Proof of compliance with local zoning requirements,
 1634 including compliance with the requirements of chapter 419 if the
 1635 proposed facility is a community residential home.

1636 (d) Proof that the facility has received a satisfactory
 1637 firesafety inspection.

1638 (e) Documentation that the facility has received a

1639 satisfactory sanitation inspection by the county health
1640 department.

1641 (4) The applicant's proposed facility must attain and
1642 continuously maintain accreditation by an accrediting
1643 organization that specializes in evaluating rehabilitation
1644 facilities whose standards incorporate licensure regulations
1645 comparable to those required by the state. An applicant for
1646 licensure as a transitional living facility must acquire
1647 accreditation within 12 months after issuance of an initial
1648 license. The agency shall accept the accreditation survey report
1649 of the accrediting organization in lieu of conducting a
1650 licensure inspection if the standards included in the survey
1651 report are determined by the agency to document that the
1652 facility substantially complies with state licensure
1653 requirements. Within 10 days after receiving the accreditation
1654 survey report, the applicant shall submit to the agency a copy
1655 of the report and evidence of the accreditation decision as a
1656 result of the report. The agency may conduct an inspection of a
1657 transitional living facility to ensure compliance with the
1658 licensure requirements of this part, to validate the inspection
1659 process of the accrediting organization, to respond to licensure
1660 complaints, or to protect the public health and safety.

1661 400.9973 Client admission, transfer, and discharge.—

1662 (1) A transitional living facility shall have written
1663 policies and procedures governing the admission, transfer, and
1664 discharge of clients.

1665 (2) The admission of a client to a transitional living
1666 facility must be in accordance with the licensee's policies and
1667 procedures.

1668 (3) A client admitted to a transitional living facility
1669 must have a brain or spinal cord injury, such as a lesion to the
1670 spinal cord or cauda equina syndrome, with evidence of
1671 significant involvement of at least two of the following
1672 deficits or dysfunctions:

1673 (a) A motor deficit.

1674 (b) A sensory deficit.

1675 (c) Bowel and bladder dysfunction.

1676 (d) An acquired internal or external injury to the skull,
1677 the brain, or the brain's covering, whether caused by a
1678 traumatic or nontraumatic event, which produces an altered state
1679 of consciousness or an anatomic motor, sensory, cognitive, or
1680 behavioral deficit.

1681 (4) A client whose medical condition and diagnosis do not
1682 positively identify a cause of the client's condition, whose
1683 symptoms are inconsistent with the known cause of injury, or
1684 whose recovery is inconsistent with the known medical condition
1685 may be admitted to a transitional living facility for evaluation
1686 for a period not to exceed 90 days.

1687 (5) A client admitted to a transitional living facility
1688 must be admitted upon prescription by a licensed physician,
1689 physician assistant, or advanced registered nurse practitioner
1690 and must remain under the care of a licensed physician,

1691 physician assistant, or advanced registered nurse practitioner
 1692 for the duration of the client's stay in the facility.

1693 (6) A transitional living facility may not admit a person
 1694 whose primary admitting diagnosis is mental illness or an
 1695 intellectual or developmental disability.

1696 (7) A person may not be admitted to a transitional living
 1697 facility if the person:

1698 (a) Presents significant risk of infection to other
 1699 clients or personnel. A health care practitioner must provide
 1700 documentation that the person is free of apparent signs and
 1701 symptoms of communicable disease;

1702 (b) Is a danger to himself or herself or others as
 1703 determined by a physician, physician assistant, or advanced
 1704 registered nurse practitioner or a mental health practitioner
 1705 licensed under chapter 490 or chapter 491, unless the facility
 1706 provides adequate staffing and support to ensure patient safety;

1707 (c) Is bedridden; or

1708 (d) Requires 24-hour nursing supervision.

1709 (8) If the client meets the admission criteria, the
 1710 medical or nursing director of the facility must complete an
 1711 initial evaluation of the client's functional skills, behavioral
 1712 status, cognitive status, educational or vocational potential,
 1713 medical status, psychosocial status, sensorimotor capacity, and
 1714 other related skills and abilities within the first 72 hours
 1715 after the client's admission to the facility. An initial
 1716 comprehensive treatment plan that delineates services to be

1717 provided and appropriate sources for such services must be
1718 implemented within the first 4 days after admission.

1719 (9) A transitional living facility shall develop a
1720 discharge plan for each client before or upon admission to the
1721 facility. The discharge plan must identify the intended
1722 discharge site and possible alternative discharge sites. For
1723 each discharge site identified, the discharge plan must identify
1724 the skills, behaviors, and other conditions that the client must
1725 achieve to be eligible for discharge. A discharge plan must be
1726 reviewed and updated as necessary but at least once monthly.

1727 (10) A transitional living facility shall discharge a
1728 client as soon as practicable when the client no longer requires
1729 the specialized services described in s. 400.9971(7), when the
1730 client is not making measurable progress in accordance with the
1731 client's comprehensive treatment plan, or when the transitional
1732 living facility is no longer the most appropriate and least
1733 restrictive treatment option.

1734 (11) A transitional living facility shall provide at least
1735 30 days' notice to a client of transfer or discharge plans,
1736 including the location of an acceptable transfer location if the
1737 client is unable to live independently. This subsection does not
1738 apply if a client voluntarily terminates residency.

1739 400.9974 Client comprehensive treatment plans; client
1740 services.—

1741 (1) A transitional living facility shall develop a
1742 comprehensive treatment plan for each client as soon as

1743 practicable but no later than 30 days after the initial
 1744 comprehensive treatment plan is developed. The comprehensive
 1745 treatment plan must be developed by an interdisciplinary team
 1746 consisting of the case manager, the program director, the
 1747 advanced registered nurse practitioner, and appropriate
 1748 therapists. The client or, if appropriate, the client's
 1749 representative must be included in developing the comprehensive
 1750 treatment plan. The comprehensive treatment plan must be
 1751 reviewed and updated if the client fails to meet projected
 1752 improvements outlined in the plan or if a significant change in
 1753 the client's condition occurs. The comprehensive treatment plan
 1754 must be reviewed and updated at least once monthly.

1755 (2) The comprehensive treatment plan must include:

1756 (a) Orders obtained from the physician, physician
 1757 assistant, or advanced registered nurse practitioner and the
 1758 client's diagnosis, medical history, physical examination, and
 1759 rehabilitative or restorative needs.

1760 (b) A preliminary nursing evaluation, including orders for
 1761 immediate care provided by the physician, physician assistant,
 1762 or advanced registered nurse practitioner, which shall be
 1763 completed when the client is admitted.

1764 (c) A comprehensive, accurate, reproducible, and
 1765 standardized assessment of the client's functional capability;
 1766 the treatments designed to achieve skills, behaviors, and other
 1767 conditions necessary for the client to return to the community;
 1768 and specific measurable goals.

1769 (d) Steps necessary for the client to achieve transition
1770 into the community and estimated length of time to achieve those
1771 goals.

1772 (3) The client or, if appropriate, the client's
1773 representative must consent to the continued treatment at the
1774 transitional living facility. Consent may be for a period of up
1775 to 3 months. If such consent is not given, the transitional
1776 living facility shall discharge the client as soon as
1777 practicable.

1778 (4) A client must receive the professional program
1779 services needed to implement the client's comprehensive
1780 treatment plan.

1781 (5) The licensee must employ qualified professional staff
1782 to carry out and monitor the various professional interventions
1783 in accordance with the stated goals and objectives of the
1784 client's comprehensive treatment plan.

1785 (6) A client must receive a continuous treatment program
1786 that includes appropriate, consistent implementation of
1787 specialized and general training, treatment, health services,
1788 and related services and that is directed toward:

1789 (a) The acquisition of the behaviors and skills necessary
1790 for the client to function with as much self-determination and
1791 independence as possible.

1792 (b) The prevention or deceleration of regression or loss
1793 of current optimal functional status.

1794 (c) The management of behavioral issues that preclude

1795 independent functioning in the community.
 1796 400.9975 Licensee responsibilities.-
 1797 (1) The licensee shall ensure that each client:
 1798 (a) Lives in a safe environment free from abuse, neglect,
 1799 and exploitation.
 1800 (b) Is treated with consideration and respect and with due
 1801 recognition of personal dignity, individuality, and the need for
 1802 privacy.
 1803 (c) Retains and uses his or her own clothes and other
 1804 personal property in his or her immediate living quarters to
 1805 maintain individuality and personal dignity, except when the
 1806 licensee demonstrates that such retention and use would be
 1807 unsafe, impractical, or an infringement upon the rights of other
 1808 clients.
 1809 (d) Has unrestricted private communication, including
 1810 receiving and sending unopened correspondence, access to a
 1811 telephone, and visits with any person of his or her choice. Upon
 1812 request, the licensee shall modify visiting hours for caregivers
 1813 and guests. The facility shall restrict communication in
 1814 accordance with any court order or written instruction of a
 1815 client's representative. Any restriction on a client's
 1816 communication for therapeutic reasons shall be documented and
 1817 reviewed at least weekly and shall be removed as soon as no
 1818 longer clinically indicated. The basis for the restriction shall
 1819 be explained to the client and, if applicable, the client's
 1820 representative. The client shall retain the right to call the

1821 central abuse hotline, the agency, and Disability Rights Florida
1822 at any time.

1823 (e) Has the opportunity to participate in and benefit from
1824 community services and activities to achieve the highest
1825 possible level of independence, autonomy, and interaction within
1826 the community.

1827 (f) Has the opportunity to manage his or her financial
1828 affairs unless the client or, if applicable, the client's
1829 representative authorizes the administrator of the facility to
1830 provide safekeeping for funds as provided under this part.

1831 (g) Has reasonable opportunity for regular exercise more
1832 than once per week and to be outdoors at regular and frequent
1833 intervals except when prevented by inclement weather.

1834 (h) Has the opportunity to exercise civil and religious
1835 liberties, including the right to independent personal
1836 decisions. However, a religious belief or practice, including
1837 attendance at religious services, may not be imposed upon any
1838 client.

1839 (i) Has access to adequate and appropriate health care
1840 consistent with established and recognized community standards.

1841 (j) Has the opportunity to present grievances and
1842 recommend changes in policies, procedures, and services to the
1843 staff of the licensee, governing officials, or any other person
1844 without restraint, interference, coercion, discrimination, or
1845 reprisal. A licensee shall establish a grievance procedure to
1846 facilitate a client's ability to present grievances, including a

1847 system for investigating, tracking, managing, and responding to
1848 complaints by a client or, if applicable, the client's
1849 representative and an appeals process. The appeals process must
1850 include access to Disability Rights Florida and other advocates
1851 and the right to be a member of, be active in, and associate
1852 with advocacy or special interest groups.

1853 (2) The licensee shall:

1854 (a) Promote participation of the client's representative
1855 in the process of providing treatment to the client unless the
1856 representative's participation is unobtainable or inappropriate.

1857 (b) Answer communications from the client's family,
1858 guardians, and friends promptly and appropriately.

1859 (c) Promote visits by persons with a relationship to the
1860 client at any reasonable hour, without requiring prior notice,
1861 in any area of the facility that provides direct care services
1862 to the client, consistent with the client's and other clients'
1863 privacy, unless the interdisciplinary team determines that such
1864 a visit would not be appropriate.

1865 (d) Promote opportunities for the client to leave the
1866 facility for visits, trips, or vacations.

1867 (e) Promptly notify the client's representative of a
1868 significant incident or change in the client's condition,
1869 including, but not limited to, serious illness, accident, abuse,
1870 unauthorized absence, or death.

1871 (3) The administrator of a facility shall ensure that a
1872 written notice of licensee responsibilities is posted in a

1873 prominent place in each building where clients reside and is
 1874 read or explained to clients who cannot read. This notice shall
 1875 be provided to clients in a manner that is clearly legible,
 1876 shall include the statewide toll-free telephone number for
 1877 reporting complaints to the agency, and shall include the words:
 1878 "To report a complaint regarding the services you receive,
 1879 please call toll-free ...[telephone number]... or Disability
 1880 Rights Florida ...[telephone number]...." The statewide toll-
 1881 free telephone number for the central abuse hotline shall be
 1882 provided to clients in a manner that is clearly legible and
 1883 shall include the words: "To report abuse, neglect, or
 1884 exploitation, please call toll-free ...[telephone number]...."
 1885 The licensee shall ensure a client's access to a telephone where
 1886 telephone numbers are posted as required by this subsection.

1887 (4) A licensee or employee of a facility may not serve
 1888 notice upon a client to leave the premises or take any other
 1889 retaliatory action against another person solely because of the
 1890 following:

1891 (a) The client or other person files an internal or
 1892 external complaint or grievance regarding the facility.

1893 (b) The client or other person appears as a witness in a
 1894 hearing inside or outside the facility.

1895 (5) Before or at the time of admission, the client and, if
 1896 applicable, the client's representative shall receive a copy of
 1897 the licensee's responsibilities, including grievance procedures
 1898 and telephone numbers, as provided in this section.

1899 (6) The licensee must develop and implement policies and
1900 procedures governing the release of client information,
1901 including consent necessary from the client or, if applicable,
1902 the client's representative.

1903 400.9976 Administration of medication.—

1904 (1) An individual medication administration record must be
1905 maintained for each client. A dose of medication, including a
1906 self-administered dose, shall be properly recorded in the
1907 client's record. A client who self-administers medication shall
1908 be given a pill organizer. Medication must be placed in the pill
1909 organizer by a nurse. A nurse shall document the date and time
1910 that medication is placed into each client's pill organizer. All
1911 medications must be administered in compliance with orders of a
1912 physician, physician assistant, or advanced registered nurse
1913 practitioner.

1914 (2) If an interdisciplinary team determines that self-
1915 administration of medication is an appropriate objective, and if
1916 the physician, physician assistant, or advanced registered nurse
1917 practitioner does not specify otherwise, the client must be
1918 instructed by the physician, physician assistant, or advanced
1919 registered nurse practitioner to self-administer his or her
1920 medication without the assistance of a staff person. All forms
1921 of self-administration of medication, including administration
1922 orally, by injection, and by suppository, shall be included in
1923 the training. The client's physician, physician assistant, or
1924 advanced registered nurse practitioner must be informed of the

1925 interdisciplinary team's decision that self-administration of
1926 medication is an objective for the client. A client may not
1927 self-administer medication until he or she demonstrates the
1928 competency to take the correct medication in the correct dosage
1929 at the correct time, to respond to missed doses, and to contact
1930 the appropriate person with questions.

1931 (3) Medication administration discrepancies and adverse
1932 drug reactions must be recorded and reported immediately to a
1933 physician, physician assistant, or advanced registered nurse
1934 practitioner.

1935 400.9977 Assistance with medication.-

1936 (1) Notwithstanding any provision of part I of chapter
1937 464, the Nurse Practice Act, unlicensed direct care services
1938 staff who provide services to clients in a facility licensed
1939 under chapter 400 or chapter 429 may administer prescribed,
1940 prepackaged, and premeasured medications under the general
1941 supervision of a registered nurse as provided under this section
1942 and applicable rules.

1943 (2) Training required by this section and applicable rules
1944 shall be conducted by a registered nurse licensed under chapter
1945 464, a physician licensed under chapter 458 or chapter 459, or a
1946 pharmacist licensed under chapter 465.

1947 (3) A facility that allows unlicensed direct care service
1948 staff to administer medications pursuant to this section shall:

1949 (a) Develop and implement policies and procedures that
1950 include a plan to ensure the safe handling, storage, and

1951 administration of prescription medications.
 1952 (b) Maintain written evidence of the express and informed
 1953 consent for each client.
 1954 (c) Maintain a copy of the written prescription, including
 1955 the name of the medication, the dosage, and the administration
 1956 schedule and termination date.
 1957 (d) Maintain documentation of compliance with required
 1958 training.
 1959 (4) The agency shall adopt rules to implement this
 1960 section.
 1961 400.9978 Protection of clients from abuse, neglect,
 1962 mistreatment, and exploitation.—The licensee shall develop and
 1963 implement policies and procedures for the screening and training
 1964 of employees; the protection of clients; and the prevention,
 1965 identification, investigation, and reporting of abuse, neglect,
 1966 mistreatment, and exploitation. The licensee shall identify
 1967 clients whose personal histories render them at risk for abusing
 1968 other clients, develop intervention strategies to prevent
 1969 occurrences of abuse, monitor clients for changes that would
 1970 trigger abusive behavior, and reassess the interventions on a
 1971 regular basis. A licensee shall:
 1972 (1) Screen each potential employee for a history of abuse,
 1973 neglect, mistreatment, or exploitation of clients. The screening
 1974 shall include an attempt to obtain information from previous and
 1975 current employers and verification of screening information by
 1976 the appropriate licensing boards.

1977 (2) Train employees through orientation and ongoing
 1978 sessions regarding issues related to abuse prohibition
 1979 practices, including identification of abuse, neglect,
 1980 mistreatment, and exploitation; appropriate interventions to
 1981 address aggressive or catastrophic reactions of clients; the
 1982 process for reporting allegations without fear of reprisal; and
 1983 recognition of signs of frustration and stress that may lead to
 1984 abuse.

1985 (3) Provide clients, families, and staff with information
 1986 regarding how and to whom they may report concerns, incidents,
 1987 and grievances without fear of retribution and provide feedback
 1988 regarding the concerns that are expressed. A licensee shall
 1989 identify, correct, and intervene in situations in which abuse,
 1990 neglect, mistreatment, or exploitation is likely to occur,
 1991 including:

1992 (a) Evaluating the physical environment of the facility to
 1993 identify characteristics that may make abuse or neglect more
 1994 likely to occur, such as secluded areas.

1995 (b) Providing sufficient staff on each shift to meet the
 1996 needs of the clients and ensuring that the assigned staff have
 1997 knowledge of each client's care needs.

1998 (c) Identifying inappropriate staff behaviors, such as
 1999 using derogatory language, rough handling of clients, ignoring
 2000 clients while giving care, and directing clients who need
 2001 toileting assistance to urinate or defecate in their beds.

2002 (d) Assessing, monitoring, and planning care for clients

2003 with needs and behaviors that might lead to conflict or neglect,
 2004 such as a history of aggressive behaviors including entering
 2005 other clients' rooms without permission, exhibiting self-
 2006 injurious behaviors or communication disorders, requiring
 2007 intensive nursing care, or being totally dependent on staff.

2008 (4) Identify events, such as suspicious bruising of
 2009 clients, occurrences, patterns, and trends that may constitute
 2010 abuse and determine the direction of the investigation.

2011 (5) Investigate alleged violations and different types of
 2012 incidents, identify the staff member responsible for initial
 2013 reporting, and report results to the proper authorities. The
 2014 licensee shall analyze the incidents to determine whether
 2015 policies and procedures need to be changed to prevent further
 2016 incidents and take necessary corrective actions.

2017 (6) Protect clients from harm during an investigation.

2018 (7) Report alleged violations and substantiated incidents,
 2019 as required under chapters 39 and 415, to the licensing
 2020 authorities and all other agencies, as required, and report any
 2021 knowledge of actions by a court of law that would indicate an
 2022 employee is unfit for service.

2023 400.9979 Restraint and seclusion; client safety.—

2024 (1) A facility shall provide a therapeutic milieu that
 2025 supports a culture of individual empowerment and responsibility.
 2026 The health and safety of the client shall be the facility's
 2027 primary concern at all times.

2028 (2) The use of physical restraints must be ordered and

2029 documented by a physician, physician assistant, or advanced
 2030 registered nurse practitioner and must be consistent with the
 2031 policies and procedures adopted by the facility. The client or,
 2032 if applicable, the client's representative shall be informed of
 2033 the facility's physical restraint policies and procedures when
 2034 the client is admitted.

2035 (3) The use of chemical restraints shall be limited to
 2036 prescribed dosages of medications as ordered by a physician,
 2037 physician assistant, or advanced registered nurse practitioner
 2038 and must be consistent with the client's diagnosis and the
 2039 policies and procedures adopted by the facility. The client and,
 2040 if applicable, the client's representative shall be informed of
 2041 the facility's chemical restraint policies and procedures when
 2042 the client is admitted.

2043 (4) Based on the assessment by a physician, physician
 2044 assistant, or advanced registered nurse practitioner, if a
 2045 client exhibits symptoms that present an immediate risk of
 2046 injury or death to himself or herself or others, a physician,
 2047 physician assistant, or advanced registered nurse practitioner
 2048 may issue an emergency treatment order to immediately administer
 2049 rapid-response psychotropic medications or other chemical
 2050 restraints. Each emergency treatment order must be documented
 2051 and maintained in the client's record.

2052 (a) An emergency treatment order is not effective for more
 2053 than 24 hours.

2054 (b) Whenever a client is medicated under this subsection,

2055 the client's representative or a responsible party and the
 2056 client's physician, physician assistant, or advanced registered
 2057 nurse practitioner shall be notified as soon as practicable.

2058 (5) A client who is prescribed and receives a medication
 2059 that can serve as a chemical restraint for a purpose other than
 2060 an emergency treatment order must be evaluated by his or her
 2061 physician, physician assistant, or advanced registered nurse
 2062 practitioner at least monthly to assess:

2063 (a) The continued need for the medication.

2064 (b) The level of the medication in the client's blood.

2065 (c) The need for adjustments to the prescription.

2066 (6) The licensee shall ensure that clients are free from
 2067 unnecessary drugs and physical restraints and are provided
 2068 treatment to reduce dependency on drugs and physical restraints.

2069 (7) The licensee may only employ physical restraints and
 2070 seclusion as authorized by the facility's written policies,
 2071 which shall comply with this section and applicable rules.

2072 (8) Interventions to manage dangerous client behavior
 2073 shall be employed with sufficient safeguards and supervision to
 2074 ensure that the safety, welfare, and civil and human rights of a
 2075 client are adequately protected.

2076 (9) A facility shall notify the parent, guardian, or, if
 2077 applicable, the client's representative when restraint or
 2078 seclusion is employed. The facility must provide the
 2079 notification within 24 hours after the restraint or seclusion is
 2080 employed. Reasonable efforts must be taken to notify the parent,

2081 guardian, or, if applicable, the client's representative by
2082 telephone or e-mail, or both, and these efforts must be
2083 documented.

2084 (10) The agency may adopt rules that establish standards
2085 and procedures for the use of restraints, restraint positioning,
2086 seclusion, and emergency treatment orders for psychotropic
2087 medications, restraint, and seclusion. These rules must include
2088 duration of restraint, staff training, observation of the client
2089 during restraint, and documentation and reporting standards.

2090 400.998 Personnel background screening; administration and
2091 management procedures.-

2092 (1) The agency shall require level 2 background screening
2093 for licensee personnel as required in s. 408.809(1)(e) and
2094 pursuant to chapter 435 and s. 408.809.

2095 (2) The licensee shall maintain personnel records for each
2096 staff member that contain, at a minimum, documentation of
2097 background screening, a job description, documentation of
2098 compliance with the training requirements of this part and
2099 applicable rules, the employment application, references, a copy
2100 of each job performance evaluation, and, for each staff member
2101 who performs services for which licensure or certification is
2102 required, a copy of all licenses or certification held by that
2103 staff member.

2104 (3) The licensee must:

2105 (a) Develop and implement infection control policies and
2106 procedures and include the policies and procedures in the

2107 licensee's policy manual.
 2108 (b) Maintain liability insurance as defined in s.
 2109 624.605(1)(b).
 2110 (c) Designate one person as an administrator to be
 2111 responsible and accountable for the overall management of the
 2112 facility.
 2113 (d) Designate in writing a person to be responsible for
 2114 the facility when the administrator is absent from the facility
 2115 for more than 24 hours.
 2116 (e) Designate in writing a program director to be
 2117 responsible for supervising the therapeutic and behavioral
 2118 staff, determining the levels of supervision, and determining
 2119 room placement for each client.
 2120 (f) Designate in writing a person to be responsible when
 2121 the program director is absent from the facility for more than
 2122 24 hours.
 2123 (g) Obtain approval of the comprehensive emergency
 2124 management plan, pursuant to s. 400.9982(2)(e), from the local
 2125 emergency management agency. Pending the approval of the plan,
 2126 the local emergency management agency shall ensure that the
 2127 following agencies, at a minimum, are given the opportunity to
 2128 review the plan: the Department of Health, the Agency for Health
 2129 Care Administration, and the Division of Emergency Management.
 2130 Appropriate volunteer organizations shall also be given the
 2131 opportunity to review the plan. The local emergency management
 2132 agency shall complete its review within 60 days after receipt of

2133 the plan and either approve the plan or advise the licensee of
2134 necessary revisions.

2135 (h) Maintain written records in a form and system that
2136 comply with medical and business practices and make the records
2137 available by the facility for review or submission to the agency
2138 upon request. The records shall include:

2139 1. A daily census record that indicates the number of
2140 clients currently receiving services in the facility, including
2141 information regarding any public funding of such clients.

2142 2. A record of each accident or unusual incident involving
2143 a client or staff member that caused, or had the potential to
2144 cause, injury or harm to any person or property within the
2145 facility. The record shall contain a clear description of each
2146 accident or incident; the names of the persons involved; a
2147 description of medical or other services provided to these
2148 persons, including the provider of the services; and the steps
2149 taken to prevent recurrence of such accident or incident.

2150 3. A copy of current agreements with third-party
2151 providers.

2152 4. A copy of current agreements with each consultant
2153 employed by the licensee and documentation of a consultant's
2154 visits and required written and dated reports.

2155 400.9981 Property and personal affairs of clients.—

2156 (1) A client shall be given the option of using his or her
2157 own belongings, as space permits; choosing a roommate if
2158 practical and not clinically contraindicated; and, whenever

2159 possible, unless the client is adjudicated incompetent or
 2160 incapacitated under state law, managing his or her own affairs.

2161 (2) The admission of a client to a facility and his or her
 2162 presence therein does not confer on a licensee or administrator,
 2163 or an employee or representative thereof, any authority to
 2164 manage, use, or dispose of the property of the client, and the
 2165 admission or presence of a client does not confer on such person
 2166 any authority or responsibility for the personal affairs of the
 2167 client except that which may be necessary for the safe
 2168 management of the facility or for the safety of the client.

2169 (3) A licensee or administrator, or an employee or
 2170 representative thereof, may:

2171 (a) Not act as the guardian, trustee, or conservator for a
 2172 client or a client's property.

2173 (b) Act as a competent client's payee for social security,
 2174 veteran's, or railroad benefits if the client provides consent
 2175 and the licensee files a surety bond with the agency in an
 2176 amount equal to twice the average monthly aggregate income or
 2177 personal funds due to the client, or expendable for the client's
 2178 account, that are received by a licensee.

2179 (c) Act as the attorney in fact for a client if the
 2180 licensee files a surety bond with the agency in an amount equal
 2181 to twice the average monthly income of the client, plus the
 2182 value of a client's property under the control of the attorney
 2183 in fact.

2184

2185 The surety bond required under paragraph (b) or paragraph (c)
2186 shall be executed by the licensee as principal and a licensed
2187 surety company. The bond shall be conditioned upon the faithful
2188 compliance of the licensee with the requirements of licensure
2189 and is payable to the agency for the benefit of a client who
2190 suffers a financial loss as a result of the misuse or
2191 misappropriation of funds held pursuant to this subsection. A
2192 surety company that cancels or does not renew the bond of a
2193 licensee shall notify the agency in writing at least 30 days
2194 before the action, giving the reason for cancellation or
2195 nonrenewal. A licensee or administrator, or an employee or
2196 representative thereof, who is granted power of attorney for a
2197 client of the facility shall, on a monthly basis, notify the
2198 client in writing of any transaction made on behalf of the
2199 client pursuant to this subsection, and a copy of the
2200 notification given to the client shall be retained in the
2201 client's file and available for agency inspection.

2202 (4) A licensee, with the consent of the client, shall
2203 provide for safekeeping in the facility of the client's personal
2204 effects of a value not in excess of \$1,000 and the client's
2205 funds not in excess of \$500 cash and shall keep complete and
2206 accurate records of the funds and personal effects received. If
2207 a client is absent from a facility for 24 hours or more, the
2208 licensee may provide for safekeeping of the client's personal
2209 effects of a value in excess of \$1,000.

2210 (5) Funds or other property belonging to or due to a

2211 client or expendable for the client's account that are received
 2212 by a licensee shall be regarded as funds held in trust and shall
 2213 be kept separate from the funds and property of the licensee and
 2214 other clients or shall be specifically credited to the client.
 2215 The funds held in trust shall be used or otherwise expended only
 2216 for the account of the client. At least once every month, except
 2217 pursuant to an order of a court of competent jurisdiction, the
 2218 licensee shall furnish the client and, if applicable, the
 2219 client's representative with a complete and verified statement
 2220 of all funds and other property to which this subsection
 2221 applies, detailing the amount and items received, together with
 2222 their sources and disposition. The licensee shall furnish the
 2223 statement annually and upon discharge or transfer of a client. A
 2224 governmental agency or private charitable agency contributing
 2225 funds or other property to the account of a client is also
 2226 entitled to receive a statement monthly and upon the discharge
 2227 or transfer of the client.

2228 (6) (a) In addition to any damages or civil penalties to
 2229 which a person is subject, a person who:

2230 1. Intentionally withholds a client's personal funds,
 2231 personal property, or personal needs allowance;

2232 2. Demands, beneficially receives, or contracts for
 2233 payment of all or any part of a client's personal property or
 2234 personal needs allowance in satisfaction of the facility rate
 2235 for supplies and services; or

2236 3. Borrows from or pledges any personal funds of a client,

2237 other than the amount agreed to by written contract under s.
 2238 429.24,

2239

2240 commits a misdemeanor of the first degree, punishable as
 2241 provided in s. 775.082 or s. 775.083.

2242 (b) A licensee or administrator, or an employee, or
 2243 representative thereof, who is granted power of attorney for a
 2244 client and who misuses or misappropriates funds obtained through
 2245 this power commits a felony of the third degree, punishable as
 2246 provided in s. 775.082, s. 775.083, or s. 775.084.

2247 (7) In the event of the death of a client, a licensee
 2248 shall return all refunds, funds, and property held in trust to
 2249 the client's personal representative, if one has been appointed
 2250 at the time the licensee disburses such funds, or, if not, to
 2251 the client's spouse or adult next of kin named in a beneficiary
 2252 designation form provided by the licensee to the client. If the
 2253 client does not have a spouse or adult next of kin or such
 2254 person cannot be located, funds due to be returned to the client
 2255 shall be placed in an interest-bearing account, and all property
 2256 held in trust by the licensee shall be safeguarded until such
 2257 time as the funds and property are disbursed pursuant to the
 2258 Florida Probate Code. The funds shall be kept separate from the
 2259 funds and property of the licensee and other clients of the
 2260 facility. If the funds of the deceased client are not disbursed
 2261 pursuant to the Florida Probate Code within 2 years after the
 2262 client's death, the funds shall be deposited in the Health Care

2263 Trust Fund administered by the agency.

2264 (8) The agency, by rule, may clarify terms and specify
 2265 procedures and documentation necessary to administer the
 2266 provisions of this section relating to the proper management of
 2267 clients' funds and personal property and the execution of surety
 2268 bonds.

2269 400.9982 Rules establishing standards.—

2270 (1) It is the intent of the Legislature that rules adopted
 2271 and enforced pursuant to this part and part II of chapter 408
 2272 include criteria to ensure reasonable and consistent quality of
 2273 care and client safety. The rules should make reasonable efforts
 2274 to accommodate the needs and preferences of the client to
 2275 enhance the client's quality of life while residing in a
 2276 transitional living facility.

2277 (2) The agency may adopt and enforce rules to implement
 2278 this part and part II of chapter 408, which shall include
 2279 reasonable and fair criteria with respect to:

2280 (a) The location of transitional living facilities.

2281 (b) The qualifications of personnel, including management,
 2282 medical, nursing, and other professional personnel and nursing
 2283 assistants and support staff, who are responsible for client
 2284 care. The licensee must employ enough qualified professional
 2285 staff to carry out and monitor interventions in accordance with
 2286 the stated goals and objectives of each comprehensive treatment
 2287 plan.

2288 (c) Requirements for personnel procedures, reporting

2289 procedures, and documentation necessary to implement this part.

2290 (d) Services provided to clients of transitional living
2291 facilities.

2292 (e) The preparation and annual update of a comprehensive
2293 emergency management plan in consultation with the Division of
2294 Emergency Management. At a minimum, the rules must provide for
2295 plan components that address emergency evacuation
2296 transportation; adequate sheltering arrangements; postdisaster
2297 activities, including provision of emergency power, food, and
2298 water; postdisaster transportation; supplies; staffing;
2299 emergency equipment; individual identification of clients and
2300 transfer of records; communication with families; and responses
2301 to family inquiries.

2302 400.9983 Violations; penalties.—A violation of this part
2303 or any rule adopted pursuant thereto shall be classified
2304 according to the nature of the violation and the gravity of its
2305 probable effect on facility clients. The agency shall indicate
2306 the classification on the written notice of the violation as
2307 follows:

2308 (1) Class "I" violations are defined in s. 408.813. The
2309 agency shall issue a citation regardless of correction and
2310 impose an administrative fine of \$5,000 for an isolated
2311 violation, \$7,500 for a patterned violation, or \$10,000 for a
2312 widespread violation. Violations may be identified, and a fine
2313 must be levied, notwithstanding the correction of the deficiency
2314 giving rise to the violation.

2315 (2) Class "II" violations are defined in s. 408.813. The
2316 agency shall impose an administrative fine of \$1,000 for an
2317 isolated violation, \$2,500 for a patterned violation, or \$5,000
2318 for a widespread violation. A fine must be levied
2319 notwithstanding the correction of the deficiency giving rise to
2320 the violation.

2321 (3) Class "III" violations are defined in s. 408.813. The
2322 agency shall impose an administrative fine of \$500 for an
2323 isolated violation, \$750 for a patterned violation, or \$1,000
2324 for a widespread violation. If a deficiency giving rise to a
2325 class III violation is corrected within the time specified by
2326 the agency, the fine may not be imposed.

2327 (4) Class "IV" violations are defined in s. 408.813. The
2328 agency shall impose an administrative fine of at least \$100 but
2329 not exceeding \$200 for each cited class IV violation. If a
2330 deficiency giving rise to a class IV violation is corrected
2331 within the time specified by the agency, the fine may not be
2332 imposed.

2333 400.9984 Receivership proceedings.—The agency may apply s.
2334 429.22 with regard to receivership proceedings for transitional
2335 living facilities.

2336 400.9985 Interagency communication.—The agency, the
2337 department, the Agency for Persons with Disabilities, and the
2338 Department of Children and Families shall develop electronic
2339 systems to ensure that relevant information pertaining to the
2340 regulation of transitional living facilities and clients is

2341 timely and effectively communicated among agencies in order to
 2342 facilitate the protection of clients. Electronic sharing of
 2343 information shall include, at a minimum, a brain and spinal cord
 2344 injury registry and a client abuse registry.

2345 Section 34. Section 400.805, Florida Statutes, is
 2346 repealed.

2347 Section 35. The title of part V of chapter 400, Florida
 2348 Statutes, consisting of sections 400.701 and 400.801, is
 2349 redesignated as "INTERMEDIATE CARE FACILITIES."

2350 Section 36. Subsection (9) of section 381.745, Florida
 2351 Statutes, is amended to read:

2352 381.745 Definitions; ss. 381.739-381.79.—As used in ss.
 2353 381.739-381.79, the term:

2354 (9) "Transitional living facility" means a state-approved
 2355 facility, ~~as defined and licensed under chapter 400 or chapter~~
 2356 ~~429, or a facility approved by the brain and spinal cord injury~~
 2357 ~~program in accordance with this chapter.~~

2358 Section 37. Section 381.75, Florida Statutes, is amended
 2359 to read:

2360 381.75 Duties and responsibilities of the department, ~~of~~
 2361 ~~transitional living facilities, and of residents.~~—Consistent
 2362 with the mandate of s. 381.7395, the department shall develop
 2363 and administer a multilevel treatment program for individuals
 2364 who sustain brain or spinal cord injuries and who are referred
 2365 to the brain and spinal cord injury program.

2366 (1) Within 15 days after any report of an individual who

2367 has sustained a brain or spinal cord injury, the department
2368 shall notify the individual or the most immediate available
2369 family members of their right to assistance from the state, the
2370 services available, and the eligibility requirements.

2371 (2) The department shall refer individuals who have brain
2372 or spinal cord injuries to other state agencies to ensure ~~assure~~
2373 that rehabilitative services, if desired, are obtained by that
2374 individual.

2375 (3) The department, in consultation with emergency medical
2376 service, shall develop standards for an emergency medical
2377 evacuation system that will ensure that all individuals who
2378 sustain traumatic brain or spinal cord injuries are transported
2379 to a department-approved trauma center that meets the standards
2380 and criteria established by the emergency medical service and
2381 the acute-care standards of the brain and spinal cord injury
2382 program.

2383 (4) The department shall develop standards for designation
2384 of rehabilitation centers to provide rehabilitation services for
2385 individuals who have brain or spinal cord injuries.

2386 (5) The department shall determine the appropriate number
2387 of designated acute-care facilities, inpatient rehabilitation
2388 centers, and outpatient rehabilitation centers, needed based on
2389 incidence, volume of admissions, and other appropriate criteria.

2390 (6) The department shall develop standards for designation
2391 of transitional living facilities to provide transitional living
2392 services for individuals who participate in the brain and spinal

2393 cord injury program ~~the opportunity to adjust to their~~
 2394 ~~disabilities and to develop physical and functional skills in a~~
 2395 ~~supported living environment.~~

2396 ~~(a) The Agency for Health Care Administration, in~~
 2397 ~~consultation with the department, shall develop rules for the~~
 2398 ~~licensure of transitional living facilities for individuals who~~
 2399 ~~have brain or spinal cord injuries.~~

2400 ~~(b) The goal of a transitional living program for~~
 2401 ~~individuals who have brain or spinal cord injuries is to assist~~
 2402 ~~each individual who has such a disability to achieve a higher~~
 2403 ~~level of independent functioning and to enable that person to~~
 2404 ~~reenter the community. The program shall be focused on preparing~~
 2405 ~~participants to return to community living.~~

2406 ~~(c) A transitional living facility for an individual who~~
 2407 ~~has a brain or spinal cord injury shall provide to such~~
 2408 ~~individual, in a residential setting, a goal-oriented treatment~~
 2409 ~~program designed to improve the individual's physical,~~
 2410 ~~cognitive, communicative, behavioral, psychological, and social~~
 2411 ~~functioning, as well as to provide necessary support and~~
 2412 ~~supervision. A transitional living facility shall offer at least~~
 2413 ~~the following therapies: physical, occupational, speech,~~
 2414 ~~neuropsychology, independent living skills training, behavior~~
 2415 ~~analysis for programs serving brain-injured individuals, health~~
 2416 ~~education, and recreation.~~

2417 ~~(d) All residents shall use the transitional living~~
 2418 ~~facility as a temporary measure and not as a permanent home or~~

2419 ~~domicile. The transitional living facility shall develop an~~
2420 ~~initial treatment plan for each resident within 3 days after the~~
2421 ~~resident's admission. The transitional living facility shall~~
2422 ~~develop a comprehensive plan of treatment and a discharge plan~~
2423 ~~for each resident as soon as practical, but no later than 30~~
2424 ~~days after the resident's admission. Each comprehensive~~
2425 ~~treatment plan and discharge plan must be reviewed and updated~~
2426 ~~as necessary, but no less often than quarterly. This subsection~~
2427 ~~does not require the discharge of an individual who continues to~~
2428 ~~require any of the specialized services described in paragraph~~
2429 ~~(c) or who is making measurable progress in accordance with that~~
2430 ~~individual's comprehensive treatment plan. The transitional~~
2431 ~~living facility shall discharge any individual who has an~~
2432 ~~appropriate discharge site and who has achieved the goals of his~~
2433 ~~or her discharge plan or who is no longer making progress toward~~
2434 ~~the goals established in the comprehensive treatment plan and~~
2435 ~~the discharge plan. The discharge location must be the least~~
2436 ~~restrictive environment in which an individual's health, well-~~
2437 ~~being, and safety is preserved.~~

2438 ~~(7) Recipients of services, under this section, from any~~
2439 ~~of the facilities referred to in this section shall pay a fee~~
2440 ~~based on ability to pay.~~

2441 Section 38. Subsection (4) of section 381.78, Florida
2442 Statutes, is amended to read:

2443 381.78 Advisory council on brain and spinal cord
2444 injuries.—

2445 (4) The council shall:

2446 ~~(a)~~ provide advice and expertise to the department in the
2447 preparation, implementation, and periodic review of the brain
2448 and spinal cord injury program.

2449 ~~(b)~~ ~~Annually appoint a five member committee composed of~~
2450 ~~one individual who has a brain injury or has a family member~~
2451 ~~with a brain injury, one individual who has a spinal cord injury~~
2452 ~~or has a family member with a spinal cord injury, and three~~
2453 ~~members who shall be chosen from among these representative~~
2454 ~~groups: physicians, other allied health professionals,~~
2455 ~~administrators of brain and spinal cord injury programs, and~~
2456 ~~representatives from support groups with expertise in areas~~
2457 ~~related to the rehabilitation of individuals who have brain or~~
2458 ~~spinal cord injuries, except that one and only one member of the~~
2459 ~~committee shall be an administrator of a transitional living~~
2460 ~~facility. Membership on the council is not a prerequisite for~~
2461 ~~membership on this committee.~~

2462 ~~1. The committee shall perform onsite visits to those~~
2463 ~~transitional living facilities identified by the Agency for~~
2464 ~~Health Care Administration as being in possible violation of the~~
2465 ~~statutes and rules regulating such facilities. The committee~~
2466 ~~members have the same rights of entry and inspection granted~~
2467 ~~under s. 400.805(4) to designated representatives of the agency.~~

2468 ~~2. Factual findings of the committee resulting from an~~
2469 ~~onsite investigation of a facility pursuant to subparagraph 1.~~
2470 ~~shall be adopted by the agency in developing its administrative~~

2471 ~~response regarding enforcement of statutes and rules regulating~~
 2472 ~~the operation of the facility.~~

2473 ~~3. Onsite investigations by the committee shall be funded~~
 2474 ~~by the Health Care Trust Fund.~~

2475 ~~4. Travel expenses for committee members shall be~~
 2476 ~~reimbursed in accordance with s. 112.061.~~

2477 ~~5. Members of the committee shall recuse themselves from~~
 2478 ~~participating in any investigation that would create a conflict~~
 2479 ~~of interest under state law, and the council shall replace the~~
 2480 ~~member, either temporarily or permanently.~~

2481 Section 39. Subsection (5) of section 400.93, Florida
 2482 Statutes, is amended to read:

2483 400.93 Licensure required; exemptions; unlawful acts;
 2484 penalties.—

2485 (5) The following are exempt from home medical equipment
 2486 provider licensure, unless they have a separate company,
 2487 corporation, or division that is in the business of providing
 2488 home medical equipment and services for sale or rent to
 2489 consumers at their regular or temporary place of residence
 2490 pursuant to the provisions of this part:

2491 (a) Providers operated by the Department of Health or
 2492 Federal Government.

2493 (b) Nursing homes licensed under part II.

2494 (c) Assisted living facilities licensed under chapter 429,
 2495 when serving their residents.

2496 (d) Home health agencies licensed under part III.

2497 (e) Hospices licensed under part IV.

2498 (f) Intermediate care facilities and~~7~~ homes for special
 2499 services~~7~~ and transitional living facilities licensed under part
 2500 V.

2501 (g) Transitional living facilities licensed under part XI.

2502 (h)~~(g)~~ Hospitals and ambulatory surgical centers licensed
 2503 under chapter 395.

2504 (i)~~(h)~~ Manufacturers and wholesale distributors when not
 2505 selling directly to consumers.

2506 (j)~~(i)~~ Licensed health care practitioners who use ~~utilize~~
 2507 home medical equipment in the course of their practice~~7~~ but do
 2508 not sell or rent home medical equipment to their patients.

2509 (k)~~(j)~~ Pharmacies licensed under chapter 465.

2510 Section 40. Subsection (21) of section 408.802, Florida
 2511 Statutes, is amended to read:

2512 408.802 Applicability.—The provisions of this part apply
 2513 to the provision of services that require licensure as defined
 2514 in this part and to the following entities licensed, registered,
 2515 or certified by the agency, as described in chapters 112, 383,
 2516 390, 394, 395, 400, 429, 440, 483, and 765:

2517 (21) Transitional living facilities, as provided under
 2518 part XI ~~7~~ of chapter 400.

2519 Section 41. Subsection (20) of section 408.820, Florida
 2520 Statutes, is amended to read:

2521 408.820 Exemptions.—Except as prescribed in authorizing
 2522 statutes, the following exemptions shall apply to specified

2523 requirements of this part:

2524 (20) Transitional living facilities, as provided under
2525 part XI ~~¶~~ of chapter 400, are exempt from s. 408.810(10).

2526 Section 42. Effective July 1, 2015, a transitional living
2527 facility licensed before the effective date of this act pursuant
2528 to s. 400.805, Florida Statutes, must be licensed under part XI
2529 of chapter 400, Florida Statutes, as created by this act.

2530 Section 43. Section 752.011, Florida Statutes, is created
2531 to read:

2532 752.011 Petition for grandparent visitation of a minor
2533 child.—A grandparent of a minor child whose parents are
2534 deceased, missing, or in a permanent vegetative state, or whose
2535 one parent is deceased, missing, or in a permanent vegetative
2536 state and whose other parent has been convicted of a felony or
2537 an offense of violence, may petition the court for visitation
2538 with the grandchild under this section.

2539 (1) Upon the filing of a petition by a grandparent for
2540 visitation, the court shall hold a preliminary hearing to
2541 determine whether the petitioner has made a prima facie showing
2542 of parental unfitness or significant harm to the child. Absent
2543 such a showing, the court shall dismiss the petition and shall
2544 award reasonable attorney fees and costs to be paid by the
2545 petitioner to the respondent.

2546 (2) If the court finds that there is prima facie evidence
2547 that a parent is unfit or that there is significant harm to the
2548 child, the court shall proceed with a final hearing, may appoint

2549 a guardian ad litem, and shall refer the matter to family
 2550 mediation as provided in s. 752.015.

2551 (3) After conducting a final hearing on the issue of
 2552 visitation, the court may award reasonable visitation to the
 2553 grandparent with respect to the minor child if the court finds
 2554 by clear and convincing evidence that a parent is unfit or that
 2555 there is significant harm to the child, that visitation is in
 2556 the best interest of the minor child, and that the visitation
 2557 will not materially harm the parent-child relationship.

2558 (4) In assessing the best interest of the child under
 2559 subsection (3), the court shall consider the totality of the
 2560 circumstances affecting the mental and emotional well-being of
 2561 the minor child, including:

2562 (a) The love, affection, and other emotional ties existing
 2563 between the minor child and the grandparent, including those
 2564 resulting from the relationship that had been previously allowed
 2565 by the child's parent.

2566 (b) The length and quality of the previous relationship
 2567 between the minor child and the grandparent, including the
 2568 extent to which the grandparent was involved in providing
 2569 regular care and support for the child.

2570 (c) Whether the grandparent established ongoing personal
 2571 contact with the minor child before the death of the parent.

2572 (d) The reasons cited by the surviving parent in ending
 2573 contact or visitation between the minor child and the
 2574 grandparent.

2575 (e) Whether there has been significant and demonstrable
2576 mental or emotional harm to the minor child as a result of the
2577 disruption in the family unit, whether the child derived support
2578 and stability from the grandparent, and whether the continuation
2579 of such support and stability is likely to prevent further harm.

2580 (f) The existence or threat to the minor child of mental
2581 injury as defined in s. 39.01.

2582 (g) The present mental, physical, and emotional health of
2583 the minor child.

2584 (h) The present mental, physical, and emotional health of
2585 the grandparent.

2586 (i) The recommendations of the minor child's guardian ad
2587 litem, if one is appointed.

2588 (j) The result of any psychological evaluation of the
2589 minor child.

2590 (k) The preference of the minor child if the child is
2591 determined to be of sufficient maturity to express a preference.

2592 (l) A written testamentary statement by the deceased
2593 parent regarding visitation with the grandparent. The absence of
2594 a testamentary statement is not deemed to provide evidence that
2595 the deceased parent would have objected to the requested
2596 visitation.

2597 (m) Other factors that the court considers necessary in
2598 making its determination.

2599 (5) In assessing material harm to the parent-child
2600 relationship under subsection (3), the court shall consider the

2601 totality of the circumstances affecting the parent-child
 2602 relationship, including:

2603 (a) Whether there have been previous disputes between the
 2604 grandparent and the parent over childrearing or other matters
 2605 related to the care and upbringing of the minor child.

2606 (b) Whether visitation would materially interfere with or
 2607 compromise parental authority.

2608 (c) Whether visitation can be arranged in a manner that
 2609 does not materially detract from the parent-child relationship,
 2610 including the quantity of time available for enjoyment of the
 2611 parent-child relationship and any other consideration related to
 2612 disruption of the schedule and routine of the parent and the
 2613 minor child.

2614 (d) Whether visitation is being sought for the primary
 2615 purpose of continuing or establishing a relationship with the
 2616 minor child with the intent that the child benefit from the
 2617 relationship.

2618 (e) Whether the requested visitation would expose the
 2619 minor child to conduct, moral standards, experiences, or other
 2620 factors that are inconsistent with influences provided by the
 2621 parent.

2622 (f) The nature of the relationship between the child's
 2623 parent and the grandparent.

2624 (g) The reasons cited by the parent in ending contact or
 2625 visitation between the minor child and the grandparent which was
 2626 previously allowed by the parent.

2627 (h) The psychological toll of visitation disputes on the
 2628 minor child.

2629 (i) Other factors that the court considers necessary in
 2630 making its determination.

2631 (6) Part II of chapter 61 applies to actions brought under
 2632 this section.

2633 (7) If actions under this section and s. 61.13 are pending
 2634 concurrently, the courts are strongly encouraged to consolidate
 2635 the actions in order to minimize the burden of litigation on the
 2636 minor child and the other parties.

2637 (8) An order for grandparent visitation may be modified
 2638 upon a showing by the person petitioning for modification that a
 2639 substantial change in circumstances has occurred and that
 2640 modification of visitation is in the best interest of the minor
 2641 child.

2642 (9) An original action requesting visitation under this
 2643 section may be filed by a grandparent only once during any 2-
 2644 year period, except on good cause shown that the minor child is
 2645 suffering, or may suffer, significant and demonstrable mental or
 2646 emotional harm caused by a parental decision to deny visitation
 2647 between a minor child and the grandparent, which was not known
 2648 to the grandparent at the time of filing an earlier action.

2649 (10) This section does not provide for grandparent
 2650 visitation with a minor child placed for adoption under chapter
 2651 63 except as provided in s. 752.071 with respect to adoption by
 2652 a stepparent or close relative.

2653 (11) Venue shall be in the county where the minor child
 2654 primarily resides, unless venue is otherwise governed by chapter
 2655 39, chapter 61, or chapter 63.

2656 Section 44. Section 752.071, Florida Statutes, is created
 2657 to read:

2658 752.071 Effect of adoption by stepparent or close
 2659 relative.—After the adoption of a minor child by a stepparent or
 2660 close relative, the stepparent or close relative may petition
 2661 the court to terminate an order granting grandparent visitation
 2662 under this chapter which was entered before the adoption. The
 2663 court may terminate the order unless the grandparent is able to
 2664 show that the criteria of s. 752.011 authorizing the visitation
 2665 continue to be satisfied.

2666 Section 45. Section 752.015, Florida Statutes, is amended
 2667 to read:

2668 752.015 Mediation of visitation disputes.—It is ~~shall be~~
 2669 the public policy of this state that families resolve
 2670 differences over grandparent visitation within the family. It is
 2671 ~~shall be~~ the further public policy of this state that, when
 2672 families are unable to resolve differences relating to
 2673 grandparent visitation, that ~~that~~ the family participate in any
 2674 formal or informal mediation services that may be available. If
 2675 ~~When~~ families are unable to resolve differences relating to
 2676 grandparent visitation and a petition is filed pursuant to s.
 2677 752.011 ~~s. 752.01~~, the court shall, if such services are
 2678 available in the circuit, refer the case to family mediation in

2679 accordance with the Florida Family Law Rules of Procedure ~~rules~~
 2680 ~~promulgated by the Supreme Court.~~

2681 Section 46. Section 752.01, Florida Statutes, is repealed.

2682 Section 47. Section 752.07, Florida Statutes, is repealed.

2683 Section 48. Subsection (7) of section 400.474, Florida
 2684 Statutes, is amended to read:

2685 400.474 Administrative penalties.—

2686 (7) A home health agency shall electronically submit to
 2687 the agency, ~~within 15 days after the end of each calendar~~
 2688 ~~quarter,~~ a ~~written~~ report for each 6-month period ending March
 2689 31 and September 30.

2690 (a) Each report must include ~~that includes~~ the following
 2691 data as it ~~they~~ existed on the last day of the reporting period
 2692 ~~quarter:~~

2693 1.(a) The number of insulin-dependent diabetic patients
 2694 who receive insulin-injection services from the home health
 2695 agency.

2696 2.(b) The number of patients who receive both home health
 2697 services from the home health agency and hospice services.

2698 3.(e) The number of patients who receive home health
 2699 services from the home health agency.

2700 4.(d) The name and license number of each nurse whose
 2701 primary job responsibility is to provide home health services to
 2702 patients and who received remuneration from the home health
 2703 agency in excess of \$50,000 ~~\$25,000~~ during the reporting period
 2704 ~~calendar quarter.~~

2705 (b) If the home health agency fails to submit the ~~written~~
2706 ~~quarterly~~ report within 15 days after the end of the applicable
2707 reporting period ~~each calendar quarter~~, the agency ~~for Health~~
2708 ~~Care Administration~~ shall impose a fine of \$200 per day against
2709 the home health agency ~~in the amount of \$200 per day~~ until the
2710 agency ~~for Health Care Administration~~ receives the report,
2711 except that the total fine imposed pursuant to this subsection
2712 may not exceed \$5,000 per reporting period ~~quarter~~. A home
2713 health agency is exempt from submission of the report and the
2714 imposition of the fine if it is not a Medicaid or Medicare
2715 provider ~~or if it does not share a controlling interest with a~~
2716 ~~licensee, as defined in s. 408.803, which bills the Florida~~
2717 ~~Medicaid program or the Medicare program.~~

2718 Section 49. Except as otherwise expressly provided in this
2719 act, this act shall take effect July 1, 2014.