

By Senator Grimsley

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1 A bill to be entitled
2 An act relating to transitional living facilities;
3 creating part XI of ch. 400, F.S.; creating s.
4 400.997, F.S.; providing legislative intent; creating
5 s. 400.9971, F.S.; providing definitions; creating s.
6 400.9972, F.S.; requiring the licensure of
7 transitional living facilities; providing license fees
8 and application requirements; requiring accreditation
9 of licensed facilities; creating s. 400.9973, F.S.;
10 providing requirements for transitional living
11 facility policies and procedures governing client
12 admission, transfer, and discharge; creating s.
13 400.9974, F.S.; requiring a comprehensive treatment
14 plan to be developed for each client; providing plan
15 and staffing requirements; requiring certain consent
16 for continued treatment in a transitional living
17 facility; creating s. 400.9975, F.S.; providing
18 licensee responsibilities with respect to each client
19 and specified others and requiring written notice of
20 such responsibilities to be provided; prohibiting a
21 licensee or employee of a facility from serving notice
22 upon a client to leave the premises or taking other
23 retaliatory action under certain circumstances;
24 requiring the client and client's representative to be
25 provided with certain information; requiring the
26 licensee to develop and implement certain policies and
27 procedures governing the release of client
28 information; creating s. 400.9976, F.S.; providing
29 licensee requirements relating to administration of

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30 medication; requiring maintenance of medication
31 administration records; providing requirements for the
32 self-administration of medication by clients; creating
33 s. 400.9977, F.S.; providing training and supervision
34 requirements for the administration of medications by
35 unlicensed staff; specifying who may conduct the
36 training; requiring licensees to adopt certain
37 policies and procedures and maintain specified records
38 with respect to the administration of medications by
39 unlicensed staff; requiring the Agency for Health Care
40 Administration to adopt rules; creating s. 400.9978,
41 F.S.; providing requirements for the screening of
42 potential employees and training and monitoring of
43 employees for the protection of clients; requiring
44 licensees to implement certain policies and procedures
45 to protect clients; providing conditions for
46 investigating and reporting incidents of abuse,
47 neglect, mistreatment, or exploitation of clients;
48 creating s. 400.9979, F.S.; providing requirements and
49 limitations for the use of physical restraints,
50 seclusion, and chemical restraint medication on
51 clients; providing a limitation on the duration of an
52 emergency treatment order; requiring notification of
53 certain persons when restraint or seclusion is
54 imposed; authorizing the agency to adopt rules;
55 creating s. 400.998, F.S.; providing background
56 screening requirements for licensee personnel;
57 requiring the licensee to maintain certain personnel
58 records; providing administrative responsibilities for

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59 licensees; providing recordkeeping requirements;
60 creating s. 400.9981, F.S.; providing licensee
61 responsibilities with respect to the property and
62 personal affairs of clients; providing requirements
63 for a licensee with respect to obtaining surety bonds;
64 providing recordkeeping requirements relating to the
65 safekeeping of personal effects; providing
66 requirements for trust funds or other property
67 received by a licensee and credited to the client;
68 providing a penalty for certain misuse of a client's
69 personal funds, property, or personal needs allowance;
70 providing criminal penalties for violations; providing
71 for the disposition of property in the event of the
72 death of a client; authorizing the agency to adopt
73 rules; creating s. 400.9982, F.S.; providing
74 legislative intent; authorizing the agency to adopt
75 and enforce rules establishing specified standards for
76 transitional living facilities and personnel thereof;
77 creating s. 400.9983, F.S.; classifying certain
78 violations and providing penalties therefor; providing
79 administrative fines for specified classes of
80 violations; creating s. 400.9984, F.S.; authorizing
81 the agency to apply certain provisions with regard to
82 receivership proceedings; creating s. 400.9985, F.S.;
83 requiring the agency, the Department of Health, the
84 Agency for Persons with Disabilities, and the
85 Department of Children and Families to develop
86 electronic information systems for certain purposes;
87 transferring and renumbering s. 400.805, F.S., as s.

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88 400.9986, F.S.; repealing s. 400.9986, F.S., relating
89 to transitional living facilities, on a specified
90 date; revising the title of part V of ch. 400, F.S.;
91 amending s. 381.745, F.S.; revising the definition of
92 the term "transitional living facility," to conform to
93 changes made by the act; amending s. 381.75, F.S.;
94 revising the duties of the Department of Health and
95 the agency relating to transitional living facilities;
96 amending ss. 381.78, 400.93, 408.802, and 408.820,
97 F.S.; conforming provisions to changes made by the
98 act; reenacting s. 381.79(1), F.S., to incorporate the
99 amendment made by this act to s. 381.75, F.S., in a
100 reference thereto; providing for the act's
101 applicability to licensed transitional living
102 facilities licensed on specified dates; providing
103 effective dates.

104
105 Be It Enacted by the Legislature of the State of Florida:

106
107 Section 1. Part XI of chapter 400, Florida Statutes,
108 consisting of sections 400.997 through 400.9986, is created to
109 read:

110 PART XI

111 TRANSITIONAL LIVING FACILITIES

112 400.997 Legislative intent.—It is the intent of the
113 Legislature to provide for the licensure of transitional living
114 facilities and require the development, establishment, and
115 enforcement of basic standards by the Agency for Health Care
116 Administration to ensure quality of care and services to clients

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117 in transitional living facilities. It is the policy of the state
118 that the least restrictive appropriate available treatment be
119 used based on the individual needs and best interest of the
120 client, consistent with optimum improvement of the client's
121 condition. The goal of a transitional living program for persons
122 who have brain or spinal cord injuries is to assist each person
123 who has such an injury to achieve a higher level of independent
124 functioning and to enable the person to reenter the community.
125 It is also the policy of the state that the restraint or
126 seclusion of a client is justified only as an emergency safety
127 measure used in response to danger to the client or others. It
128 is therefore the intent of the Legislature to achieve an ongoing
129 reduction in the use of restraint or seclusion in programs and
130 facilities that serve persons who have brain or spinal cord
131 injuries.

132 400.9971 Definitions.—As used in this part, the term:

133 (1) "Agency" means the Agency for Health Care
134 Administration.

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

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

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

143 (5) "Physical restraint" means a manual method to restrict
144 freedom of movement of or normal access to a person's body, or a
145 physical or mechanical device, material, or equipment attached

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146 or adjacent to the person's body that the person cannot easily
147 remove and that restricts freedom of movement of or normal
148 access to the person's body, including, but not limited to, a
149 half-bed rail, a full-bed rail, a geriatric chair, or a Posey
150 restraint. The term includes any device that is not specifically
151 manufactured as a restraint but is altered, arranged, or
152 otherwise used for this purpose. The term does not include
153 bandage material used for the purpose of binding a wound or
154 injury.

155 (6) "Seclusion" means the physical segregation of a person
156 in any fashion or the involuntary isolation of a person in a
157 room or area from which the person is prevented from leaving.
158 Such prevention may be accomplished by imposition of a physical
159 barrier or by action of a staff member to prevent the person
160 from leaving the room or area. For purposes of this part, the
161 term does not mean isolation due to a person's medical condition
162 or symptoms.

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

168 400.9972 License required; fee; application.-

169 (1) The requirements of part II of chapter 408 apply to the
170 provision of services that require licensure pursuant to this
171 part and part II of chapter 408 and to entities licensed by or
172 applying for licensure from the agency pursuant to this part. A
173 license issued by the agency is required for the operation of a
174 transitional living facility in this state. However, this part

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175 does not require a provider licensed by the agency to obtain a
176 separate transitional living facility license to serve persons
177 who have brain or spinal cord injuries as long as the services
178 provided are within the scope of the provider's license.

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

184 (3) An applicant for licensure must provide:

185 (a) The location of the facility for which the license is
186 sought and documentation, signed by the appropriate local
187 government official, which states that the applicant has met
188 local zoning requirements.

189 (b) Proof of liability insurance as provided in s.
190 624.605(1)(b).

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

194 (d) Proof that the facility has received a satisfactory
195 firesafety inspection.

196 (e) Documentation that the facility has received a
197 satisfactory sanitation inspection by the county health
198 department.

199 (4) The applicant's proposed facility must attain and
200 continuously maintain accreditation by an accrediting
201 organization that specializes in evaluating rehabilitation
202 facilities whose standards incorporate licensure regulations
203 comparable to those required by the state. An applicant for

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204 licensure as a transitional living facility must acquire
205 accreditation within 12 months after issuance of an initial
206 license. The agency shall accept the accreditation survey report
207 of the accrediting organization in lieu of conducting a
208 licensure inspection if the standards included in the survey
209 report are determined by the agency to document that the
210 facility substantially complies with state licensure
211 requirements. Within 10 days after receiving the accreditation
212 survey report, the applicant shall submit to the agency a copy
213 of the report and evidence of the accreditation decision as a
214 result of the report. The agency may conduct an inspection of a
215 transitional living facility to ensure compliance with the
216 licensure requirements of this part, to validate the inspection
217 process of the accrediting organization, to respond to licensure
218 complaints, or to protect the public health and safety.

219 400.9973 Client admission, transfer, and discharge.-

220 (1) A transitional living facility shall have written
221 policies and procedures governing the admission, transfer, and
222 discharge of clients.

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

226 (3) To be admitted to a transitional living facility, an
227 individual must have an acquired internal or external injury to
228 the skull, the brain, or the brain's covering, caused by a
229 traumatic or nontraumatic event, which produces an altered state
230 of consciousness, or a spinal cord injury, such as a lesion to
231 the spinal cord or cauda equina syndrome, with evidence of
232 significant involvement of at least two of the following

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- 233 deficits or dysfunctions:
- 234 (a) A motor deficit.
- 235 (b) A sensory deficit.
- 236 (c) A cognitive deficit.
- 237 (d) A behavioral deficit.
- 238 (e) Bowel and bladder dysfunction.
- 239 (4) A client whose medical condition and diagnosis do not
- 240 positively identify a cause of the client's condition, whose
- 241 symptoms are inconsistent with the known cause of injury, or
- 242 whose recovery is inconsistent with the known medical condition
- 243 may be admitted to a transitional living facility for evaluation
- 244 for a period not to exceed 90 days.
- 245 (5) A client admitted to a transitional living facility
- 246 must be admitted upon prescription by a licensed physician,
- 247 physician assistant, or advanced registered nurse practitioner
- 248 and must remain under the care of a licensed physician,
- 249 physician assistant, or advanced registered nurse practitioner
- 250 for the duration of the client's stay in the facility.
- 251 (6) A transitional living facility may not admit a person
- 252 whose primary admitting diagnosis is mental illness or an
- 253 intellectual or developmental disability.
- 254 (7) A person may not be admitted to a transitional living
- 255 facility if the person:
- 256 (a) Presents significant risk of infection to other clients
- 257 or personnel. A health care practitioner must provide
- 258 documentation that the person is free of apparent signs and
- 259 symptoms of communicable disease;
- 260 (b) Is a danger to himself or herself or others as
- 261 determined by a physician, physician assistant, or advanced

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262 registered nurse practitioner or a mental health practitioner
263 licensed under chapter 490 or chapter 491, unless the facility
264 provides adequate staffing and support to ensure patient safety;

265 (c) Is bedridden; or

266 (d) Requires 24-hour nursing supervision.

267 (8) If the client meets the admission criteria, the medical
268 or nursing director of the facility must complete an initial
269 evaluation of the client's functional skills, behavioral status,
270 cognitive status, educational or vocational potential, medical
271 status, psychosocial status, sensorimotor capacity, and other
272 related skills and abilities within the first 72 hours after the
273 client's admission to the facility. An initial comprehensive
274 treatment plan that delineates services to be provided and
275 appropriate sources for such services must be implemented within
276 the first 4 days after admission.

277 (9) A transitional living facility shall develop a
278 discharge plan for each client before or upon admission to the
279 facility. The discharge plan must identify the intended
280 discharge site and possible alternative discharge sites. For
281 each discharge site identified, the discharge plan must identify
282 the skills, behaviors, and other conditions that the client must
283 achieve to be eligible for discharge. A discharge plan must be
284 reviewed and updated as necessary but at least once monthly.

285 (10) A transitional living facility shall discharge a
286 client as soon as practicable when the client no longer requires
287 the specialized services described in s. 400.9971(7), when the
288 client is not making measurable progress in accordance with the
289 client's comprehensive treatment plan, or when the transitional
290 living facility is no longer the most appropriate and least

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291 restrictive treatment option.

292 (11) A transitional living facility shall provide at least
293 30 days' notice to a client of transfer or discharge plans,
294 including the location of an acceptable transfer location if the
295 client is unable to live independently. This subsection does not
296 apply if a client voluntarily terminates residency.

297 400.9974 Client comprehensive treatment plans; client
298 services.-

299 (1) A transitional living facility shall develop a
300 comprehensive treatment plan for each client as soon as
301 practicable but no later than 30 days after the initial
302 comprehensive treatment plan is developed. The comprehensive
303 treatment plan must be developed by an interdisciplinary team
304 consisting of the case manager, the program director, the
305 advanced registered nurse practitioner, and appropriate
306 therapists. The client or, if appropriate, the client's
307 representative must be included in developing the comprehensive
308 treatment plan. The comprehensive treatment plan must be
309 reviewed and updated if the client fails to meet projected
310 improvements outlined in the plan or if a significant change in
311 the client's condition occurs. The comprehensive treatment plan
312 must be reviewed and updated at least once monthly.

313 (2) The comprehensive treatment plan must include:

314 (a) Orders obtained from the physician, physician
315 assistant, or advanced registered nurse practitioner and the
316 client's diagnosis, medical history, physical examination, and
317 rehabilitative or restorative needs.

318 (b) A preliminary nursing evaluation, including orders for
319 immediate care provided by the physician, physician assistant,

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320 or advanced registered nurse practitioner, which shall be
321 completed when the client is admitted.

322 (c) A comprehensive, accurate, reproducible, and
323 standardized assessment of the client's functional capability;
324 the treatments designed to achieve skills, behaviors, and other
325 conditions necessary for the client to return to the community;
326 and specific measurable goals.

327 (d) Steps necessary for the client to achieve transition
328 into the community and estimated length of time to achieve those
329 goals.

330 (3) The client or, if appropriate, the client's
331 representative must consent to the continued treatment at the
332 transitional living facility. Consent may be for a period of up
333 to 6 months. If such consent is not given, the transitional
334 living facility shall discharge the client as soon as
335 practicable.

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

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

342 (6) A client must receive a continuous treatment program
343 that includes appropriate, consistent implementation of
344 specialized and general training, treatment, health services,
345 and related services and that is directed toward:

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

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349 (b) The prevention or deceleration of regression or loss of
350 current optimal functional status.

351 (c) The management of behavioral issues that preclude
352 independent functioning in the community.

353 400.9975 Licensee responsibilities.—

354 (1) The licensee shall ensure that each client:

355 (a) Lives in a safe environment free from abuse, neglect,
356 and exploitation.

357 (b) Is treated with consideration and respect and with due
358 recognition of personal dignity, individuality, and the need for
359 privacy.

360 (c) Retains and uses his or her own clothes and other
361 personal property in his or her immediate living quarters to
362 maintain individuality and personal dignity, except when the
363 licensee demonstrates that such retention and use would be
364 unsafe, impractical, or an infringement upon the rights of other
365 clients.

366 (d) Has unrestricted private communication, including
367 receiving and sending unopened correspondence, access to a
368 telephone, and visits with any person of his or her choice. Upon
369 request, the licensee shall modify visiting hours for caregivers
370 and guests. The facility shall restrict communication in
371 accordance with any court order or written instruction of a
372 client's representative. Any restriction on a client's
373 communication for therapeutic reasons shall be documented and
374 reviewed at least weekly and shall be removed as soon as no
375 longer clinically indicated. The basis for the restriction shall
376 be explained to the client and, if applicable, the client's
377 representative. The client shall retain the right to call the

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378 central abuse hotline, the agency, and Disability Rights Florida
379 at any time.

380 (e) Has the opportunity to participate in and benefit from
381 community services and activities to achieve the highest
382 possible level of independence, autonomy, and interaction within
383 the community.

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

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

391 (h) Has the opportunity to exercise civil and religious
392 liberties, including the right to independent personal
393 decisions. However, a religious belief or practice, including
394 attendance at religious services, may not be imposed upon any
395 client.

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

398 (j) Has the opportunity to present grievances and recommend
399 changes in policies, procedures, and services to the staff of
400 the licensee, governing officials, or any other person without
401 restraint, interference, coercion, discrimination, or reprisal.
402 A licensee shall establish a grievance procedure to facilitate a
403 client's ability to present grievances, including a system for
404 investigating, tracking, managing, and responding to complaints
405 by a client or, if applicable, the client's representative and
406 an appeals process. The appeals process must include access to

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407 Disability Rights Florida and other advocates and the right to
408 be a member of, be active in, and associate with advocacy or
409 special interest groups.

410 (2) The licensee shall:

411 (a) Promote participation of the client's representative in
412 the process of providing treatment to the client unless the
413 representative's participation is unobtainable or inappropriate.

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

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

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

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

428 (3) The administrator of a facility shall ensure that a
429 written notice of licensee responsibilities is posted in a
430 prominent place in each building where clients reside and is
431 read or explained to clients who cannot read. This notice shall
432 be provided to clients in a manner that is clearly legible,
433 shall include the statewide toll-free telephone number for
434 reporting complaints to the agency, and shall include the words:
435 "To report a complaint regarding the services you receive,

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436 please call toll-free ...[telephone number]... or Disability
437 Rights Florida ...[telephone number]...." The statewide toll-
438 free telephone number for the central abuse hotline shall be
439 provided to clients in a manner that is clearly legible and
440 shall include the words: "To report abuse, neglect, or
441 exploitation, please call toll-free ...[telephone number]...."
442 The licensee shall ensure a client's access to a telephone where
443 telephone numbers are posted as required by this subsection.

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

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

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

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

456 (6) The licensee must develop and implement policies and
457 procedures governing the release of client information,
458 including consent necessary from the client or, if applicable,
459 the client's representative.

460 400.9976 Administration of medication.-

461 (1) An individual medication administration record must be
462 maintained for each client. A dose of medication, including a
463 self-administered dose, shall be properly recorded in the
464 client's record. A client who self-administers medication shall

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465 be given a pill organizer. Medication must be placed in the pill
466 organizer by a nurse. A nurse shall document the date and time
467 that medication is placed into each client's pill organizer. All
468 medications must be administered in compliance with orders of a
469 physician, physician assistant, or advanced registered nurse
470 practitioner.

471 (2) If an interdisciplinary team determines that self-
472 administration of medication is an appropriate objective, and if
473 the physician, physician assistant, or advanced registered nurse
474 practitioner does not specify otherwise, the client must be
475 instructed by the physician, physician assistant, or advanced
476 registered nurse practitioner to self-administer his or her
477 medication without the assistance of a staff person. All forms
478 of self-administration of medication, including administration
479 orally, by injection, and by suppository, shall be included in
480 the training. The client's physician, physician assistant, or
481 advanced registered nurse practitioner must be informed of the
482 interdisciplinary team's decision that self-administration of
483 medication is an objective for the client. A client may not
484 self-administer medication until he or she demonstrates the
485 competency to take the correct medication in the correct dosage
486 at the correct time, to respond to missed doses, and to contact
487 the appropriate person with questions.

488 (3) Medication administration discrepancies and adverse
489 drug reactions must be recorded and reported immediately to a
490 physician, physician assistant, or advanced registered nurse
491 practitioner.

492 400.9977 Assistance with medication.-

493 (1) Notwithstanding any provision of part I of chapter

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494 464, the Nurse Practice Act, unlicensed direct care services
495 staff who provide services to clients in a facility licensed
496 under this part may administer prescribed, prepackaged, and
497 premeasured medications after the completion of training in
498 medication administration and under the general supervision of a
499 registered nurse as provided under this section and applicable
500 rules.

501 (2) Training required by this section and applicable rules
502 shall be conducted by a registered nurse licensed under chapter
503 464, a physician licensed under chapter 458 or chapter 459, or a
504 pharmacist licensed under chapter 465.

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

507 (a) Develop and implement policies and procedures that
508 include a plan to ensure the safe handling, storage, and
509 administration of prescription medications.

510 (b) Maintain written evidence of the expressed and informed
511 consent for each client.

512 (c) Maintain a copy of the written prescription, including
513 the name of the medication, the dosage, and the administration
514 schedule and termination date.

515 (d) Maintain documentation of compliance with required
516 training.

517 (4) The agency shall adopt rules to implement this section.
518 400.9978 Protection of clients from abuse, neglect,
519 mistreatment, and exploitation.—The licensee shall develop and
520 implement policies and procedures for the screening and training
521 of employees; the protection of clients; and the prevention,
522 identification, investigation, and reporting of abuse, neglect,

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523 mistreatment, and exploitation. The licensee shall identify
524 clients whose personal histories render them at risk for abusing
525 other clients, develop intervention strategies to prevent
526 occurrences of abuse, monitor clients for changes that would
527 trigger abusive behavior, and reassess the interventions on a
528 regular basis. A licensee shall:

529 (1) Screen each potential employee for a history of abuse,
530 neglect, mistreatment, or exploitation of clients. The screening
531 shall include an attempt to obtain information from previous and
532 current employers and verification of screening information by
533 the appropriate licensing boards.

534 (2) Train employees through orientation and ongoing
535 sessions regarding issues related to abuse prohibition
536 practices, including identification of abuse, neglect,
537 mistreatment, and exploitation; appropriate interventions to
538 address aggressive or catastrophic reactions of clients; the
539 process for reporting allegations without fear of reprisal; and
540 recognition of signs of frustration and stress that may lead to
541 abuse.

542 (3) Provide clients, families, and staff with information
543 regarding how and to whom they may report concerns, incidents,
544 and grievances without fear of retribution and provide feedback
545 regarding the concerns that are expressed. A licensee shall
546 identify, correct, and intervene in situations in which abuse,
547 neglect, mistreatment, or exploitation is likely to occur,
548 including:

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

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

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

559 (d) Assessing, monitoring, and planning care for clients
560 with needs and behaviors that might lead to conflict or neglect,
561 such as a history of aggressive behaviors including entering
562 other clients' rooms without permission, exhibiting self-
563 injurious behaviors or communication disorders, requiring
564 intensive nursing care, or being totally dependent on staff.

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

568 (5) Investigate alleged violations and different types of
569 incidents, identify the staff member responsible for initial
570 reporting, and report results to the proper authorities. The
571 licensee shall analyze the incidents to determine whether
572 policies and procedures need to be changed to prevent further
573 incidents and take necessary corrective actions.

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

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

580 400.9979 Restraint and seclusion; client safety.-

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

585 (2) The use of physical restraints must be ordered and
586 documented by a physician, physician assistant, or advanced
587 registered nurse practitioner and must be consistent with the
588 policies and procedures adopted by the facility. The client or,
589 if applicable, the client's representative shall be informed of
590 the facility's physical restraint policies and procedures when
591 the client is admitted.

592 (3) The use of chemical restraints shall be limited to
593 prescribed dosages of medications as ordered by a physician,
594 physician assistant, or advanced registered nurse practitioner
595 and must be consistent with the client's diagnosis and the
596 policies and procedures adopted by the facility. The client and,
597 if applicable, the client's representative shall be informed of
598 the facility's chemical restraint policies and procedures when
599 the client is admitted.

600 (4) Based on the assessment by a physician, physician
601 assistant, or advanced registered nurse practitioner, if a
602 client exhibits symptoms that present an immediate risk of
603 injury or death to himself or herself or others, a physician,
604 physician assistant, or advanced registered nurse practitioner
605 may issue an emergency treatment order to immediately administer
606 rapid-response psychotropic medications or other chemical
607 restraints. Each emergency treatment order must be documented
608 and maintained in the client's record.

609 (a) An emergency treatment order is not effective for more

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610 than 24 hours.

611 (b) Whenever a client is medicated under this subsection,
612 the client's representative or a responsible party and the
613 client's physician, physician assistant, or advanced registered
614 nurse practitioner shall be notified as soon as practicable.

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

620 (a) The continued need for the medication.

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

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

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

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

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

633 (9) A facility shall notify the parent, guardian, or, if
634 applicable, the client's representative when restraint or
635 seclusion is employed. The facility must provide the
636 notification within 24 hours after the restraint or seclusion is
637 employed. Reasonable efforts must be taken to notify the parent,
638 guardian, or, if applicable, the client's representative by

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639 telephone or e-mail, or both, and these efforts must be
640 documented.

641 (10) The agency may adopt rules that establish standards
642 and procedures for the use of restraints, restraint positioning,
643 seclusion, and emergency treatment orders for psychotropic
644 medications, restraint, and seclusion. If rules are adopted, the
645 rules must include duration of restraint, staff training,
646 observation of the client during restraint, and documentation
647 and reporting standards.

648 400.998 Personnel background screening; administration and
649 management procedures.-

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

653 (2) The licensee shall maintain personnel records for each
654 staff member that contain, at a minimum, documentation of
655 background screening, a job description, documentation of
656 compliance with the training requirements of this part and
657 applicable rules, the employment application, references, a copy
658 of each job performance evaluation, and, for each staff member
659 who performs services for which licensure or certification is
660 required, a copy of all licenses or certification held by that
661 staff member.

662 (3) The licensee must:

663 (a) Develop and implement infection control policies and
664 procedures and include the policies and procedures in the
665 licensee's policy manual.

666 (b) Maintain liability insurance as defined in s.
667 624.605(1)(b).

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668 (c) Designate one person as an administrator to be
669 responsible and accountable for the overall management of the
670 facility.

671 (d) Designate in writing a person to be responsible for the
672 facility when the administrator is absent from the facility for
673 more than 24 hours.

674 (e) Designate in writing a program director to be
675 responsible for supervising the therapeutic and behavioral
676 staff, determining the levels of supervision, and determining
677 room placement for each client.

678 (f) Designate in writing a person to be responsible when
679 the program director is absent from the facility for more than
680 24 hours.

681 (g) Obtain approval of the comprehensive emergency
682 management plan, pursuant to s. 400.9982(2)(e), from the local
683 emergency management agency. Pending the approval of the plan,
684 the local emergency management agency shall ensure that the
685 following agencies, at a minimum, are given the opportunity to
686 review the plan: the Department of Health, the Agency for Health
687 Care Administration, and the Division of Emergency Management.
688 Appropriate volunteer organizations shall also be given the
689 opportunity to review the plan. The local emergency management
690 agency shall complete its review within 60 days after receipt of
691 the plan and either approve the plan or advise the licensee of
692 necessary revisions.

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

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

700 2. A record of each accident or unusual incident involving
701 a client or staff member that caused, or had the potential to
702 cause, injury or harm to any person or property within the
703 facility. The record shall contain a clear description of each
704 accident or incident; the names of the persons involved; a
705 description of medical or other services provided to these
706 persons, including the provider of the services; and the steps
707 taken to prevent recurrence of such accident or incident.

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

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

712 400.9981 Property and personal affairs of clients.—

713 (1) A client shall be given the option of using his or her
714 own belongings, as space permits; choosing a roommate if
715 practical and not clinically contraindicated; and, whenever
716 possible, unless the client is adjudicated incompetent or
717 incapacitated under state law, managing his or her own affairs.

718 (2) The admission of a client to a facility and his or her
719 presence therein does not confer on a licensee or administrator,
720 or an employee or representative thereof, any authority to
721 manage, use, or dispose of the property of the client, and the
722 admission or presence of a client does not confer on such person
723 any authority or responsibility for the personal affairs of the
724 client except that which may be necessary for the safe
725 management of the facility or for the safety of the client.

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726 (3) A licensee or administrator, or an employee or
727 representative thereof, may:

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

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

736 (c) Act as the attorney in fact for a client if the
737 licensee files a surety bond with the agency in an amount equal
738 to twice the average monthly income of the client, plus the
739 value of a client's property under the control of the attorney
740 in fact.

741
742 The surety bond required under paragraph (b) or paragraph (c)
743 shall be executed by the licensee as principal and a licensed
744 surety company. The bond shall be conditioned upon the faithful
745 compliance of the licensee with the requirements of licensure
746 and is payable to the agency for the benefit of a client who
747 suffers a financial loss as a result of the misuse or
748 misappropriation of funds held pursuant to this subsection. A
749 surety company that cancels or does not renew the bond of a
750 licensee shall notify the agency in writing at least 30 days
751 before the action, giving the reason for cancellation or
752 nonrenewal. A licensee or administrator, or an employee or
753 representative thereof, who is granted power of attorney for a
754 client of the facility shall, on a monthly basis, notify the

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755 client in writing of any transaction made on behalf of the
756 client pursuant to this subsection, and a copy of the
757 notification given to the client shall be retained in the
758 client's file and available for agency inspection.

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

767 (5) Funds or other property belonging to or due to a client
768 or expendable for the client's account that are received by a
769 licensee shall be regarded as funds held in trust and shall be
770 kept separate from the funds and property of the licensee and
771 other clients or shall be specifically credited to the client.
772 The funds held in trust shall be used or otherwise expended only
773 for the account of the client. At least once every month, except
774 pursuant to an order of a court of competent jurisdiction, the
775 licensee shall furnish the client and, if applicable, the
776 client's representative with a complete and verified statement
777 of all funds and other property to which this subsection
778 applies, detailing the amount and items received, together with
779 their sources and disposition. The licensee shall furnish the
780 statement annually and upon discharge or transfer of a client. A
781 governmental agency or private charitable agency contributing
782 funds or other property to the account of a client is also
783 entitled to receive a statement monthly and upon the discharge

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784 or transfer of the client.

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

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

789 2. Demands, beneficially receives, or contracts for payment
790 of all or any part of a client's personal property or personal
791 needs allowance in satisfaction of the facility rate for
792 supplies and services; or

793 3. Borrows from or pledges any personal funds of a client,
794 other than the amount agreed to by written contract under s.
795 429.24,

796
797 commits a misdemeanor of the first degree, punishable as
798 provided in s. 775.082 or s. 775.083.

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

804 (7) In the event of the death of a client, a licensee shall
805 return all refunds, funds, and property held in trust to the
806 client's personal representative, if one has been appointed at
807 the time the licensee disburses such funds, or, if not, to the
808 client's spouse or adult next of kin named in a beneficiary
809 designation form provided by the licensee to the client. If the
810 client does not have a spouse or adult next of kin or such
811 person cannot be located, funds due to be returned to the client
812 shall be placed in an interest-bearing account, and all property

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813 held in trust by the licensee shall be safeguarded until such
814 time as the funds and property are disbursed pursuant to the
815 Florida Probate Code. The funds shall be kept separate from the
816 funds and property of the licensee and other clients of the
817 facility. If the funds of the deceased client are not disbursed
818 pursuant to the Florida Probate Code within 2 years after the
819 client's death, the funds shall be deposited in the Health Care
820 Trust Fund administered by the agency.

821 (8) The agency, by rule, may clarify terms and specify
822 procedures and documentation necessary to administer the
823 provisions of this section relating to the proper management of
824 clients' funds and personal property and the execution of surety
825 bonds.

826 400.9982 Rules establishing standards.-

827 (1) It is the intent of the Legislature that rules adopted
828 and enforced pursuant to this part and part II of chapter 408
829 include criteria to ensure reasonable and consistent quality of
830 care and client safety. The rules should make reasonable efforts
831 to accommodate the needs and preferences of the client to
832 enhance the client's quality of life while residing in a
833 transitional living facility.

834 (2) The agency may adopt and enforce rules to implement
835 this part and part II of chapter 408, which may include
836 reasonable and fair criteria with respect to:

837 (a) The location of transitional living facilities.

838 (b) The qualifications of personnel, including management,
839 medical, nursing, and other professional personnel and nursing
840 assistants and support staff, who are responsible for client
841 care. The licensee must employ enough qualified professional

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842 staff to carry out and monitor interventions in accordance with
843 the stated goals and objectives of each comprehensive treatment
844 plan.

845 (c) Requirements for personnel procedures, reporting
846 procedures, and documentation necessary to implement this part.

847 (d) Services provided to clients of transitional living
848 facilities.

849 (e) The preparation and annual update of a comprehensive
850 emergency management plan in consultation with the Division of
851 Emergency Management. At a minimum, the rules must provide for
852 plan components that address emergency evacuation
853 transportation; adequate sheltering arrangements; postdisaster
854 activities, including provision of emergency power, food, and
855 water; postdisaster transportation; supplies; staffing;
856 emergency equipment; individual identification of clients and
857 transfer of records; communication with families; and responses
858 to family inquiries.

859 400.9983 Violations; penalties.—A violation of this part or
860 any rule adopted pursuant thereto shall be classified according
861 to the nature of the violation and the gravity of its probable
862 effect on facility clients. The agency shall indicate the
863 classification on the written notice of the violation as
864 follows:

865 (1) Class "I" violations are defined in s. 408.813. The
866 agency shall issue a citation regardless of correction and
867 impose an administrative fine of \$5,000 for an isolated
868 violation, \$7,500 for a patterned violation, or \$10,000 for a
869 widespread violation. Violations may be identified, and a fine
870 must be levied, notwithstanding the correction of the deficiency

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871 giving rise to the violation.

872 (2) Class "II" violations are defined in s. 408.813. The
873 agency shall impose an administrative fine of \$1,000 for an
874 isolated violation, \$2,500 for a patterned violation, or \$5,000
875 for a widespread violation. A fine must be levied
876 notwithstanding the correction of the deficiency giving rise to
877 the violation.

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

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

890 400.9984 Receivership proceedings.—The agency may apply s.
891 429.22 with regard to receivership proceedings for transitional
892 living facilities.

893 400.9985 Interagency communication.—The agency, the
894 department, the Agency for Persons with Disabilities, and the
895 Department of Children and Families shall develop electronic
896 systems to ensure that relevant information pertaining to the
897 regulation of transitional living facilities and clients is
898 timely and effectively communicated among agencies in order to
899 facilitate the protection of clients. Electronic sharing of

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900 information shall include, at a minimum, a brain and spinal cord
901 injury registry and a client abuse registry.

902 Section 2. Section 400.805, Florida Statutes, is
903 transferred and renumbered as s. 400.9986, Florida Statutes.

904 Section 3. Effective July 1, 2016, s. 400.9986, Florida
905 Statutes, is repealed.

906 Section 4. The title of part V of chapter 400, Florida
907 Statutes, consisting of sections 400.701 and 400.801, is
908 redesignated as "INTERMEDIATE CARE FACILITIES."

909 Section 5. Subsection (9) of section 381.745, Florida
910 Statutes, is amended to read:

911 381.745 Definitions; ss. 381.739-381.79.—As used in ss.
912 381.739-381.79, the term:

913 (9) "Transitional living facility" means a state-approved
914 facility, ~~as defined and licensed under chapter 400 or chapter~~
915 ~~429, or a facility approved by the brain and spinal cord injury~~
916 ~~program in accordance with this chapter.~~

917 Section 6. Section 381.75, Florida Statutes, is amended to
918 read:

919 381.75 Duties and responsibilities of the department, ~~of~~
920 ~~transitional living facilities, and of residents.~~—Consistent
921 with the mandate of s. 381.7395, the department shall develop
922 and administer a multilevel treatment program for individuals
923 who sustain brain or spinal cord injuries and who are referred
924 to the brain and spinal cord injury program.

925 (1) Within 15 days after any report of an individual who
926 has sustained a brain or spinal cord injury, the department
927 shall notify the individual or the most immediate available
928 family members of their right to assistance from the state, the

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929 services available, and the eligibility requirements.

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

934 (3) The department, in consultation with emergency medical
935 service, shall develop standards for an emergency medical
936 evacuation system that will ensure that all individuals who
937 sustain traumatic brain or spinal cord injuries are transported
938 to a department-approved trauma center that meets the standards
939 and criteria established by the emergency medical service and
940 the acute-care standards of the brain and spinal cord injury
941 program.

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

945 (5) The department shall determine the appropriate number
946 of designated acute-care facilities, inpatient rehabilitation
947 centers, and outpatient rehabilitation centers, needed based on
948 incidence, volume of admissions, and other appropriate criteria.

949 (6) The department shall develop standards for designation
950 of transitional living facilities to provide transitional living
951 services for individuals who participate in the brain and spinal
952 cord injury program ~~the opportunity to adjust to their~~
953 ~~disabilities and to develop physical and functional skills in a~~
954 ~~supported living environment.~~

955 ~~(a) The Agency for Health Care Administration, in~~
956 ~~consultation with the department, shall develop rules for the~~
957 ~~licensure of transitional living facilities for individuals who~~

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958 ~~have brain or spinal cord injuries.~~

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

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

976 ~~(d) All residents shall use the transitional living~~
977 ~~facility as a temporary measure and not as a permanent home or~~
978 ~~domicile. The transitional living facility shall develop an~~
979 ~~initial treatment plan for each resident within 3 days after the~~
980 ~~resident's admission. The transitional living facility shall~~
981 ~~develop a comprehensive plan of treatment and a discharge plan~~
982 ~~for each resident as soon as practical, but no later than 30~~
983 ~~days after the resident's admission. Each comprehensive~~
984 ~~treatment plan and discharge plan must be reviewed and updated~~
985 ~~as necessary, but no less often than quarterly. This subsection~~
986 ~~does not require the discharge of an individual who continues to~~

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987 ~~require any of the specialized services described in paragraph~~
988 ~~(c) or who is making measurable progress in accordance with that~~
989 ~~individual's comprehensive treatment plan. The transitional~~
990 ~~living facility shall discharge any individual who has an~~
991 ~~appropriate discharge site and who has achieved the goals of his~~
992 ~~or her discharge plan or who is no longer making progress toward~~
993 ~~the goals established in the comprehensive treatment plan and~~
994 ~~the discharge plan. The discharge location must be the least~~
995 ~~restrictive environment in which an individual's health, well-~~
996 ~~being, and safety is preserved.~~

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

1000 Section 7. Subsection (4) of section 381.78, Florida
1001 Statutes, is amended to read:

1002 381.78 Advisory council on brain and spinal cord injuries.-

1003 (4) The council shall:

1004 ~~(a)~~ provide advice and expertise to the department in the
1005 preparation, implementation, and periodic review of the brain
1006 and spinal cord injury program.

1007 ~~(b) Annually appoint a five-member committee composed of~~
1008 ~~one individual who has a brain injury or has a family member~~
1009 ~~with a brain injury, one individual who has a spinal cord injury~~
1010 ~~or has a family member with a spinal cord injury, and three~~
1011 ~~members who shall be chosen from among these representative~~
1012 ~~groups: physicians, other allied health professionals,~~
1013 ~~administrators of brain and spinal cord injury programs, and~~
1014 ~~representatives from support groups with expertise in areas~~
1015 ~~related to the rehabilitation of individuals who have brain or~~

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1016 ~~spinal cord injuries, except that one and only one member of the~~
1017 ~~committee shall be an administrator of a transitional living~~
1018 ~~facility. Membership on the council is not a prerequisite for~~
1019 ~~membership on this committee.~~

1020 ~~1. The committee shall perform onsite visits to those~~
1021 ~~transitional living facilities identified by the Agency for~~
1022 ~~Health Care Administration as being in possible violation of the~~
1023 ~~statutes and rules regulating such facilities. The committee~~
1024 ~~members have the same rights of entry and inspection granted~~
1025 ~~under s. 400.805(4) to designated representatives of the agency.~~

1026 ~~2. Factual findings of the committee resulting from an~~
1027 ~~onsite investigation of a facility pursuant to subparagraph 1.~~
1028 ~~shall be adopted by the agency in developing its administrative~~
1029 ~~response regarding enforcement of statutes and rules regulating~~
1030 ~~the operation of the facility.~~

1031 ~~3. Onsite investigations by the committee shall be funded~~
1032 ~~by the Health Care Trust Fund.~~

1033 ~~4. Travel expenses for committee members shall be~~
1034 ~~reimbursed in accordance with s. 112.061.~~

1035 ~~5. Members of the committee shall recuse themselves from~~
1036 ~~participating in any investigation that would create a conflict~~
1037 ~~of interest under state law, and the council shall replace the~~
1038 ~~member, either temporarily or permanently.~~

1039 Section 8. Subsection (5) of section 400.93, Florida
1040 Statutes, is amended to read:

1041 400.93 Licensure required; exemptions; unlawful acts;
1042 penalties.—

1043 (5) The following are exempt from home medical equipment
1044 provider licensure, unless they have a separate company,

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1045 corporation, or division that is in the business of providing
1046 home medical equipment and services for sale or rent to
1047 consumers at their regular or temporary place of residence
1048 pursuant to the provisions of this part:

1049 (a) Providers operated by the Department of Health or
1050 Federal Government.

1051 (b) Nursing homes licensed under part II.

1052 (c) Assisted living facilities licensed under chapter 429,
1053 when serving their residents.

1054 (d) Home health agencies licensed under part III.

1055 (e) Hospices licensed under part IV.

1056 (f) Intermediate care facilities and homes for special
1057 services, ~~and transitional living facilities~~ licensed under part
1058 V.

1059 (g) Transitional living facilities licensed under part XI.

1060 (h) ~~(g)~~ Hospitals and ambulatory surgical centers licensed
1061 under chapter 395.

1062 (i) ~~(h)~~ Manufacturers and wholesale distributors when not
1063 selling directly to consumers.

1064 (j) ~~(i)~~ Licensed health care practitioners who use ~~utilize~~
1065 home medical equipment in the course of their practice, but do
1066 not sell or rent home medical equipment to their patients.

1067 (k) ~~(j)~~ Pharmacies licensed under chapter 465.

1068 Section 9. Subsection (21) of section 408.802, Florida
1069 Statutes, is amended to read:

1070 408.802 Applicability.—The provisions of this part apply to
1071 the provision of services that require licensure as defined in
1072 this part and to the following entities licensed, registered, or
1073 certified by the agency, as described in chapters 112, 383, 390,

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1074 394, 395, 400, 429, 440, 483, and 765:

1075 (21) Transitional living facilities, as provided under part
1076 XI ~~∅~~ of chapter 400.

1077 Section 10. Subsection (20) of section 408.820, Florida
1078 Statutes, is amended to read:

1079 408.820 Exemptions.—Except as prescribed in authorizing
1080 statutes, the following exemptions shall apply to specified
1081 requirements of this part:

1082 (20) Transitional living facilities, as provided under part
1083 XI ~~∅~~ of chapter 400, are exempt from s. 408.810(10).

1084 Section 11. Subsection (1) of s. 381.79 is reenacted for
1085 the purpose of incorporating the amendment made by this act to
1086 s. 381.75, Florida Statutes, in a reference thereto.

1087 Section 12. (1) A transitional living facility that is
1088 licensed under s. 400.805, Florida Statutes, on June 30, 2015,
1089 must be licensed under and in compliance with s. 400.9986,
1090 Florida Statutes, until the licensee becomes licensed under and
1091 in compliance with part XI of ch. 400, Florida Statutes, as
1092 created by this act. Such licensees must be licensed under and
1093 in compliance with part XI of chapter 400, Florida Statutes, as
1094 created by this act, on or before July 1, 2016.

1095 (2) A transitional living facility that is licensed on or
1096 after July 1, 2015, must be licensed under and in compliance
1097 with part XI of ch. 400, Florida Statutes, as created by this
1098 act.

1099 Section 13. Except as otherwise expressly provided in this
1100 act, this act shall take effect July 1, 2015.