

By the Committee on Children, Families, and Elder Affairs; and  
Senator Harrell

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1                   A bill to be entitled  
2           An act relating to assisted living facilities;  
3           amending s. 429.02, F.S.; defining and redefining  
4           terms; amending s. 429.11, F.S.; prohibiting a county  
5           or municipality from issuing a business tax receipt,  
6           rather than an occupational license, to an assisted  
7           living facility under certain circumstances; amending  
8           s. 429.176, F.S.; amending educational requirements  
9           for an administrator who is replacing another  
10          administrator; amending s. 429.23, F.S.; requiring a  
11          facility to initiate an investigation of an adverse  
12          incident within 24 hours and provide a report of such  
13          investigation to the Agency for Health Care  
14          Administration within 15 days; amending s. 429.255,  
15          F.S.; authorizing a facility resident or his or her  
16          representative to contract with a third party under  
17          certain circumstances; amending s. 429.256, F.S.;  
18          requiring a person assisting with a resident's self-  
19          administration of medication to confirm that the  
20          medication is intended for that resident and to orally  
21          advise the resident of the medication name and  
22          purpose; amending s. 429.26, F.S.; including medical  
23          examinations within criteria used for admission to an  
24          assisted living facility; providing specified criteria  
25          for determinations of appropriateness for admission  
26          and continued residency at an assisted living  
27          facility; defining the term "bedridden"; requiring  
28          that a resident receive a medical examination within a  
29          specified timeframe after admission to a facility;

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30 requiring that such examination be recorded on a  
31 specified form; providing minimum requirements for  
32 such form; revising provisions relating to the  
33 placement of residents by the Department of Elderly  
34 Affairs or the Department of Children and Families;  
35 requiring a facility to notify a resident's  
36 representative or designee of the need for health care  
37 services and to assist in making appointments for such  
38 care and services under certain circumstances;  
39 removing provisions relating to the retention of  
40 certain residents in a facility; amending s. 429.28,  
41 F.S.; revising residents' rights relating to a safe  
42 and secure living environment; amending s. 429.41,  
43 F.S.; removing provisions relating to firesafety  
44 requirements; removing an obsolete provision;  
45 requiring, rather than authorizing, the Agency for  
46 Health Care Administration to use an abbreviated  
47 biennial standard licensure inspection; revising the  
48 criteria under which a facility must be fully  
49 inspected; revising provisions requiring the agency to  
50 develop key quality-of-care standards; creating s.  
51 429.435, F.S.; revising uniform firesafety standards  
52 for assisted living facilities, which are relocated to  
53 this section; amending s. 429.52, F.S.; revising  
54 provisions relating to facility staff training  
55 requirements; requiring the Department of Elderly  
56 Affairs to establish core training requirements for  
57 facility administrators; revising the training and  
58 continuing education requirements for facility staff

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59 who assist residents with the self-administration of  
60 medications; revising provisions relating to the  
61 training responsibilities of the Department of Elderly  
62 Affairs and the Agency for Health Care Administration;  
63 requiring the Department of Elderly Affairs to  
64 contract with another entity to administer the  
65 competency test; requiring the department to adopt a  
66 curriculum outline to be used by core trainers;  
67 amending s. 429.07, F.S.; conforming a cross-  
68 reference; providing an effective date.

69  
70 Be It Enacted by the Legislature of the State of Florida:

71  
72 Section 1. Present subsections (6) through (27) of section  
73 429.02, Florida Statutes, are redesignated as subsections (7)  
74 through (28), respectively, present subsections (13), (18), and  
75 (27) of that section are amended, and a new subsection (6) is  
76 added to that section, to read:

77 429.02 Definitions.—When used in this part, the term:

78 (6) "Assistive device" means any device designed or adapted  
79 to help a resident perform an action, a task, an activity of  
80 daily living, or a transfer; prevent a fall; or recover from a  
81 fall. The term does not include a total body lift or a motorized  
82 sit-to-stand lift, with the exception of a chair lift or  
83 recliner lift that a resident is able to operate independently.

84 (14)~~(13)~~ "Limited nursing services" means acts that may be  
85 performed by a person licensed under part I of chapter 464.  
86 Limited nursing services shall be for persons who meet the  
87 admission criteria ~~established by the department~~ for assisted

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88 living facilities and shall not be complex enough to require 24-  
89 hour nursing supervision and may include such services as the  
90 application and care of routine dressings, and care of casts,  
91 braces, and splints.

92 (19)~~(18)~~ "Physical restraint" means a device that ~~which~~  
93 physically limits, restricts, or deprives an individual of  
94 movement or mobility, including, ~~but not limited to, a half-bed~~  
95 ~~rail, a full-bed rail, a geriatric chair, and a posey restraint.~~  
96 ~~The term "physical restraint" shall also include any device that~~  
97 is ~~which was~~ not specifically manufactured as a restraint but is  
98 ~~which has been~~ altered, arranged, or otherwise used for that  
99 ~~this~~ purpose. The term does ~~shall~~ not include any device that  
100 the resident chooses to use and is able to remove or avoid  
101 independently, or any bandage material used for the purpose of  
102 binding a wound or injury.

103 (27) "Twenty-four-hour nursing supervision" means services  
104 that are ordered by a physician for a resident whose condition  
105 requires the supervision of a physician and continued monitoring  
106 of vital signs and physical status. Such services shall be:  
107 medically complex enough to require constant supervision,  
108 assessment, planning, or intervention by a nurse; required to be  
109 performed by or under the direct supervision of licensed nursing  
110 personnel or other professional personnel for safe and effective  
111 performance; required on a daily basis; and consistent with the  
112 nature and severity of the resident's condition or the disease  
113 state or stage.

114 Section 2. Subsection (7) of section 429.11, Florida  
115 Statutes, is amended to read:

116 429.11 Initial application for license; provisional

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117 license.-

118 (7) A county or municipality may not issue a business tax  
119 receipt ~~an occupational license~~ that is being obtained for the  
120 purpose of operating a facility regulated under this part  
121 without first ascertaining that the applicant has been licensed  
122 to operate such facility at the specified location or locations  
123 by the agency. The agency shall furnish to local agencies  
124 responsible for issuing business tax receipts ~~occupational~~  
125 ~~licenses~~ sufficient instruction for making such determinations.

126 Section 3. Section 429.176, Florida Statutes, is amended to  
127 read:

128 429.176 Notice of change of administrator.-If, during the  
129 period for which a license is issued, the owner changes  
130 administrators, the owner must notify the agency of the change  
131 within 10 days and provide documentation within 90 days that the  
132 new administrator meets educational requirements and has  
133 completed the applicable core educational and core competency  
134 test requirements under s. 429.52. A facility may not be  
135 operated for more than 120 consecutive days without an  
136 administrator who has completed the core training and core  
137 competency test ~~educational~~ requirements.

138 Section 4. Subsections (3) through (9) of section 429.23,  
139 Florida Statutes, are amended to read:

140 429.23 Internal risk management and quality assurance  
141 program; adverse incidents and reporting requirements.-

142 (3) Licensed facilities shall initiate an investigation  
143 ~~provide~~ within 24 hours after ~~1 business day after~~ the  
144 occurrence of an adverse incident, ~~by electronic mail,~~  
145 ~~facsimile, or United States mail, a preliminary report to the~~

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146 ~~agency on all adverse incidents specified under this section.~~  
147 The facility must complete the investigation and submit a report  
148 to the agency within 15 days after the occurrence of the adverse  
149 incident. The report must include information regarding the  
150 identity of the affected resident, the type of adverse incident,  
151 and the result status of the facility's investigation of the  
152 incident.

153 ~~(4) Licensed facilities shall provide within 15 days, by~~  
154 ~~electronic mail, facsimile, or United States mail, a full report~~  
155 ~~to the agency on all adverse incidents specified in this~~  
156 ~~section. The report must include the results of the facility's~~  
157 ~~investigation into the adverse incident.~~

158 ~~(5) Each facility shall report monthly to the agency any~~  
159 ~~liability claim filed against it. The report must include the~~  
160 ~~name of the resident, the dates of the incident leading to the~~  
161 ~~claim, if applicable, and the type of injury or violation of~~  
162 ~~rights alleged to have occurred. This report is not discoverable~~  
163 ~~in any civil or administrative action, except in such actions~~  
164 ~~brought by the agency to enforce the provisions of this part.~~

165 ~~(4)(6)~~ Abuse, neglect, or exploitation must be reported to  
166 the Department of Children and Families as required under  
167 chapter 415.

168 ~~(5)(7)~~ The information reported to the agency pursuant to  
169 subsection (3) which relates to persons licensed under chapter  
170 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall  
171 be reviewed by the agency. The agency shall determine whether  
172 any of the incidents potentially involved conduct by a health  
173 care professional who is subject to disciplinary action, in  
174 which case the provisions of s. 456.073 apply. The agency may

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175 investigate, as it deems appropriate, any such incident and  
176 prescribe measures that must or may be taken in response to the  
177 incident. The agency shall review each incident and determine  
178 whether it potentially involved conduct by a health care  
179 professional who is subject to disciplinary action, in which  
180 case the provisions of s. 456.073 apply.

181 ~~(6)-(8)~~ If the agency, through its receipt of the adverse  
182 incident report ~~reports~~ prescribed in this part or through any  
183 investigation, has reasonable belief that conduct by a staff  
184 member or employee of a licensed facility is grounds for  
185 disciplinary action by the appropriate board, the agency shall  
186 report this fact to such regulatory board.

187 ~~(7)-(9)~~ The adverse incident report ~~reports and preliminary~~  
188 ~~adverse incident reports~~ required under this section is ~~are~~  
189 confidential as provided by law and are not discoverable or  
190 admissible in any civil or administrative action, except in  
191 disciplinary proceedings by the agency or appropriate regulatory  
192 board.

193 Section 5. Paragraphs (a) and (b) of subsection (1) of  
194 section 429.255, Florida Statutes, are amended, and paragraph  
195 (d) is added to that subsection, to read:

196 429.255 Use of personnel; emergency care.—

197 (1) (a) Persons under contract to the facility, facility  
198 staff, or volunteers, who are licensed according to part I of  
199 chapter 464, or those persons exempt under s. 464.022(1), and  
200 others as defined by rule, may administer medications to  
201 residents, take residents' vital signs, manage individual weekly  
202 pill organizers for residents who self-administer medication,  
203 give prepackaged enemas ordered by a physician, observe

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204 residents, document observations on the appropriate resident's  
205 record, and report observations to the resident's physician, ~~and~~  
206 ~~contract or allow residents or a resident's representative,~~  
207 ~~designee, surrogate, guardian, or attorney in fact to contract~~  
208 ~~with a third party, provided residents meet the criteria for~~  
209 ~~appropriate placement as defined in s. 429.26.~~ Nursing  
210 assistants certified pursuant to part II of chapter 464 may take  
211 residents' vital signs as directed by a licensed nurse or  
212 physician.

213 (b) All staff of ~~in~~ facilities licensed under this part  
214 shall exercise their professional responsibility to observe  
215 residents, to document observations on the appropriate  
216 resident's record, and to report the observations to the  
217 resident's physician. However, the owner or administrator of the  
218 facility shall be responsible for determining that the resident  
219 receiving services is appropriate for residence in the facility.

220 (d) A resident or a resident's representative, designee,  
221 surrogate, guardian, or attorney in fact may contract for  
222 services with a third party, provided the resident meets the  
223 criteria for continued residency as provided in s. 429.26. The  
224 third party must communicate with the facility regarding the  
225 resident's condition and the services being provided. The  
226 facility must document that it received such communication.

227 Section 6. Subsection (2), paragraph (b) of subsection (3),  
228 and paragraphs (e), (f), and (g) of subsection (4) of section  
229 429.256, Florida Statutes, are amended to read:

230 429.256 Assistance with self-administration of medication.—

231 (2) Residents who are capable of self-administering their  
232 own medications without assistance shall be encouraged and



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233 allowed to do so. However, an unlicensed person may, consistent  
234 with a dispensed prescription's label or the package directions  
235 of an over-the-counter medication, assist a resident whose  
236 condition is medically stable with the self-administration of  
237 routine, regularly scheduled medications that are intended to be  
238 self-administered. Assistance with self-medication by an  
239 unlicensed person may occur only upon a documented request by,  
240 and the written informed consent of, a resident or the  
241 resident's surrogate, guardian, or attorney in fact. For the  
242 purposes of this section, self-administered medications include  
243 both legend and over-the-counter oral dosage forms, topical  
244 dosage forms and topical skin, ophthalmic, otic, and nasal  
245 dosage forms, including patches, solutions, suspensions, sprays,  
246 and inhalers.

247 (3) Assistance with self-administration of medication  
248 includes:

249 (b) In the presence of the resident, confirming that the  
250 medication is intended for that resident, orally advising the  
251 resident of the medication name and purpose ~~reading the label,~~  
252 opening the container, removing a prescribed amount of  
253 medication from the container, and closing the container.

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

255 (e) The use of irrigations or debriding agents used in the  
256 treatment of a skin condition.

257 (f) Assisting with rectal, urethral, or vaginal  
258 preparations.

259 (g) Assisting with medications ordered by the physician or  
260 health care professional with prescriptive authority to be given  
261 "as needed," unless the order is written with specific

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262 parameters that preclude independent judgment on the part of the  
263 unlicensed person, and ~~the at the request of a competent~~  
264 resident requesting the medication is aware of his or her need  
265 for the medication and understands the purpose of taking the  
266 medication.

267 Section 7. Section 429.26, Florida Statutes, is amended to  
268 read:

269 429.26 Appropriateness of placements; examinations of  
270 residents.—

271 (1) The owner or administrator of a facility is responsible  
272 for determining the appropriateness of admission of an  
273 individual to the facility and for determining the continued  
274 appropriateness of residence of an individual in the facility. A  
275 determination ~~must shall~~ be based upon an evaluation ~~assessment~~  
276 of the strengths, needs, and preferences of the resident, a  
277 medical examination, the care and services offered or arranged  
278 for by the facility in accordance with facility policy, and any  
279 limitations in law or rule related to admission criteria or  
280 continued residency for the type of license held by the facility  
281 under this part. The following criteria apply to the  
282 determination of appropriateness for residency and continued  
283 residency of an individual in a facility:

284 (a) A facility may admit or retain a resident who receives  
285 a health care service or treatment that is designed to be  
286 provided within a private residential setting if all  
287 requirements for providing that service or treatment are met by  
288 the facility or a third party.

289 (b) A facility may admit or retain a resident who requires  
290 the use of assistive devices.

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291 (c) A facility may admit or retain an individual receiving  
292 hospice services if the arrangement is agreed to by the facility  
293 and the resident, additional care is provided by a licensed  
294 hospice, and the resident is under the care of a physician who  
295 agrees that the physical needs of the resident can be met at the  
296 facility. A facility may not retain a resident who requires 24-  
297 hour nursing supervision, except for a resident who is enrolled  
298 in hospice services pursuant to part IV of chapter 400. The  
299 resident must have a plan of care that delineates how the  
300 facility and the hospice will meet the scheduled and unscheduled  
301 needs of the resident.

302 (d)1. Except as provided in paragraph (c), a facility may  
303 not admit or retain a resident who is bedridden. For purposes of  
304 this paragraph, the term "bedridden" means that a resident is  
305 confined to bed because of the inability to:

306 a. Move, turn, or reposition without total physical  
307 assistance;

308 b. Transfer to a chair or wheelchair without total physical  
309 assistance;

310 c. Sit safely in a chair or wheelchair without personal  
311 assistance or a physical restraint.

312 2. A resident may continue to reside in a facility if,  
313 during residency, he or she is bedridden for no more than 7  
314 consecutive days.

315 3. If a facility is licensed to provide extended congregate  
316 care, a resident may continue to reside in a facility if, during  
317 residency, he or she is bedridden for no more than 14  
318 consecutive days.

319 (2) A resident may not be moved from one facility to

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320 another without consultation with and agreement from the  
321 resident or, if applicable, the resident's representative or  
322 designee or the resident's family, guardian, surrogate, or  
323 attorney in fact. In the case of a resident who has been placed  
324 by the department or the Department of Children and Families,  
325 the administrator must notify the appropriate contact person in  
326 the applicable department.

327 (3)~~(2)~~ A physician, physician assistant, or advanced  
328 practice registered nurse ~~practitioner~~ who is employed by an  
329 assisted living facility to provide an initial examination for  
330 admission purposes may not have financial interest in the  
331 facility.

332 (4)~~(3)~~ Persons licensed under part I of chapter 464 who are  
333 employed by or under contract with a facility shall, on a  
334 routine basis or at least monthly, perform a nursing assessment  
335 of the residents for whom they are providing nursing services  
336 ordered by a physician, except administration of medication, and  
337 shall document such assessment, including any substantial  
338 changes in a resident's status which may necessitate relocation  
339 to a nursing home, hospital, or specialized health care  
340 facility. Such records shall be maintained in the facility for  
341 inspection by the agency and shall be forwarded to the  
342 resident's case manager, if applicable.

343 (5)~~(4)~~ ~~If possible,~~ Each resident must ~~shall~~ have been  
344 examined by a licensed physician, a licensed physician  
345 assistant, or a licensed advanced practice registered nurse  
346 ~~practitioner~~ within 60 days before admission to the facility or  
347 within 30 days after admission to the facility, except as  
348 provided in s. 429.07. The information from the medical

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349 examination must be recorded on the practitioner's form or on a  
350 form adopted by agency rule. The ~~signed and completed~~ medical  
351 examination form, signed by the practitioner, must ~~report~~ shall  
352 be submitted to the owner or administrator of the facility, who  
353 shall use the information contained therein to assist in the  
354 determination of the appropriateness of the resident's admission  
355 to or ~~and~~ continued stay in the facility. The medical  
356 examination form becomes ~~report~~ shall become a permanent part of  
357 the facility's record of the resident ~~at the facility~~ and must  
358 ~~shall~~ be made available to the agency during inspection or upon  
359 request. An assessment that has been completed through the  
360 Comprehensive Assessment and Review for Long-Term Care Services  
361 (CARES) Program fulfills the requirements for a medical  
362 examination under this subsection and s. 429.07(3)(b)6.

363 (6) The medical examination form submitted under subsection  
364 (5) must include the following information relating to the  
365 resident:

366 (a) Height, weight, and known allergies.

367 (b) Significant medical history and diagnoses.

368 (c) Physical or sensory limitations, including the need for  
369 fall precautions or recommended use of assistive devices.

370 (d) Cognitive or behavioral status and a brief description  
371 of any behavioral issues known or ascertained by the examining  
372 practitioner, including any known history of wandering or  
373 elopement.

374 (e) Nursing, treatment, or therapy service requirements.

375 (f) Whether assistance is needed for ambulating, eating,  
376 and transferring.

377 (g) Special dietary instructions.

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378 (h) Whether he or she has any communicable diseases,  
379 including necessary precautions.

380 (i) Whether he or she is bedridden and the status of any  
381 pressure sores that he or she has.

382 (j) Whether the resident needs 24-hour nursing or  
383 psychiatric care.

384 (k) A list of current prescribed medications as known or  
385 ascertained by the examining practitioner and whether the  
386 resident can self-administer medications, needs assistance, or  
387 needs medication administration.

388 ~~(5) Except as provided in s. 429.07, if a medical~~  
389 ~~examination has not been completed within 60 days before the~~  
390 ~~admission of the resident to the facility, a licensed physician,~~  
391 ~~licensed physician assistant, or licensed nurse practitioner~~  
392 ~~shall examine the resident and complete a medical examination~~  
393 ~~form provided by the agency within 30 days following the~~  
394 ~~admission to the facility to enable the facility owner or~~  
395 ~~administrator to determine the appropriateness of the admission.~~  
396 ~~The medical examination form shall become a permanent part of~~  
397 ~~the record of the resident at the facility and shall be made~~  
398 ~~available to the agency during inspection by the agency or upon~~  
399 ~~request.~~

400 (7) ~~(6)~~ Any resident accepted in a facility and placed by  
401 ~~the department or~~ the Department of Children and Families must  
402 ~~shall~~ have been examined by medical personnel within 30 days  
403 before placement in the facility. The examination must ~~shall~~  
404 include an assessment of the appropriateness of placement in a  
405 facility. The findings of this examination must ~~shall~~ be  
406 recorded on the examination form provided by the agency. The

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407 completed form must ~~shall~~ accompany the resident and ~~shall~~ be  
408 submitted to the facility owner or administrator. Additionally,  
409 in the case of a mental health resident, the Department of  
410 Children and Families must provide documentation that the  
411 individual has been assessed by a psychiatrist, clinical  
412 psychologist, clinical social worker, or psychiatric nurse, or  
413 an individual who is supervised by one of these professionals,  
414 and determined to be appropriate to reside in an assisted living  
415 facility. The documentation must be in the facility within 30  
416 days after the mental health resident has been admitted to the  
417 facility. An evaluation completed upon discharge from a state  
418 mental hospital meets the requirements of this subsection  
419 related to appropriateness for placement as a mental health  
420 resident providing it was completed within 90 days prior to  
421 admission to the facility. The ~~applicable~~ Department of Children  
422 and Families shall provide to the facility administrator any  
423 information about the resident which ~~that~~ would help the  
424 administrator meet his or her responsibilities under subsection  
425 (1). Further, Department of Children and Families personnel  
426 shall explain to the facility operator any special needs of the  
427 resident and advise the operator whom to call should problems  
428 arise. The ~~applicable~~ Department of Children and Families shall  
429 advise and assist the facility administrator when ~~where~~ the  
430 special needs of residents who are recipients of optional state  
431 supplementation require such assistance.

432 (8) ~~(7)~~ The facility shall ~~must~~ notify a licensed physician  
433 in writing when a resident exhibits signs of dementia or  
434 cognitive impairment or has a change of condition in order to  
435 rule out the presence of an underlying physiological condition

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436 that may be contributing to such dementia or impairment. The  
437 notification must occur within 30 days after the acknowledgment  
438 of such signs by facility staff. If an underlying condition is  
439 determined to exist, the facility must notify the resident's  
440 representative or designee in writing of the need for health  
441 care services and must assist in making appointments for ~~shall~~  
442 ~~arrange, with the appropriate health care provider,~~ the  
443 necessary care and services to treat the condition.

444 (9) ~~(8)~~ The Department of Children and Families may require  
445 an examination for supplemental security income and optional  
446 state supplementation recipients residing in facilities at any  
447 time and shall provide the examination whenever a resident's  
448 condition requires it. Any facility administrator; personnel of  
449 the agency, the department, or the Department of Children and  
450 Families; or a representative of the State Long-Term Care  
451 Ombudsman Program who believes a resident needs to be evaluated  
452 shall notify the resident's case manager, who shall take  
453 appropriate action. A report of the examination findings must  
454 ~~shall~~ be provided to the resident's case manager and the  
455 facility administrator to help the administrator meet his or her  
456 responsibilities under subsection (1).

457 ~~(9) A terminally ill resident who no longer meets the~~  
458 ~~criteria for continued residency may remain in the facility if~~  
459 ~~the arrangement is mutually agreeable to the resident and the~~  
460 ~~facility; additional care is rendered through a licensed~~  
461 ~~hospice, and the resident is under the care of a physician who~~  
462 ~~agrees that the physical needs of the resident are being met.~~

463 (10) Facilities licensed to provide extended congregate  
464 care services shall promote aging in place by determining



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465 appropriateness of continued residency based on a comprehensive  
466 review of the resident's physical and functional status; the  
467 ability of the facility, family members, friends, or any other  
468 pertinent individuals or agencies to provide the care and  
469 services required; and documentation that a written service plan  
470 consistent with facility policy has been developed and  
471 implemented to ensure that the resident's needs and preferences  
472 are addressed.

473 ~~(11) No resident who requires 24-hour nursing supervision,~~  
474 ~~except for a resident who is an enrolled hospice patient~~  
475 ~~pursuant to part IV of chapter 400, shall be retained in a~~  
476 ~~facility licensed under this part.~~

477 Section 8. Paragraphs (a) and (k) of subsection (1) and  
478 subsection (3) of section 429.28, Florida Statutes, are amended  
479 to read:

480 429.28 Resident bill of rights.—

481 (1) No resident of a facility shall be deprived of any  
482 civil or legal rights, benefits, or privileges guaranteed by  
483 law, the Constitution of the State of Florida, or the  
484 Constitution of the United States as a resident of a facility.  
485 Every resident of a facility shall have the right to:

486 (a) Live in a safe and decent living environment, free from  
487 abuse, exploitation, and neglect.

488 (k) At least 45 days' notice of relocation or termination  
489 of residency from the facility unless, for medical reasons, the  
490 resident is certified by a physician to require an emergency  
491 relocation to a facility providing a more skilled level of care  
492 or the resident engages in a pattern of conduct that is harmful  
493 or offensive to other residents. In the case of a resident who

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494 has been adjudicated mentally incapacitated, the guardian shall  
 495 be given at least 45 days' notice of a nonemergency relocation  
 496 or residency termination. Reasons for relocation must ~~shall~~ be  
 497 set forth in writing and provided to the resident or the  
 498 resident's legal representative. The written notice must contain  
 499 the following disclosure in 12-point uppercase type:

500 THE STATE LONG-TERM CARE OMBUDSMAN PROGRAM PROVIDES  
 501 SERVICES THAT ASSIST IN PROTECTING THE HEALTH, SAFETY,  
 502 WELFARE, AND RIGHTS OF RESIDENTS. FOR ASSISTANCE,  
 503 CONTACT THE OMBUDSMAN PROGRAM TOLL-FREE AT 1-888-831-  
 504 0404 OR VIA E-MAIL AT LTCOPInformer@elderaffairs.org.

505 In order for a facility to terminate the residency of an  
 506 individual without notice as provided herein, the facility shall  
 507 show good cause in a court of competent jurisdiction.

508 (3) (a) The agency shall conduct a survey to determine  
 509 general compliance with ~~facility standards and compliance with~~  
 510 residents' rights as a prerequisite to initial licensure or  
 511 licensure renewal. ~~The agency shall adopt rules for uniform~~  
 512 ~~standards and criteria that will be used to determine compliance~~  
 513 ~~with facility standards and compliance with residents' rights.~~

514 (b) In order to determine whether the facility is  
 515 adequately protecting residents' rights, the licensure renewal  
 516 ~~biennial~~ survey must ~~shall~~ include private informal  
 517 conversations with a sample of residents and consultation with  
 518 the ombudsman council in the district in which the facility is  
 519 located to discuss residents' experiences within the facility.

520 Section 9. Section 429.41, Florida Statutes, is amended to  
 521 read:

522 429.41 Rules establishing standards.—

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523 (1) It is the intent of the Legislature that rules  
524 published and enforced pursuant to this section shall include  
525 criteria by which a reasonable and consistent quality of  
526 resident care and quality of life may be ensured and the results  
527 of such resident care may be demonstrated. Such rules shall also  
528 promote ~~ensure~~ a safe and sanitary environment that is  
529 residential and noninstitutional in design or nature and may  
530 allow for technological advances in the provision of care,  
531 safety, and security, including the use of devices, equipment  
532 and other security measures related to wander management,  
533 emergency response, staff risk management, and the general  
534 safety and security of residents, staff, and the facility. It is  
535 further intended that reasonable efforts be made to accommodate  
536 the needs and preferences of residents to enhance the quality of  
537 life in a facility. ~~Uniform firesafety standards for assisted~~  
538 ~~living facilities shall be established by the State Fire Marshal~~  
539 ~~pursuant to s. 633.206.~~ The agency, in consultation with the  
540 department, may adopt rules to administer the requirements of  
541 part II of chapter 408. ~~In order to provide safe and sanitary~~  
542 ~~facilities and the highest quality of resident care~~  
543 ~~accommodating the needs and preferences of residents,~~ The  
544 department, in consultation with the agency, the Department of  
545 Children and Families, and the Department of Health, shall adopt  
546 rules, ~~policies, and procedures~~ to administer this part, which  
547 must include reasonable and fair minimum standards in relation  
548 to:

549 (a) The requirements for ~~and~~ maintenance and the sanitary  
550 condition of facilities, not in conflict with, or duplicative  
551 of, the requirements in chapter 553 or chapter 381, relating to

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552 furnishings for resident bedrooms or sleeping areas, locking  
553 devices, linens, laundry services ~~plumbing, heating, cooling,~~  
554 ~~lighting, ventilation, living space,~~ and similar physical plant  
555 standards ~~other housing conditions,~~ which will promote ensure  
556 the health, safety, and welfare ~~comfort~~ of residents suitable to  
557 the size of the structure. The rules must clearly delineate the  
558 respective responsibilities of the agency's licensure and survey  
559 staff and the county health departments and ensure that  
560 inspections are not duplicative. The agency may collect fees for  
561 food service inspections conducted by county health departments  
562 and may transfer such fees to the Department of Health.

563 ~~1. Firesafety evacuation capability determination. An~~  
564 ~~evacuation capability evaluation for initial licensure shall be~~  
565 ~~conducted within 6 months after the date of licensure.~~

566 ~~2. Firesafety requirements.—~~

567 ~~a. The National Fire Protection Association, Life Safety~~  
568 ~~Code, NFPA 101 and 101A, current editions, shall be used in~~  
569 ~~determining the uniform firesafety code adopted by the State~~  
570 ~~Fire Marshal for assisted living facilities, pursuant to s.~~  
571 ~~633.206.~~

572 ~~b. A local government or a utility may charge fees only in~~  
573 ~~an amount not to exceed the actual expenses incurred by the~~  
574 ~~local government or the utility relating to the installation and~~  
575 ~~maintenance of an automatic fire sprinkler system in a licensed~~  
576 ~~assisted living facility structure.~~

577 ~~e. All licensed facilities must have an annual fire~~  
578 ~~inspection conducted by the local fire marshal or authority~~  
579 ~~having jurisdiction.~~

580 ~~d. An assisted living facility that is issued a building~~

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581 ~~permit or certificate of occupancy before July 1, 2016, may at~~  
582 ~~its option and after notifying the authority having~~  
583 ~~jurisdiction, remain under the provisions of the 1994 and 1995~~  
584 ~~editions of the National Fire Protection Association, Life~~  
585 ~~Safety Code, NFPA 101, and NFPA 101A. The facility opting to~~  
586 ~~remain under such provisions may make repairs, modernizations,~~  
587 ~~renovations, or additions to, or rehabilitate, the facility in~~  
588 ~~compliance with NFPA 101, 1994 edition, and may utilize the~~  
589 ~~alternative approaches to life safety in compliance with NFPA~~  
590 ~~101A, 1995 edition. However, a facility for which a building~~  
591 ~~permit or certificate of occupancy is issued before July 1,~~  
592 ~~2016, that undergoes Level III building alteration or~~  
593 ~~rehabilitation, as defined in the Florida Building Code, or~~  
594 ~~seeks to utilize features not authorized under the 1994 or 1995~~  
595 ~~editions of the Life Safety Code must thereafter comply with all~~  
596 ~~aspects of the uniform firesafety standards established under s.~~  
597 ~~633.206, and the Florida Fire Prevention Code, in effect for~~  
598 ~~assisted living facilities as adopted by the State Fire Marshal.~~

599 ~~3. Resident elopement requirements. Facilities are required~~  
600 ~~to conduct a minimum of two resident elopement prevention and~~  
601 ~~response drills per year. All administrators and direct care~~  
602 ~~staff must participate in the drills which shall include a~~  
603 ~~review of procedures to address resident elopement. Facilities~~  
604 ~~must document the implementation of the drills and ensure that~~  
605 ~~the drills are conducted in a manner consistent with the~~  
606 ~~facility's resident elopement policies and procedures.~~

607 (b) The preparation and annual update of a comprehensive  
608 emergency management plan. Such standards must be included in  
609 the rules adopted by the department after consultation with the

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610 Division of Emergency Management. At a minimum, the rules must  
611 provide for plan components that address emergency evacuation  
612 transportation; adequate sheltering arrangements; postdisaster  
613 activities, including provision of emergency power, food, and  
614 water; postdisaster transportation; supplies; staffing;  
615 emergency equipment; individual identification of residents and  
616 transfer of records; communication with families; and responses  
617 to family inquiries. The comprehensive emergency management plan  
618 is subject to review and approval by the local emergency  
619 management agency. During its review, the local emergency  
620 management agency shall ensure that the following agencies, at a  
621 minimum, are given the opportunity to review the plan: the  
622 Department of Elderly Affairs, the Department of Health, the  
623 Agency for Health Care Administration, and the Division of  
624 Emergency Management. Also, appropriate volunteer organizations  
625 must be given the opportunity to review the plan. The local  
626 emergency management agency shall complete its review within 60  
627 days and either approve the plan or advise the facility of  
628 necessary revisions.

629 (c) The number, training, and qualifications of all  
630 personnel having responsibility for the care of residents. The  
631 rules must require adequate staff to provide for the safety of  
632 all residents. Facilities licensed for 17 or more residents are  
633 required to maintain an alert staff for 24 hours per day.

634 ~~(d) All sanitary conditions within the facility and its~~  
635 ~~surroundings which will ensure the health and comfort of~~  
636 ~~residents. The rules must clearly delineate the responsibilities~~  
637 ~~of the agency's licensure and survey staff, the county health~~  
638 ~~departments, and the local authority having jurisdiction over~~

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639 ~~firesafety and ensure that inspections are not duplicative. The~~  
 640 ~~agency may collect fees for food service inspections conducted~~  
 641 ~~by the county health departments and transfer such fees to the~~  
 642 ~~Department of Health.~~

643 (d)~~(e)~~ License application and license renewal, transfer of  
 644 ownership, proper management of resident funds and personal  
 645 property, surety bonds, resident contracts, refund policies,  
 646 financial ability to operate, and facility and staff records.

647 (e)~~(f)~~ Inspections, complaint investigations, moratoriums,  
 648 classification of deficiencies, ~~levying~~ and enforcement of  
 649 penalties, ~~and use of income from fees and fines.~~

650 (f)~~(g)~~ The enforcement of the resident bill of rights  
 651 specified in s. 429.28.

652 (g)~~(h)~~ The care ~~and maintenance~~ of residents provided by  
 653 the facility, which must include, but is not limited to:

- 654 1. The supervision of residents;
- 655 2. The provision of personal services;
- 656 3. The provision of, or arrangement for, social and leisure  
657 activities;
- 658 4. The assistance in making arrangements ~~arrangement~~ for  
659 appointments and transportation to appropriate medical, dental,  
660 nursing, or mental health services, as needed by residents;
- 661 5. The management of medication stored within the facility  
662 and as needed by residents;
- 663 6. The dietary nutritional ~~needs~~ of residents;
- 664 7. Resident records; ~~and~~
- 665 8. Internal risk management and quality assurance; and
- 666 9. The requirements for using medical diagnostic testing  
667 equipment that is designed for a residential setting and is used

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668 at the point of care delivery, including equipment to test  
669 cholesterol, blood glucose level, and blood pressure.

670 (h)(i) Facilities holding a limited nursing, extended  
671 congregate care, or limited mental health license.

672 (i)(j) The establishment of specific criteria to define  
673 appropriateness of resident admission and continued residency in  
674 a facility holding a standard, limited nursing, extended  
675 congregate care, and limited mental health license.

676 (j)(\*) The use of physical or chemical restraints. The use  
677 of geriatric chairs or posey restraints is prohibited. Other  
678 physical restraints may be used in accordance with agency rules  
679 when ordered is limited to half-bed rails as prescribed and  
680 documented by the resident's physician and consented to by with  
681 the consent of the resident or, if applicable, the resident's  
682 representative or designee or the resident's surrogate,  
683 guardian, or attorney in fact. Such rules must specify  
684 requirements for care planning, staff monitoring, and periodic  
685 review. The use of chemical restraints is limited to prescribed  
686 dosages of medications authorized by the resident's physician  
687 and must be consistent with the resident's diagnosis. Residents  
688 who are receiving medications that can serve as chemical  
689 restraints must be evaluated by their physician at least  
690 annually to assess:

- 691 1. The continued need for the medication.
- 692 2. The level of the medication in the resident's blood.
- 693 3. The need for adjustments in the prescription.

694 (k)(l) The establishment of specific resident elopement  
695 drill requirements policies and procedures on resident  
696 elopement. Facilities shall conduct a minimum of two resident



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697 elopement drills each year. All administrators and direct care  
698 staff shall participate in the drills, which must include a  
699 review of the facility's procedures to address resident  
700 elopement. Facilities shall document participation in the  
701 drills.

702 (2) In adopting any rules pursuant to this part, the  
703 department, in conjunction with the agency, shall make distinct  
704 standards for facilities based upon facility size; the types of  
705 care provided; the physical and mental capabilities and needs of  
706 residents; the type, frequency, and amount of services and care  
707 offered; and the staffing characteristics of the facility. Rules  
708 developed pursuant to this section may not restrict the use of  
709 shared staffing and shared programming in facilities that are  
710 part of retirement communities that provide multiple levels of  
711 care and otherwise meet the requirements of law and rule. If a  
712 continuing care facility licensed under chapter 651 or a  
713 retirement community offering multiple levels of care licenses a  
714 building or part of a building designated for independent living  
715 for assisted living, staffing requirements established in rule  
716 apply only to residents who receive personal, limited nursing,  
717 or extended congregate care services under this part. Such  
718 facilities shall retain a log listing the names and unit number  
719 for residents receiving these services. The log must be  
720 available to surveyors upon request. ~~Except for uniform~~  
721 ~~firesafety standards,~~ The department shall adopt by rule  
722 separate and distinct standards for facilities with 16 or fewer  
723 beds and for facilities with 17 or more beds. The standards for  
724 facilities with 16 or fewer beds must be appropriate for a  
725 noninstitutional residential environment; however, the structure

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726 may not be more than two stories in height and all persons who  
727 cannot exit the facility unassisted in an emergency must reside  
728 on the first floor. The department, in conjunction with the  
729 agency, may make other distinctions among types of facilities as  
730 necessary to enforce this part. Where appropriate, the agency  
731 shall offer alternate solutions for complying with established  
732 standards, based on distinctions made by the department and the  
733 agency relative to the physical characteristics of facilities  
734 and the types of care offered.

735 (3) ~~The department shall submit a copy of proposed rules to~~  
736 ~~the Speaker of the House of Representatives, the President of~~  
737 ~~the Senate, and appropriate committees of substance for review~~  
738 ~~and comment prior to the promulgation thereof.~~ Rules promulgated  
739 by the department must ~~shall~~ encourage the development of  
740 homelike facilities which promote the dignity, individuality,  
741 personal strengths, and decisionmaking ability of residents.

742 (4) The agency, in consultation with the department, may  
743 waive rules promulgated pursuant to this part in order to  
744 demonstrate and evaluate innovative or cost-effective congregate  
745 care alternatives which enable individuals to age in place. Such  
746 waivers may be granted only in instances where there is  
747 reasonable assurance that the health, safety, or welfare of  
748 residents will not be endangered. To apply for a waiver, the  
749 licensee shall submit to the agency a written description of the  
750 concept to be demonstrated, including goals, objectives, and  
751 anticipated benefits; the number and types of residents who will  
752 be affected, if applicable; a brief description of how the  
753 demonstration will be evaluated; and any other information  
754 deemed appropriate by the agency. Any facility granted a waiver

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755 shall submit a report of findings to the agency and the  
756 department within 12 months. At such time, the agency may renew  
757 or revoke the waiver or pursue any regulatory or statutory  
758 changes necessary to allow other facilities to adopt the same  
759 practices. The department may by rule clarify terms and  
760 establish waiver application procedures, criteria for reviewing  
761 waiver proposals, and procedures for reporting findings, as  
762 necessary to implement this subsection.

763 (5) The agency may use an abbreviated biennial standard  
764 licensure inspection that consists of a review of key quality-  
765 of-care standards in lieu of a full inspection in a facility  
766 that has a good record of past performance. However, a full  
767 inspection must be conducted in a facility that has a history of  
768 class I or class II violations, uncorrected class III  
769 violations, or a violation resulting from a complaint referred  
770 by the State Long-Term Care Ombudsman Program to a regulatory  
771 agency confirmed ombudsman council complaints, or confirmed  
772 licensure complaints, within the previous licensure period  
773 immediately preceding the inspection or if a potentially serious  
774 problem is identified during the abbreviated inspection. The  
775 agency, ~~in consultation with the department,~~ shall adopt by rule  
776 ~~develop~~ the key quality-of-care standards ~~with input from the~~  
777 ~~State Long-Term Care Ombudsman Council and representatives of~~  
778 ~~provider groups for incorporation into its rules.~~

779 Section 10. Section 429.435, Florida Statutes, is created  
780 to read:

781 429.435 Uniform firesafety standards.-Uniform firesafety  
782 standards for assisted living facilities and a residential board  
783 and care occupancy shall be established by the State Fire

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784 Marshal pursuant to s. 633.206.

785 (1) EVACUATION CAPABILITY.—A firesafety evacuation  
786 capability determination shall be conducted within 6 months  
787 after the date of initial licensure, if required.

788 (2) FIRESAFETY REQUIREMENTS.—

789 (a) The National Fire Protection Association, Life Safety  
790 Code, NFPA 101 and 101A, current editions, must be used in  
791 determining the uniform firesafety code adopted by the State  
792 Fire Marshal for assisted living facilities, pursuant to s.  
793 633.206.

794 (b) A local government or a utility may charge fees that do  
795 not exceed the actual costs incurred by the local government or  
796 the utility for the installation and maintenance of an automatic  
797 fire sprinkler system in a licensed assisted living facility  
798 structure.

799 (c) All licensed facilities must have an annual fire  
800 inspection conducted by the local fire marshal or authority  
801 having jurisdiction.

802 (d) An assisted living facility that was issued a building  
803 permit or certificate of occupancy before July 1, 2016, at its  
804 option and after notifying the authority having jurisdiction,  
805 may remain under the provisions of the 1994 and 1995 editions of  
806 the National Fire Protection Association, Life Safety Code, NFPA  
807 101 and 101A. A facility opting to remain under such provisions  
808 may make repairs, modernizations, renovations, or additions to,  
809 or rehabilitate, the facility in compliance with NFPA 101, 1994  
810 edition, and may utilize the alternative approaches to life  
811 safety in compliance with NFPA 101A, 1995 edition. However, a  
812 facility for which a building permit or certificate of occupancy

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813 was issued before July 1, 2016, which undergoes Level III  
814 building alteration or rehabilitation, as defined in the Florida  
815 Building Code, or which seeks to utilize features not authorized  
816 under the 1994 or 1995 editions of the Life Safety Code shall  
817 thereafter comply with all aspects of the uniform firesafety  
818 standards established under s. 633.206, and the Florida Fire  
819 Prevention Code, in effect for assisted living facilities as  
820 adopted by the State Fire Marshal.

821 Section 11. Section 429.52, Florida Statutes, is amended to  
822 read:

823 429.52 Staff training and educational requirements  
824 ~~programs; core educational requirement.~~-

825 (1) ~~Effective October 1, 2015,~~ Each new assisted living  
826 facility employee who has not previously completed core training  
827 must attend a preservice orientation provided by the facility  
828 before interacting with residents. The preservice orientation  
829 must be at least 2 hours in duration and cover topics that help  
830 the employee provide responsible care and respond to the needs  
831 of facility residents. Upon completion, the employee and the  
832 administrator of the facility must sign a statement that the  
833 employee completed the required preservice orientation. The  
834 facility must keep the signed statement in the employee's  
835 personnel record.

836 (2) Administrators and other assisted living facility staff  
837 must meet minimum training and education requirements  
838 established by the Department of Elderly Affairs by rule. This  
839 training and education is intended to assist facilities to  
840 appropriately respond to the needs of residents, to maintain  
841 resident care and facility standards, and to meet licensure

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842 requirements.

843 (3) The department shall establish core training  
844 requirements for administrators consisting of core training  
845 learning objectives, a competency test, and a minimum required  
846 score to indicate successful passage completion of the core  
847 competency test ~~training and educational requirements~~. The  
848 competency test must be developed by the department in  
849 conjunction with the agency ~~and providers~~. The required core  
850 competency test ~~training and education~~ must cover at least the  
851 following topics:

852 (a) State law and rules relating to assisted living  
853 facilities.

854 (b) Resident rights and identifying and reporting abuse,  
855 neglect, and exploitation.

856 (c) Special needs of elderly persons, persons with mental  
857 illness, and persons with developmental disabilities and how to  
858 meet those needs.

859 (d) Nutrition and food service, including acceptable  
860 sanitation practices for preparing, storing, and serving food.

861 (e) Medication management, recordkeeping, and proper  
862 techniques for assisting residents with self-administered  
863 medication.

864 (f) Firesafety requirements, including fire evacuation  
865 drill procedures and other emergency procedures.

866 (g) Care of persons with Alzheimer's disease and related  
867 disorders.

868 (4) A ~~new~~ facility administrator must complete the required  
869 core training and education, including the competency test,  
870 within 90 days after the date of employment as an administrator.

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871 Failure to do so is a violation of this part and subjects the  
872 violator to an administrative fine as prescribed in s. 429.19.  
873 Administrators licensed in accordance with part II of chapter  
874 468 are exempt from this requirement. Other licensed  
875 professionals may be exempted, as determined by the department  
876 by rule.

877 (5) Administrators are required to participate in  
878 continuing education for a minimum of 12 contact hours every 2  
879 years.

880 (6) Staff ~~involved with the management of medications and~~  
881 assisting with the self-administration of medications under s.  
882 429.256 must complete a minimum of 6 ~~additional~~ hours of  
883 training provided by a registered nurse, or a licensed  
884 pharmacist, before providing assistance ~~or department staff. Two~~  
885 hours of continuing education is required annually thereafter.  
886 The department shall establish by rule the minimum requirements  
887 of this ~~additional~~ training.

888 (7) ~~Other~~ Facility staff shall participate in in-service  
889 training relevant to their job duties as specified by department  
890 rule of the department. Topics covered during the preservice  
891 orientation are not required to be repeated during in-service  
892 training. A single certificate of completion that covers all  
893 required in-service training topics may be issued to a  
894 participating staff member if the training is provided in a  
895 single training course.

896 (8) If ~~the department or~~ the agency determines that there  
897 are problems in a facility that could be reduced through  
898 specific staff training ~~or education~~ beyond that already  
899 required under this section, ~~the department or~~ the agency may

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900 require, and provide, or cause to be provided, the training ~~or~~  
901 ~~education~~ of any personal care staff in the facility.

902 (9) The department shall adopt rules related to these  
903 training and education requirements, the competency test,  
904 necessary procedures, and competency test fees and shall adopt  
905 or contract with another entity to develop and administer the  
906 competency test. The department shall adopt a curriculum outline  
907 with learning objectives to be used by core trainers, which  
908 ~~shall be used~~ as the minimum core training content requirements.  
909 The department shall consult with representatives of stakeholder  
910 associations and agencies in the development of the curriculum  
911 outline.

912 (10) The core training required by this section ~~other than~~  
913 ~~the preservice orientation~~ must be conducted by persons  
914 registered with the department as having the requisite  
915 experience and credentials to conduct the training. A person  
916 seeking to register as a core trainer must provide the  
917 department with proof of completion of the ~~minimum~~ core training  
918 ~~education~~ requirements, successful passage of the competency  
919 test established under this section, and proof of compliance  
920 with the continuing education requirement in subsection (5).

921 (11) A person seeking to register as a core trainer also  
922 must ~~also~~:

923 (a) Provide proof of completion of a 4-year degree from an  
924 accredited college or university and must have worked in a  
925 management position in an assisted living facility for 3 years  
926 after being core certified;

927 (b) Have worked in a management position in an assisted  
928 living facility for 5 years after being core certified and have



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929 1 year of teaching experience as an educator or staff trainer  
930 for persons who work in assisted living facilities or other  
931 long-term care settings;

932 (c) Have been previously employed as a core trainer for the  
933 department; or

934 (d) Meet other qualification criteria as defined in rule,  
935 which the department is authorized to adopt.

936 (12) The department shall adopt rules to establish core  
937 trainer registration and removal requirements.

938 Section 12. Paragraph (b) of subsection (3) of section  
939 429.07, Florida Statutes, is amended to read

940 429.07 License required; fee.—

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

947 (b) An extended congregate care license shall be issued to  
948 each facility that has been licensed as an assisted living  
949 facility for 2 or more years and that provides services,  
950 directly or through contract, beyond those authorized in  
951 paragraph (a), including services performed by persons licensed  
952 under part I of chapter 464 and supportive services, as defined  
953 by rule, to persons who would otherwise be disqualified from  
954 continued residence in a facility licensed under this part. An  
955 extended congregate care license may be issued to a facility  
956 that has a provisional extended congregate care license and  
957 meets the requirements for licensure under subparagraph 2. The

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958 primary purpose of extended congregate care services is to allow  
959 residents the option of remaining in a familiar setting from  
960 which they would otherwise be disqualified for continued  
961 residency as they become more impaired. A facility licensed to  
962 provide extended congregate care services may also admit an  
963 individual who exceeds the admission criteria for a facility  
964 with a standard license, if he or she is determined appropriate  
965 for admission to the extended congregate care facility.

966 1. In order for extended congregate care services to be  
967 provided, the agency must first determine that all requirements  
968 established in law and rule are met and must specifically  
969 designate, on the facility's license, that such services may be  
970 provided and whether the designation applies to all or part of  
971 the facility. This designation may be made at the time of  
972 initial licensure or relicensure, or upon request in writing by  
973 a licensee under this part and part II of chapter 408. The  
974 notification of approval or the denial of the request shall be  
975 made in accordance with part II of chapter 408. Each existing  
976 facility that qualifies to provide extended congregate care  
977 services must have maintained a standard license and may not  
978 have been subject to administrative sanctions during the  
979 previous 2 years, or since initial licensure if the facility has  
980 been licensed for less than 2 years, for any of the following  
981 reasons:

- 982 a. A class I or class II violation;
- 983 b. Three or more repeat or recurring class III violations  
984 of identical or similar resident care standards from which a  
985 pattern of noncompliance is found by the agency;
- 986 c. Three or more class III violations that were not

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987 corrected in accordance with the corrective action plan approved  
988 by the agency;

989 d. Violation of resident care standards which results in  
990 requiring the facility to employ the services of a consultant  
991 pharmacist or consultant dietitian;

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

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

998  
999 The agency may deny or revoke a facility's extended congregate  
1000 care license for not meeting the criteria for an extended  
1001 congregate care license as provided in this subparagraph.

1002 2. If an assisted living facility has been licensed for  
1003 less than 2 years, the initial extended congregate care license  
1004 must be provisional and may not exceed 6 months. The licensee  
1005 shall notify the agency, in writing, when it has admitted at  
1006 least one extended congregate care resident, after which an  
1007 unannounced inspection shall be made to determine compliance  
1008 with the requirements of an extended congregate care license. A  
1009 licensee with a provisional extended congregate care license  
1010 that demonstrates compliance with all the requirements of an  
1011 extended congregate care license during the inspection shall be  
1012 issued an extended congregate care license. In addition to  
1013 sanctions authorized under this part, if violations are found  
1014 during the inspection and the licensee fails to demonstrate  
1015 compliance with all assisted living facility requirements during

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1016 a followup inspection, the licensee shall immediately suspend  
1017 extended congregate care services, and the provisional extended  
1018 congregate care license expires. The agency may extend the  
1019 provisional license for not more than 1 month in order to  
1020 complete a followup visit.

1021 3. A facility that is licensed to provide extended  
1022 congregate care services shall maintain a written progress  
1023 report on each person who receives services which describes the  
1024 type, amount, duration, scope, and outcome of services that are  
1025 rendered and the general status of the resident's health. A  
1026 registered nurse, or appropriate designee, representing the  
1027 agency shall visit the facility at least twice a year to monitor  
1028 residents who are receiving extended congregate care services  
1029 and to determine if the facility is in compliance with this  
1030 part, part II of chapter 408, and relevant rules. One of the  
1031 visits may be in conjunction with the regular survey. The  
1032 monitoring visits may be provided through contractual  
1033 arrangements with appropriate community agencies. A registered  
1034 nurse shall serve as part of the team that inspects the  
1035 facility. The agency may waive one of the required yearly  
1036 monitoring visits for a facility that has:

1037 a. Held an extended congregate care license for at least 24  
1038 months;

1039 b. No class I or class II violations and no uncorrected  
1040 class III violations; and

1041 c. No ombudsman council complaints that resulted in a  
1042 citation for licensure.

1043 4. A facility that is licensed to provide extended  
1044 congregate care services must:

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- 1045           a. Demonstrate the capability to meet unanticipated  
1046 resident service needs.
- 1047           b. Offer a physical environment that promotes a homelike  
1048 setting, provides for resident privacy, promotes resident  
1049 independence, and allows sufficient congregate space as defined  
1050 by rule.
- 1051           c. Have sufficient staff available, taking into account the  
1052 physical plant and firesafety features of the building, to  
1053 assist with the evacuation of residents in an emergency.
- 1054           d. Adopt and follow policies and procedures that maximize  
1055 resident independence, dignity, choice, and decisionmaking to  
1056 permit residents to age in place, so that moves due to changes  
1057 in functional status are minimized or avoided.
- 1058           e. Allow residents or, if applicable, a resident's  
1059 representative, designee, surrogate, guardian, or attorney in  
1060 fact to make a variety of personal choices, participate in  
1061 developing service plans, and share responsibility in  
1062 decisionmaking.
- 1063           f. Implement the concept of managed risk.
- 1064           g. Provide, directly or through contract, the services of a  
1065 person licensed under part I of chapter 464.
- 1066           h. In addition to the training mandated in s. 429.52,  
1067 provide specialized training as defined by rule for facility  
1068 staff.
- 1069           5. A facility that is licensed to provide extended  
1070 congregate care services is exempt from the criteria for  
1071 continued residency set forth in rules adopted under s. 429.41.  
1072 A licensed facility must adopt its own requirements within  
1073 guidelines for continued residency set forth by rule. However,

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1074 the facility may not serve residents who require 24-hour nursing  
1075 supervision. A licensed facility that provides extended  
1076 congregate care services must also provide each resident with a  
1077 written copy of facility policies governing admission and  
1078 retention.

1079         6. Before the admission of an individual to a facility  
1080 licensed to provide extended congregate care services, the  
1081 individual must undergo a medical examination as provided in s.  
1082 429.26(5) ~~s. 429.26(4)~~ and the facility must develop a  
1083 preliminary service plan for the individual.

1084         7. If a facility can no longer provide or arrange for  
1085 services in accordance with the resident's service plan and  
1086 needs and the facility's policy, the facility must make  
1087 arrangements for relocating the person in accordance with s.  
1088 429.28(1)(k).

1089         Section 13. This act shall take effect July 1, 2019.