

By the Committees on Appropriations; and Health Policy; 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 revising terms;
4 amending s. 429.07, F.S.; requiring assisted living
5 facilities that provide certain services to maintain a
6 written progress report on each person receiving such
7 services from the facility's staff; conforming a
8 cross-reference; amending s. 429.11, F.S.; prohibiting
9 a county or municipality from issuing a business tax
10 receipt, rather than an occupational license, to a
11 facility under certain circumstances; amending s.
12 429.176, F.S.; requiring an owner of a facility to
13 provide certain documentation to the Agency for Health
14 Care Administration within a specified timeframe;
15 amending s. 429.23, F.S.; authorizing a facility to
16 submit certain reports regarding adverse incidents
17 through the agency's online portal; requiring the
18 agency to send reminders by electronic mail to certain
19 facility contacts regarding submission deadlines for
20 such reports within a specified timeframe; providing
21 that facilities are not subject to administrative or
22 other agency action for failure to withdraw or submit
23 specified reports under certain circumstances;
24 deleting a requirement that facilities submit certain
25 monthly reports to the agency; amending s. 429.255,
26 F.S.; authorizing certain persons to change a
27 resident's bandage for a minor cut or abrasion;
28 authorizing certain persons to contract with a third-
29 party to provide services to a resident under certain

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30 circumstances; providing requirements relating to the
31 third-party provider; clarifying that the absence of
32 an order not to resuscitate does not preclude a
33 physician from withholding or withdrawing
34 cardiopulmonary resuscitation or use of an automated
35 external defibrillator; amending s. 429.256, F.S.;
36 revising the types of medications that may be self-
37 administered; revising provisions relating to
38 assistance with the self-administration of such
39 medications; requiring a person assisting with a
40 resident's self-administration of medication to
41 confirm and advise the patient of specified
42 information; authorizing a resident to opt out of such
43 advisement through a signed waiver; providing
44 requirements for such waiver; revising provisions
45 relating to certain medications that are not self-
46 administered with assistance; amending s. 429.26,
47 F.S.; including medical examinations in the criteria
48 used for admission to an assisted living facility;
49 providing specified criteria for determination of
50 appropriateness for admission to and continued
51 residency in an assisted living facility; prohibiting
52 such facility from admitting certain individuals;
53 defining the term "bedridden"; authorizing a facility
54 to retain certain individuals under certain
55 conditions; requiring that a resident receive a
56 medical examination within a specified timeframe after
57 admission to a facility; requiring that such
58 examination be recorded on a form; providing

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59 limitations on the use of such form; providing
60 requirements for the content of the form; revising
61 provisions relating to the placement of residents by
62 the Department of Children and Families; requiring a
63 facility to notify a resident's representative or
64 designee of specified information under certain
65 circumstances; requiring the facility to arrange with
66 an appropriate health care provider for the care and
67 services needed to treat a resident under certain
68 circumstances; removing provisions relating to the
69 retention of certain residents in a facility; amending
70 s. 429.28, F.S.; requiring facilities to provide
71 written notice of relocation or termination of
72 residency from a facility to the resident or the
73 resident's legal guardian; revising provisions related
74 to a licensure survey required by the agency; deleting
75 a requirement that the agency adopt certain rules;
76 amending s. 429.31, F.S.; revising notice requirements
77 for facilities that are terminating operations;
78 requiring the agency to inform the State Long-Term
79 Ombudsman Program immediately upon notice of a
80 facility's termination of operations; amending s.
81 429.41, F.S.; revising legislative intent; revising
82 provisions related to rules the agency, in
83 consultation with the Department of Children and
84 Families and the Department of Health, is required to
85 adopt regarding minimum standards of resident care;
86 authorizing the agency to collect fees for certain
87 inspections conducted by county health departments and

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88 transfer them to the Department of Health; requiring
89 county emergency management agencies, rather than
90 local emergency management agencies, to review and
91 approve or disapprove a facility's comprehensive
92 emergency management plan; requiring a facility to
93 submit a comprehensive emergency management plan to
94 the county emergency management agency within a
95 specified timeframe; prohibiting the use of Posey
96 restraints; authorizing the use of other restraints
97 under certain circumstances; revising resident
98 elopement drill requirements for facilities; revising
99 the criteria under which a facility must be fully
100 inspected; requiring the agency to adopt by rule,
101 rather than develop, key quality-of-care standards;
102 creating s. 429.435, F.S.; requiring the State Fire
103 Marshall to establish uniform firesafety standards for
104 certain assisted living facilities; providing for a
105 firesafety evacuation capability determination within
106 a specified timeframe under certain circumstances;
107 requiring the State Fire Marshall to use certain
108 standards from a specified national association to
109 determine the uniform firesafety standards to be
110 adopted; authorizing local governments and utilities
111 to charge certain fees relating to fire sprinkler
112 systems; requiring licensed facilities to have an
113 annual fire inspection; specifying certain code
114 requirements for facilities that undergo a specific
115 alteration or rehabilitation; amending s. 429.52,
116 F.S.; revising certain provisions relating to facility

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117 staff training and educational requirements; requiring
118 the agency, in conjunction with providers, to
119 establish core training requirements for facility
120 administrators; revising the training and continuing
121 education requirements for facility staff who assist
122 residents with the self-administration of medications;
123 revising provisions relating to the training
124 responsibilities of the agency; requiring the agency
125 to contract with another entity to administer a
126 certain competency test; requiring the agency to adopt
127 a curriculum outline with learning objectives to be
128 used by core trainers; conforming provisions to
129 changes made by the act; providing an effective date.

130

131 Be It Enacted by the Legislature of the State of Florida:

132

133 Section 1. Present subsections (6) through (27) of section
134 429.02, Florida Statutes, are redesignated as subsections (7)
135 through (28), respectively, a new subsection (6) is added to
136 that section, and present subsections (11) and (18) are amended,
137 to read:

138 429.02 Definitions.—When used in this part, the term:

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

145 (12) ~~(11)~~ "Extended congregate care" means acts beyond those

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146 authorized in subsection (18) ~~which (17) that~~ may be performed
147 pursuant to part I of chapter 464 by persons licensed thereunder
148 while carrying out their professional duties, and other
149 supportive services that ~~which~~ may be specified by rule. The
150 purpose of such services is to enable residents to age in place
151 in a residential environment despite mental or physical
152 limitations that might otherwise disqualify them from residency
153 in a facility licensed under this part.

154 (19) ~~(18)~~ "Physical restraint" means a device that ~~which~~
155 physically limits, restricts, or deprives an individual of
156 movement or mobility, including, ~~but not limited to, a half bed~~
157 ~~rail, a full bed rail, a geriatric chair, and a posey restraint.~~
158 ~~The term "physical restraint" shall also include any device that~~
159 is ~~which was~~ not specifically manufactured as a restraint but is
160 ~~which has been~~ altered, arranged, or otherwise used for that
161 ~~this~~ purpose. The term does ~~shall~~ not include any device that
162 the resident chooses to use and is able to remove or avoid
163 independently, or any bandage material used for the purpose of
164 binding a wound or injury.

165 Section 2. Paragraphs (b) and (c) of subsection (3) of
166 section 429.07, Florida Statutes, are amended to read:

167 429.07 License required; fee.—

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

174 (b) An extended congregate care license shall be issued to

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175 each facility that has been licensed as an assisted living
176 facility for 2 or more years and that provides services,
177 directly or through contract, beyond those authorized in
178 paragraph (a), including services performed by persons licensed
179 under part I of chapter 464 and supportive services, as defined
180 by rule, to persons who would otherwise be disqualified from
181 continued residence in a facility licensed under this part. An
182 extended congregate care license may be issued to a facility
183 that has a provisional extended congregate care license and
184 meets the requirements for licensure under subparagraph 2. The
185 primary purpose of extended congregate care services is to allow
186 residents the option of remaining in a familiar setting from
187 which they would otherwise be disqualified for continued
188 residency as they become more impaired. A facility licensed to
189 provide extended congregate care services may also admit an
190 individual who exceeds the admission criteria for a facility
191 with a standard license, if he or she is determined appropriate
192 for admission to the extended congregate care facility.

193 1. In order for extended congregate care services to be
194 provided, the agency must first determine that all requirements
195 established in law and rule are met and must specifically
196 designate, on the facility's license, that such services may be
197 provided and whether the designation applies to all or part of
198 the facility. This designation may be made at the time of
199 initial licensure or relicensure, or upon request in writing by
200 a licensee under this part and part II of chapter 408. The
201 notification of approval or the denial of the request shall be
202 made in accordance with part II of chapter 408. Each existing
203 facility that qualifies to provide extended congregate care

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204 services must have maintained a standard license and may not
205 have been subject to administrative sanctions during the
206 previous 2 years, or since initial licensure if the facility has
207 been licensed for less than 2 years, for any of the following
208 reasons:

209 a. A class I or class II violation;

210 b. Three or more repeat or recurring class III violations
211 of identical or similar resident care standards from which a
212 pattern of noncompliance is found by the agency;

213 c. Three or more class III violations that were not
214 corrected in accordance with the corrective action plan approved
215 by the agency;

216 d. Violation of resident care standards which results in
217 requiring the facility to employ the services of a consultant
218 pharmacist or consultant dietitian;

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

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

225

226 The agency may deny or revoke a facility's extended congregate
227 care license for not meeting the criteria for an extended
228 congregate care license as provided in this subparagraph.

229 2. If an assisted living facility has been licensed for
230 less than 2 years, the initial extended congregate care license
231 must be provisional and may not exceed 6 months. The licensee
232 shall notify the agency, in writing, when it has admitted at

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233 least one extended congregate care resident, after which an
234 unannounced inspection shall be made to determine compliance
235 with the requirements of an extended congregate care license. A
236 licensee with a provisional extended congregate care license
237 which ~~that~~ demonstrates compliance with all the requirements of
238 an extended congregate care license during the inspection shall
239 be issued an extended congregate care license. In addition to
240 sanctions authorized under this part, if violations are found
241 during the inspection and the licensee fails to demonstrate
242 compliance with all assisted living facility requirements during
243 a followup inspection, the licensee shall immediately suspend
244 extended congregate care services, and the provisional extended
245 congregate care license expires. The agency may extend the
246 provisional license for not more than 1 month in order to
247 complete a followup visit.

248 3. A facility that is licensed to provide extended
249 congregate care services shall maintain a written progress
250 report on each person who receives nursing services from the
251 facility's staff which describes the type, amount, duration,
252 scope, and outcome of services that are rendered and the general
253 status of the resident's health. A registered nurse, or
254 appropriate designee, representing the agency shall visit the
255 facility at least twice a year to monitor residents who are
256 receiving extended congregate care services and to determine if
257 the facility is in compliance with this part, part II of chapter
258 408, and relevant rules. One of the visits may be in conjunction
259 with the regular survey. The monitoring visits may be provided
260 through contractual arrangements with appropriate community
261 agencies. A registered nurse shall serve as part of the team

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- 262 that inspects the facility. The agency may waive one of the
263 required yearly monitoring visits for a facility that has:
- 264 a. Held an extended congregate care license for at least 24
265 months;
 - 266 b. No class I or class II violations and no uncorrected
267 class III violations; and
 - 268 c. No ombudsman council complaints that resulted in a
269 citation for licensure.
- 270 4. A facility that is licensed to provide extended
271 congregate care services must:
- 272 a. Demonstrate the capability to meet unanticipated
273 resident service needs.
 - 274 b. Offer a physical environment that promotes a homelike
275 setting, provides for resident privacy, promotes resident
276 independence, and allows sufficient congregate space as defined
277 by rule.
 - 278 c. Have sufficient staff available, taking into account the
279 physical plant and firesafety features of the building, to
280 assist with the evacuation of residents in an emergency.
 - 281 d. Adopt and follow policies and procedures that maximize
282 resident independence, dignity, choice, and decisionmaking to
283 permit residents to age in place, so that moves due to changes
284 in functional status are minimized or avoided.
 - 285 e. Allow residents or, if applicable, a resident's
286 representative, designee, surrogate, guardian, or attorney in
287 fact to make a variety of personal choices, participate in
288 developing service plans, and share responsibility in
289 decisionmaking.
 - 290 f. Implement the concept of managed risk.

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291 g. Provide, directly or through contract, the services of a
292 person licensed under part I of chapter 464.

293 h. In addition to the training mandated in s. 429.52,
294 provide specialized training as defined by rule for facility
295 staff.

296 5. A facility that is licensed to provide extended
297 congregate care services is exempt from the criteria for
298 continued residency set forth in rules adopted under s. 429.41.
299 A licensed facility must adopt its own requirements within
300 guidelines for continued residency set forth by rule. However,
301 the facility may not serve residents who require 24-hour nursing
302 supervision. A licensed facility that provides extended
303 congregate care services must also provide each resident with a
304 written copy of facility policies governing admission and
305 retention.

306 6. Before the admission of an individual to a facility
307 licensed to provide extended congregate care services, the
308 individual must undergo a medical examination as provided in s.
309 429.26(5) ~~s. 429.26(4)~~ and the facility must develop a
310 preliminary service plan for the individual.

311 7. If a facility can no longer provide or arrange for
312 services in accordance with the resident's service plan and
313 needs and the facility's policy, the facility must make
314 arrangements for relocating the person in accordance with s.
315 429.28(1)(k).

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

319 1. In order for limited nursing services to be provided in

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320 a facility licensed under this part, the agency must first
321 determine that all requirements established in law and rule are
322 met and must specifically designate, on the facility's license,
323 that such services may be provided. This designation may be made
324 at the time of initial licensure or licensure renewal, or upon
325 request in writing by a licensee under this part and part II of
326 chapter 408. Notification of approval or denial of such request
327 shall be made in accordance with part II of chapter 408. An
328 existing facility that qualifies to provide limited nursing
329 services must have maintained a standard license and may not
330 have been subject to administrative sanctions that affect the
331 health, safety, and welfare of residents for the previous 2
332 years or since initial licensure if the facility has been
333 licensed for less than 2 years.

334 2. A facility that is licensed to provide limited nursing
335 services shall maintain a written progress report on each person
336 who receives such nursing services from the facility's staff.
337 The report must describe the type, amount, duration, scope, and
338 outcome of services that are rendered and the general status of
339 the resident's health. A registered nurse representing the
340 agency shall visit the facility at least annually to monitor
341 residents who are receiving limited nursing services and to
342 determine if the facility is in compliance with applicable
343 provisions of this part, part II of chapter 408, and related
344 rules. The monitoring visits may be provided through contractual
345 arrangements with appropriate community agencies. A registered
346 nurse shall also serve as part of the team that inspects such
347 facility. Visits may be in conjunction with other agency
348 inspections. The agency may waive the required yearly monitoring

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349 visit for a facility that has:

350 a. Had a limited nursing services license for at least 24
351 months;

352 b. No class I or class II violations and no uncorrected
353 class III violations; and

354 c. No ombudsman council complaints that resulted in a
355 citation for licensure.

356 3. A person who receives limited nursing services under
357 this part must meet the admission criteria established by the
358 agency for assisted living facilities. When a resident no longer
359 meets the admission criteria for a facility licensed under this
360 part, arrangements for relocating the person shall be made in
361 accordance with s. 429.28(1)(k), unless the facility is licensed
362 to provide extended congregate care services.

363 Section 3. Subsection (7) of section 429.11, Florida
364 Statutes, is amended to read:

365 429.11 Initial application for license; provisional
366 license.—

367 (7) A county or municipality may not issue a business tax
368 receipt ~~an occupational license~~ that is being obtained for the
369 purpose of operating a facility regulated under this part
370 without first ascertaining that the applicant has been licensed
371 to operate such facility at the specified location or locations
372 by the agency. The agency shall furnish to local agencies
373 responsible for issuing business tax receipts ~~occupational~~
374 ~~licenses~~ sufficient instruction for making such determinations.

375 Section 4. Section 429.176, Florida Statutes, is amended to
376 read:

377 429.176 Notice of change of administrator.—If, during the

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378 period for which a license is issued, the owner changes
379 administrators, the owner must notify the agency of the change
380 within 10 days and provide documentation within 90 days that the
381 new administrator meets educational requirements and has
382 completed the applicable core educational requirements under s.
383 429.52. A facility may not be operated for more than 120
384 consecutive days without an administrator who has completed the
385 core educational requirements.

386 Section 5. Subsections (3), (4), and (5) of section 429.23,
387 Florida Statutes, are amended to read:

388 429.23 Internal risk management and quality assurance
389 program; adverse incidents and reporting requirements.—

390 (3) Licensed facilities shall provide within 1 business day
391 after the occurrence of an adverse incident, through the
392 agency's online portal or, if the portal is offline, by
393 electronic mail, ~~facsimile, or United States mail,~~ a preliminary
394 report to the agency on all adverse incidents specified under
395 this section. The report must include information regarding the
396 identity of the affected resident, the type of adverse incident,
397 and the status of the facility's investigation of the incident.

398 (4) Licensed facilities shall provide within 15 days,
399 through the agency's online portal or, if the portal is offline,
400 by electronic mail, ~~facsimile, or United States mail,~~ a full
401 report to the agency on all adverse incidents specified in this
402 section. The report must include the results of the facility's
403 investigation into the adverse incident.

404 (5) Three business days before the deadline for the
405 submission of the full report required under subsection (4), the
406 agency shall send by electronic mail a reminder to the

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407 facility's administrator and other specified facility contacts.
408 Within 3 business days after the agency sends the reminder, a
409 facility is not subject to any administrative or other agency
410 action for failing to withdraw the preliminary report if the
411 facility determines the event was not an adverse incident or for
412 failing to file a full report if the facility determines the
413 event was an adverse incident ~~Each facility shall report monthly~~
414 ~~to the agency any liability claim filed against it. The report~~
415 ~~must include the name of the resident, the dates of the incident~~
416 ~~leading to the claim, if applicable, and the type of injury or~~
417 ~~violation of rights alleged to have occurred. This report is not~~
418 ~~discoverable in any civil or administrative action, except in~~
419 ~~such actions brought by the agency to enforce the provisions of~~
420 ~~this part.~~

421 Section 6. Paragraphs (a) and (b) of subsection (1) of
422 section 429.255, Florida Statutes, are amended, paragraph (d) is
423 added to that subsection, and subsection (4) of that section is
424 amended, to read:

425 429.255 Use of personnel; emergency care.—

426 (1) (a) Persons under contract to the facility, facility
427 staff, or volunteers, who are licensed according to part I of
428 chapter 464, or those persons exempt under s. 464.022(1), ~~and~~
429 ~~others as defined by rule,~~ may administer medications to
430 residents, take residents' vital signs, change residents'
431 bandages for minor cuts and abrasions, manage individual weekly
432 pill organizers for residents who self-administer medication,
433 give prepackaged enemas ordered by a physician, observe
434 residents, document observations on the appropriate resident's
435 record, and report observations to the resident's physician, ~~and~~

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436 ~~contract or allow residents or a resident's representative,~~
437 ~~designee, surrogate, guardian, or attorney in fact to contract~~
438 ~~with a third party, provided residents meet the criteria for~~
439 ~~appropriate placement as defined in s. 429.26.~~ Nursing
440 assistants certified pursuant to part II of chapter 464 may take
441 residents' vital signs as directed by a licensed nurse or
442 physician.

443 (b) All staff of ~~in~~ facilities licensed under this part
444 shall exercise their professional responsibility to observe
445 residents, to document observations on the appropriate
446 resident's record, and to report the observations to the
447 resident's physician. However, the owner or administrator of the
448 facility shall be responsible for determining that the resident
449 receiving services is appropriate for residence in the facility.

450 (d) A resident or his or her representative, designee,
451 surrogate, guardian, or attorney in fact, as applicable, may
452 contract for services with a third party, provided the resident
453 meets the criteria for residency and continued residency as
454 defined in s. 429.26. The third party must communicate with the
455 facility regarding the resident's condition and the services
456 being provided in accordance with the facility's policies. The
457 facility must document that it received such communication.

458 (4) Facility staff may withhold or withdraw cardiopulmonary
459 resuscitation or the use of an automated external defibrillator
460 if presented with an order not to resuscitate executed pursuant
461 to s. 401.45. The agency shall adopt rules providing for the
462 implementation of such orders. Facility staff and facilities may
463 not be subject to criminal prosecution or civil liability, nor
464 be considered to have engaged in negligent or unprofessional

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465 conduct, for withholding or withdrawing cardiopulmonary
466 resuscitation or use of an automated external defibrillator
467 pursuant to such an order and rules adopted by the agency. The
468 absence of an order not to resuscitate executed pursuant to s.
469 401.45 does not preclude a physician from withholding or
470 withdrawing cardiopulmonary resuscitation or use of an automated
471 external defibrillator as otherwise permitted by law.

472 Section 7. Subsection (2), paragraph (b) of subsection (3),
473 and paragraphs (e), (f), and (g) of subsection (4) of section
474 429.256, Florida Statutes, are amended to read:

475 429.256 Assistance with self-administration of medication.—

476 (2) Residents who are capable of self-administering their
477 own medications without assistance shall be encouraged and
478 allowed to do so. However, an unlicensed person may, consistent
479 with a dispensed prescription's label or the package directions
480 of an over-the-counter medication, assist a resident whose
481 condition is medically stable with the self-administration of
482 routine, regularly scheduled medications that are intended to be
483 self-administered. Assistance with self-medication by an
484 unlicensed person may occur only upon a documented request by,
485 and the written informed consent of, a resident or the
486 resident's surrogate, guardian, or attorney in fact. For the
487 purposes of this section, self-administered medications include
488 both legend and over-the-counter oral dosage forms, topical
489 dosage forms, transdermal patches, and topical ophthalmic, otic,
490 and nasal dosage forms including solutions, suspensions, sprays,
491 and inhalers.

492 (3) Assistance with self-administration of medication
493 includes:

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494 (b) In the presence of the resident, confirming that the
495 medication is intended for that resident, orally advising the
496 resident of the medication name and dosage ~~reading the label,~~
497 opening the container, removing a prescribed amount of
498 medication from the container, and closing the container. The
499 resident may sign a written waiver to opt out of being orally
500 advised of the medication name and dosage. The waiver must
501 identify all of the medications intended for the resident,
502 including names and dosages of such medications, and must
503 immediately be updated each time the resident's medications or
504 dosages change.

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

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

508 (f) Assisting with rectal, urethral, or vaginal
509 preparations.

510 (g) Assisting with medications ordered by the physician or
511 health care professional with prescriptive authority to be given
512 "as needed," unless the order is written with specific
513 parameters that preclude independent judgment on the part of the
514 unlicensed person, and ~~at the request of a competent~~ resident
515 requesting the medication is aware of his or her need for the
516 medication and understands the purpose for taking the
517 medication.

518 Section 8. Section 429.26, Florida Statutes, is amended to
519 read:

520 429.26 Appropriateness of placements; examinations of
521 residents.—

522 (1) The owner or administrator of a facility is responsible

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523 for determining the appropriateness of admission of an
524 individual to the facility and for determining the continued
525 appropriateness of residence of an individual in the facility. A
526 determination must ~~shall~~ be based upon an evaluation ~~assessment~~
527 of the strengths, needs, and preferences of the resident, a
528 medical examination, the care and services offered or arranged
529 for by the facility in accordance with facility policy, and any
530 limitations in law or rule related to admission criteria or
531 continued residency for the type of license held by the facility
532 under this part. The following criteria apply to the
533 determination of appropriateness for admission and continued
534 residency of an individual in a facility:

535 (a) A facility may admit or retain a resident who receives
536 a health care service or treatment that is designed to be
537 provided within a private residential setting if all
538 requirements for providing that service or treatment are met by
539 the facility or a third party.

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

542 (c) A facility may admit or retain an individual receiving
543 hospice services if the arrangement is agreed to by the facility
544 and the resident, additional care is provided by a licensed
545 hospice, and the resident is under the care of a physician who
546 agrees that the physical needs of the resident can be met at the
547 facility. The resident must have a plan of care which delineates
548 how the facility and the hospice will meet the scheduled and
549 unscheduled needs of the resident, including, if applicable,
550 staffing for nursing care.

551 (d)1. Except for a resident who is receiving hospice

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552 services as provided in paragraph (c), a facility may not admit
553 or retain a resident who is bedridden or who requires 24-hour
554 nursing supervision. For purposes of this paragraph, the term
555 "bedridden" means that a resident is confined to a bed because
556 of the inability to:

557 a. Move, turn, or reposition without total physical
558 assistance;

559 b. Transfer to a chair or wheelchair without total physical
560 assistance; or

561 c. Sit safely in a chair or wheelchair without personal
562 assistance or a physical restraint.

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

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

570 (2) A resident may not be moved from one facility to
571 another without consultation with and agreement from the
572 resident or, if applicable, the resident's representative or
573 designee or the resident's family, guardian, surrogate, or
574 attorney in fact. In the case of a resident who has been placed
575 by the department or the Department of Children and Families,
576 the administrator must notify the appropriate contact person in
577 the applicable department.

578 (3)~~(2)~~ A physician, physician assistant, or advanced
579 practice registered nurse practitioner who is employed by an
580 assisted living facility to provide an initial examination for

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581 admission purposes may not have financial interests ~~interest~~ in
582 the facility.

583 (4)~~(3)~~ Persons licensed under part I of chapter 464 who are
584 employed by or under contract with a facility shall, on a
585 routine basis or at least monthly, perform a nursing assessment
586 of the residents for whom they are providing nursing services
587 ordered by a physician, except administration of medication, and
588 shall document such assessment, including any substantial
589 changes in a resident's status which may necessitate relocation
590 to a nursing home, hospital, or specialized health care
591 facility. Such records shall be maintained in the facility for
592 inspection by the agency and shall be forwarded to the
593 resident's case manager, if applicable.

594 (5) (a)~~(4)~~ ~~If possible,~~ Each resident must ~~shall~~ have been
595 examined by a licensed physician, a licensed physician
596 assistant, or a licensed advanced practice registered nurse
597 ~~practitioner~~ within 60 days before admission to the facility or
598 within 30 days after admission to the facility, except as
599 provided in s. 429.07(3)(b)6. The information from the medical
600 examination must be recorded on the practitioner's form or on a
601 form adopted by agency rule. The ~~signed and completed~~ medical
602 examination form, signed only by the practitioner, must ~~report~~
603 ~~shall~~ be submitted to the owner or administrator of the
604 facility, who shall use the information contained therein to
605 assist in the determination of the appropriateness of the
606 resident's admission to or ~~and~~ continued residency ~~stay~~ in the
607 facility.

608 (b) The medical examination form may be used only to record
609 the practitioner's direct observation of the patient at the time

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610 of examination and must include the patient's medical history.
611 Such form does not guarantee admission to, continued residency
612 in, or the delivery of services at the facility and must be used
613 only as an informative tool to assist in the determination of
614 the appropriateness of the resident's admission to or continued
615 residency in the facility. The medical examination form,
616 reflecting the resident's condition on the date the examination
617 is performed, becomes ~~report shall become~~ a permanent part of
618 the facility's record of the resident ~~at the facility~~ and must
619 ~~shall~~ be made available to the agency during inspection or upon
620 request. An assessment that has been completed through the
621 Comprehensive Assessment and Review for Long-Term Care Services
622 (CARES) Program fulfills the requirements for a medical
623 examination under this subsection and s. 429.07(3)(b)6.

624 (c) The medical examination form must include all of the
625 following information about the resident:

- 626 1. Height, weight, and known allergies.
- 627 2. Significant medical history and diagnoses.
- 628 3. Physical or sensory limitations, including the need for
629 fall precautions or recommended use of assistive devices.
- 630 4. Cognitive or behavioral status and a brief description
631 of any behavioral issues known or ascertained by the examining
632 practitioner, including any known history of wandering or
633 elopement.
- 634 5. Nursing, treatment, or therapy service requirements.
- 635 6. Whether the resident needs assistance for ambulating,
636 eating, or transferring.
- 637 7. Special dietary instructions.
- 638 8. Whether the resident has any communicable diseases,

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639 including precautions that are necessary due to such diseases.

640 9. Whether the resident is bedridden and the presence of
641 any pressure sores.

642 10. Whether the resident needs 24-hour nursing supervision
643 or psychiatric care.

644 11. A list of current prescribed medications as known or
645 ascertained by the examining practitioner and whether the
646 resident can self-administer medications, needs assistance with
647 medications, or needs medication administration.

648 ~~(5) Except as provided in s. 429.07, if a medical~~
649 ~~examination has not been completed within 60 days before the~~
650 ~~admission of the resident to the facility, a licensed physician,~~
651 ~~licensed physician assistant, or licensed nurse practitioner~~
652 ~~shall examine the resident and complete a medical examination~~
653 ~~form provided by the agency within 30 days following the~~
654 ~~admission to the facility to enable the facility owner or~~
655 ~~administrator to determine the appropriateness of the admission.~~
656 ~~The medical examination form shall become a permanent part of~~
657 ~~the record of the resident at the facility and shall be made~~
658 ~~available to the agency during inspection by the agency or upon~~
659 ~~request.~~

660 (6) Any resident accepted in a facility and placed by ~~the~~
661 ~~department or the Department of Children and Families~~ must ~~shall~~
662 have been examined by medical personnel within 30 days before
663 placement in the facility. The examination must ~~shall~~ include an
664 assessment of the appropriateness of placement in a facility.
665 The findings of this examination must ~~shall~~ be recorded on the
666 examination form provided by the agency. The completed form must
667 ~~shall~~ accompany the resident and ~~shall~~ be submitted to the

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668 facility owner or administrator. Additionally, in the case of a
669 mental health resident, the Department of Children and Families
670 must provide documentation that the individual has been assessed
671 by a psychiatrist, clinical psychologist, clinical social
672 worker, or psychiatric nurse, or an individual who is supervised
673 by one of these professionals, and determined to be appropriate
674 to reside in an assisted living facility. The documentation must
675 be in the facility within 30 days after the mental health
676 resident has been admitted to the facility. An evaluation
677 completed upon discharge from a state mental hospital meets the
678 requirements of this subsection related to appropriateness for
679 placement as a mental health resident, provided that ~~providing~~
680 it was completed within 90 days before ~~prior to~~ admission to the
681 facility. The ~~applicable~~ Department of Children and Families
682 shall provide to the facility administrator any information
683 about the resident which ~~that~~ would help the administrator meet
684 his or her responsibilities under subsection (1). Further,
685 Department of Children and Families personnel shall explain to
686 the facility operator any special needs of the resident and
687 advise the operator whom to call should problems arise. The
688 ~~applicable~~ Department of Children and Families shall advise and
689 assist the facility administrator when ~~where~~ the special needs
690 of residents who are recipients of optional state
691 supplementation require such assistance.

692 (7) The facility shall ~~must~~ notify a licensed physician
693 when a resident exhibits signs of dementia or cognitive
694 impairment or has a change of condition in order to rule out the
695 presence of an underlying physiological condition that may be
696 contributing to such dementia or impairment. The notification

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697 must occur within 30 days after the acknowledgment of such signs
698 by facility staff. If an underlying condition is determined to
699 exist, the facility must notify the resident's representative or
700 designee of the need for health care services and must assist in
701 making appointments for ~~shall arrange, with the appropriate~~
702 ~~health care provider,~~ the necessary care and services to treat
703 the condition. If the resident does not have a representative or
704 designee or if the resident's representative or designee cannot
705 be located or is nonresponsive, the facility shall arrange with
706 an appropriate health care provider for the necessary care and
707 services to treat the condition.

708 (8) The Department of Children and Families may require an
709 examination for supplemental security income and optional state
710 supplementation recipients residing in facilities at any time
711 and shall provide the examination whenever a resident's
712 condition requires it. Any facility administrator; personnel of
713 the agency, the department, or the Department of Children and
714 Families; or a representative of the State Long-Term Care
715 Ombudsman Program who believes a resident needs to be evaluated
716 shall notify the resident's case manager, who shall take
717 appropriate action. A report of the examination findings must
718 ~~shall~~ be provided to the resident's case manager and the
719 facility administrator to help the administrator meet his or her
720 responsibilities under subsection (1).

721 ~~(9) A terminally ill resident who no longer meets the~~
722 ~~criteria for continued residency may remain in the facility if~~
723 ~~the arrangement is mutually agreeable to the resident and the~~
724 ~~facility; additional care is rendered through a licensed~~
725 ~~hospice, and the resident is under the care of a physician who~~

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726 ~~agrees that the physical needs of the resident are being met.~~

727 (9)~~(10)~~ Facilities licensed to provide extended congregate
728 care services shall promote aging in place by determining
729 appropriateness of continued residency based on a comprehensive
730 review of the resident's physical and functional status; the
731 ability of the facility, family members, friends, or any other
732 pertinent individuals or agencies to provide the care and
733 services required; and documentation that a written service plan
734 consistent with facility policy has been developed and
735 implemented to ensure that the resident's needs and preferences
736 are addressed.

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

741 Section 9. Paragraph (k) of subsection (1) and subsection
742 (3) of section 429.28, Florida Statutes, are amended to read:

743 429.28 Resident bill of rights.—

744 (1) No resident of a facility shall be deprived of any
745 civil or legal rights, benefits, or privileges guaranteed by
746 law, the Constitution of the State of Florida, or the
747 Constitution of the United States as a resident of a facility.
748 Every resident of a facility shall have the right to:

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

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755 has been adjudicated mentally incapacitated, the guardian shall
756 be given at least 45 days' notice of a nonemergency relocation
757 or residency termination. Reasons for relocation must ~~shall~~ be
758 set forth in writing and provided to the resident or the
759 resident's legal representative. In order for a facility to
760 terminate the residency of an individual without notice as
761 provided herein, the facility shall show good cause in a court
762 of competent jurisdiction.

763 (3) (a) The agency shall conduct a survey to determine
764 whether the facility is complying with this part ~~general~~
765 ~~compliance with facility standards and compliance with~~
766 ~~residents' rights~~ as a prerequisite to initial licensure or
767 licensure renewal. ~~The agency shall adopt rules for uniform~~
768 ~~standards and criteria that will be used to determine compliance~~
769 ~~with facility standards and compliance with residents' rights.~~

770 (b) In order to determine whether the facility is
771 adequately protecting residents' rights, the licensure renewal
772 ~~biennial~~ survey must ~~shall~~ include private informal
773 conversations with a sample of residents and consultation with
774 the ombudsman council in the district in which the facility is
775 located to discuss residents' experiences within the facility.

776 Section 10. Subsections (1) and (2) of section 429.31,
777 Florida Statutes, are amended to read:

778 429.31 Closing of facility; notice; penalty.—

779 (1) In addition to the requirements of part II of chapter
780 408, the facility shall inform, in writing, the agency and each
781 resident or the next of kin, legal representative, or agency
782 acting on each resident's behalf, of the fact and the proposed
783 time of discontinuance of operation, following the notification

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784 requirements provided in s. 429.28(1)(k). In the event a
785 resident has no person to represent him or her, the facility
786 shall be responsible for referral to an appropriate social
787 service agency for placement.

788 (2) Immediately upon the notice by the agency of the
789 voluntary or involuntary termination of such operation, the
790 agency shall inform the State Long-Term Care Ombudsman Program
791 and monitor the transfer of residents to other facilities and
792 ensure that residents' rights are being protected. The agency,
793 in consultation with the Department of Children and Families,
794 shall specify procedures for ensuring that all residents who
795 receive services are appropriately relocated.

796 Section 11. Subsections (1), (2), and (5) of section
797 429.41, Florida Statutes, are amended to read:

798 429.41 Rules establishing standards.—

799 (1) It is the intent of the Legislature that rules
800 published and enforced pursuant to this section shall include
801 criteria by which a reasonable and consistent quality of
802 resident care and quality of life may be ensured and the results
803 of such resident care may be demonstrated. Such rules shall also
804 promote ~~ensure~~ a safe and sanitary environment that is
805 residential and noninstitutional in design or nature and may
806 allow for technological advances in the provision of care,
807 safety, and security, including the use of devices, equipment,
808 and other security measures related to wander management,
809 emergency response, staff risk management, and the general
810 safety and security of residents, staff, and the facility. It is
811 further intended that reasonable efforts be made to accommodate
812 the needs and preferences of residents to enhance the quality of

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813 life in a facility. ~~Uniform firesafety standards for assisted~~
814 ~~living facilities shall be established by the State Fire Marshal~~
815 ~~pursuant to s. 633.206. The agency may adopt rules to administer~~
816 ~~part II of chapter 408. In order to provide safe and sanitary~~
817 ~~facilities and the highest quality of resident care~~
818 ~~accommodating the needs and preferences of residents,~~ The
819 agency, in consultation with the Department of Children and
820 Families and the Department of Health, shall adopt rules,
821 ~~policies, and procedures~~ to administer this part, which must
822 include reasonable and fair minimum standards in relation to:

823 (a) The requirements for ~~and~~ maintenance and the sanitary
824 condition of facilities, not in conflict with, or duplicative
825 of, the requirements in s. 381.006, s. 381.0072, chapter 553, or
826 s. 633.206, relating to a safe and decent living environment,
827 including furnishings for resident bedrooms or sleeping areas,
828 locking devices, linens plumbing, heating, cooling, lighting,
829 ventilation, living space, and other housing conditions relating
830 to hazards, which will promote ensure the health, safety, and
831 welfare comfort of residents suitable to the size of the
832 structure. The rules must clearly delineate the respective
833 responsibilities of the agency's licensure and survey staff and
834 the county health departments and ensure that inspections are
835 not duplicative. The agency may collect fees for food service
836 inspections conducted by county health departments and may
837 transfer such fees to the Department of Health.

838 ~~1. Firesafety evacuation capability determination. An~~
839 ~~evacuation capability evaluation for initial licensure shall be~~
840 ~~conducted within 6 months after the date of licensure.~~

841 ~~2. Firesafety requirements.~~

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842 ~~a. The National Fire Protection Association, Life Safety~~
843 ~~Code, NFPA 101 and 101A, current editions, shall be used in~~
844 ~~determining the uniform firesafety code adopted by the State~~
845 ~~Fire Marshal for assisted living facilities, pursuant to s.~~
846 ~~633.206.~~

847 ~~b. A local government or a utility may charge fees only in~~
848 ~~an amount not to exceed the actual expenses incurred by the~~
849 ~~local government or the utility relating to the installation and~~
850 ~~maintenance of an automatic fire sprinkler system in a licensed~~
851 ~~assisted living facility structure.~~

852 ~~c. All licensed facilities must have an annual fire~~
853 ~~inspection conducted by the local fire marshal or authority~~
854 ~~having jurisdiction.~~

855 ~~d. An assisted living facility that is issued a building~~
856 ~~permit or certificate of occupancy before July 1, 2016, may at~~
857 ~~its option and after notifying the authority having~~
858 ~~jurisdiction, remain under the provisions of the 1994 and 1995~~
859 ~~editions of the National Fire Protection Association, Life~~
860 ~~Safety Code, NFPA 101, and NFPA 101A. The facility opting to~~
861 ~~remain under such provisions may make repairs, modernizations,~~
862 ~~renovations, or additions to, or rehabilitate, the facility in~~
863 ~~compliance with NFPA 101, 1994 edition, and may utilize the~~
864 ~~alternative approaches to life safety in compliance with NFPA~~
865 ~~101A, 1995 edition. However, a facility for which a building~~
866 ~~permit or certificate of occupancy is issued before July 1,~~
867 ~~2016, that undergoes Level III building alteration or~~
868 ~~rehabilitation, as defined in the Florida Building Code, or~~
869 ~~seeks to utilize features not authorized under the 1994 or 1995~~
870 ~~editions of the Life Safety Code must thereafter comply with all~~

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871 ~~aspects of the uniform firesafety standards established under s.~~
872 ~~633.206, and the Florida Fire Prevention Code, in effect for~~
873 ~~assisted living facilities as adopted by the State Fire Marshal.~~

874 ~~3. Resident elopement requirements. Facilities are required~~
875 ~~to conduct a minimum of two resident elopement prevention and~~
876 ~~response drills per year. All administrators and direct care~~
877 ~~staff must participate in the drills, which shall include a~~
878 ~~review of procedures to address resident elopement. Facilities~~
879 ~~must document the implementation of the drills and ensure that~~
880 ~~the drills are conducted in a manner consistent with the~~
881 ~~facility's resident elopement policies and procedures.~~

882 (b) The preparation and annual update of a comprehensive
883 emergency management plan. Such standards must be included in
884 the rules adopted by the agency after consultation with the
885 Division of Emergency Management. At a minimum, the rules must
886 provide for plan components that address emergency evacuation
887 transportation; adequate sheltering arrangements; postdisaster
888 activities, including provision of emergency power, food, and
889 water; postdisaster transportation; supplies; staffing;
890 emergency equipment; individual identification of residents and
891 transfer of records; communication with families; and responses
892 to family inquiries. The comprehensive emergency management plan
893 is subject to review and approval by the county local emergency
894 management agency. During its review, the county local emergency
895 management agency shall ensure that the following agencies, at a
896 minimum, are given the opportunity to review the plan: the
897 Department of Health, the Agency for Health Care Administration,
898 and the Division of Emergency Management. ~~Also, appropriate~~
899 ~~volunteer organizations must be given the opportunity to review~~

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900 ~~the plan.~~ The county ~~local~~ emergency management agency shall
901 complete its review within 60 days and either approve the plan
902 or advise the facility of necessary revisions. A facility must
903 submit a comprehensive emergency management plan to the county
904 emergency management agency within 30 days after issuance of a
905 license.

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

911 ~~(d) All sanitary conditions within the facility and its~~
912 ~~surroundings which will ensure the health and comfort of~~
913 ~~residents. The rules must clearly delineate the responsibilities~~
914 ~~of the agency's licensure and survey staff, the county health~~
915 ~~departments, and the local authority having jurisdiction over~~
916 ~~firesafety and ensure that inspections are not duplicative. The~~
917 ~~agency may collect fees for food service inspections conducted~~
918 ~~by the county health departments and transfer such fees to the~~
919 ~~Department of Health.~~

920 (d)(e) License application and license renewal, transfer of
921 ownership, proper management of resident funds and personal
922 property, surety bonds, resident contracts, refund policies,
923 financial ability to operate, and facility and staff records.

924 (e)(f) Inspections, complaint investigations, moratoriums,
925 classification of deficiencies, levying and enforcement of
926 penalties, ~~and use of income from fees and fines.~~

927 (f)(g) The enforcement of the resident bill of rights
928 specified in s. 429.28.

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- 929 (g)~~(h)~~ The care ~~and maintenance~~ of residents provided by
930 the facility, which must include, ~~but is not limited to~~:
- 931 1. The supervision of residents;
 - 932 2. The provision of personal services;
 - 933 3. The provision of, or arrangement for, social and leisure
934 activities;
 - 935 4. The assistance in making arrangements ~~arrangement~~ for
936 appointments and transportation to appropriate medical, dental,
937 nursing, or mental health services, as needed by residents;
 - 938 5. The management of medication stored within the facility
939 and as needed by residents;
 - 940 6. The dietary ~~nutritional~~ needs of residents;
 - 941 7. Resident records; and
 - 942 8. Internal risk management and quality assurance.
- 943 (h)~~(i)~~ Facilities holding a limited nursing, extended
944 congregate care, or limited mental health license.
- 945 (i)~~(j)~~ The establishment of specific criteria to define
946 appropriateness of resident admission and continued residency in
947 a facility holding a standard, limited nursing, extended
948 congregate care, and limited mental health license.
- 949 (j)~~(k)~~ The use of physical or chemical restraints. The use
950 of Posey restraints is prohibited. Other physical restraints may
951 be used in accordance with agency rules when ordered ~~is limited~~
952 ~~to half-bed rails as prescribed and documented~~ by the resident's
953 physician and consented to by ~~with the consent of~~ the resident
954 or, if applicable, the resident's representative or designee or
955 the resident's surrogate, guardian, or attorney in fact. Such
956 rules must specify requirements for care planning, staff
957 monitoring, and periodic review by a physician. The use of

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958 chemical restraints is limited to prescribed dosages of
959 medications authorized by the resident's physician and must be
960 consistent with the resident's diagnosis. Residents who are
961 receiving medications that can serve as chemical restraints must
962 be evaluated by their physician at least annually to assess:

- 963 1. The continued need for the medication.
- 964 2. The level of the medication in the resident's blood.
- 965 3. The need for adjustments in the prescription.

966 (k)~~(l)~~ The establishment of specific resident elopement
967 drill requirements and policies and procedures on resident
968 elopement. Facilities shall conduct a minimum of two resident
969 elopement drills each year. All administrators and direct care
970 staff shall participate in the drills, which must include a
971 review of the facility's procedures to address resident
972 elopement. Facilities shall document participation in the
973 drills.

974 (2) In adopting any rules pursuant to this part, the agency
975 shall make distinct standards for facilities based upon facility
976 size; the types of care provided; the physical and mental
977 capabilities and needs of residents; the type, frequency, and
978 amount of services and care offered; and the staffing
979 characteristics of the facility. Rules developed pursuant to
980 this section may not restrict the use of shared staffing and
981 shared programming in facilities that are part of retirement
982 communities that provide multiple levels of care and otherwise
983 meet the requirements of law and rule. If a continuing care
984 facility licensed under chapter 651 or a retirement community
985 offering multiple levels of care licenses a building or part of
986 a building designated for independent living for assisted

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987 living, staffing requirements established in rule apply only to
988 residents who receive personal, limited nursing, or extended
989 congregate care services under this part. Such facilities shall
990 retain a log listing the names and unit number for residents
991 receiving these services. The log must be available to surveyors
992 upon request. ~~Except for uniform firesafety standards,~~ The
993 agency shall adopt by rule separate and distinct standards for
994 facilities with 16 or fewer beds and for facilities with 17 or
995 more beds. The standards for facilities with 16 or fewer beds
996 must be appropriate for a noninstitutional residential
997 environment; however, the structure may not be more than two
998 stories in height and all persons who cannot exit the facility
999 unassisted in an emergency must reside on the first floor. The
1000 agency may make other distinctions among types of facilities as
1001 necessary to enforce this part. Where appropriate, the agency
1002 shall offer alternate solutions for complying with established
1003 standards, based on distinctions made by the agency relative to
1004 the physical characteristics of facilities and the types of care
1005 offered.

1006 (5) The agency may use an abbreviated biennial standard
1007 licensure inspection that consists of a review of key quality-
1008 of-care standards in lieu of a full inspection in a facility
1009 that has a good record of past performance. However, a full
1010 inspection must be conducted in a facility that has a history of
1011 class I or class II violations; or uncorrected class III
1012 violations; or a class I, class II, or uncorrected class III
1013 violation resulting from a complaint referred by the State Long-
1014 Term Care Ombudsman Program, ~~confirmed ombudsman council~~
1015 ~~complaints, or confirmed licensure complaints~~ within the

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1016 previous licensure period immediately preceding the inspection
1017 or if a potentially serious problem is identified during the
1018 abbreviated inspection. The agency shall adopt by rule ~~develop~~
1019 the key quality-of-care standards ~~with input from the State~~
1020 ~~Long Term Care Ombudsman Council and representatives of provider~~
1021 ~~groups for incorporation into its rules.~~

1022 Section 12. Section 429.435, Florida Statutes, is created
1023 to read:

1024 429.435 Uniform firesafety standards.-Uniform firesafety
1025 standards for assisted living facilities that are residential
1026 board and care occupancies shall be established by the State
1027 Fire Marshal pursuant to s. 633.206.

1028 (1) EVACUATION CAPABILITY.-A firesafety evacuation
1029 capability determination shall be conducted within 6 months
1030 after the date of initial licensure of an assisted living
1031 facility, if required.

1032 (2) FIRESAFETY REQUIREMENTS.-

1033 (a) The National Fire Protection Association, Life Safety
1034 Code, NFPA 101 and 101A, current editions, must be used in
1035 determining the uniform firesafety code adopted by the State
1036 Fire Marshal for assisted living facilities, pursuant to s.
1037 633.206.

1038 (b) A local government or a utility may charge fees that do
1039 not exceed the actual costs incurred by the local government or
1040 the utility for the installation and maintenance of an automatic
1041 fire sprinkler system in a licensed assisted living facility
1042 structure.

1043 (c) All licensed facilities must have an annual fire
1044 inspection conducted by the local fire marshal or authority

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1045 having jurisdiction.

1046 (d) An assisted living facility that was issued a building
1047 permit or certificate of occupancy before July 1, 2016, at its
1048 option and after notifying the authority having jurisdiction,
1049 may remain under the provisions of the 1994 and 1995 editions of
1050 the National Fire Protection Association, Life Safety Code, NFPA
1051 101 and 101A. A facility opting to remain under such provisions
1052 may make repairs, modernizations, renovations, or additions to
1053 or rehabilitate the facility in compliance with NFPA 101, 1994
1054 edition, and may use the alternative approaches to life safety
1055 in compliance with NFPA 101A, 1995 edition. However, a facility
1056 for which a building permit or certificate of occupancy was
1057 issued before July 1, 2016, which undergoes Level III building
1058 alteration or rehabilitation, as defined in the Florida Building
1059 Code, or which seeks to use features not authorized under the
1060 1994 or 1995 editions of the Life Safety Code, shall thereafter
1061 comply with all aspects of the uniform firesafety standards
1062 established under s. 633.206 and the Florida Fire Prevention
1063 Code in effect for assisted living facilities as adopted by the
1064 State Fire Marshal.

1065 Section 13. Section 429.52, Florida Statutes, is amended to
1066 read:

1067 429.52 Staff training and educational requirements
1068 ~~programs; core educational requirement.~~-

1069 (1) ~~Effective October 1, 2015,~~ Each new assisted living
1070 facility employee who has not previously completed core training
1071 must attend a preservice orientation provided by the facility
1072 before interacting with residents. The preservice orientation
1073 must be at least 2 hours in duration and cover topics that help

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1074 the employee provide responsible care and respond to the needs
1075 of facility residents. Upon completion, the employee and the
1076 administrator of the facility must sign a statement that the
1077 employee completed the required preservice orientation. The
1078 facility must keep the signed statement in the employee's
1079 personnel record.

1080 (2) Administrators and other assisted living facility staff
1081 must meet minimum training and education requirements
1082 established by the agency by rule. This training and education
1083 is intended to assist facilities to appropriately respond to the
1084 needs of residents, to maintain resident care and facility
1085 standards, and to meet licensure requirements.

1086 (3) The agency, in conjunction with providers, shall
1087 develop core training requirements for administrators consisting
1088 of core training learning objectives, a competency test, and a
1089 minimum required score to indicate successful passage completion
1090 of the core competency test ~~training and educational~~
1091 ~~requirements~~. The required core competency test ~~training and~~
1092 ~~education~~ must cover at least the following topics:

1093 (a) State law and rules relating to assisted living
1094 facilities.

1095 (b) Resident rights and identifying and reporting abuse,
1096 neglect, and exploitation.

1097 (c) Special needs of elderly persons, persons with mental
1098 illness, and persons with developmental disabilities and how to
1099 meet those needs.

1100 (d) Nutrition and food service, including acceptable
1101 sanitation practices for preparing, storing, and serving food.

1102 (e) Medication management, recordkeeping, and proper

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1103 techniques for assisting residents with self-administered
1104 medication.

1105 (f) Firesafety requirements, including fire evacuation
1106 drill procedures and other emergency procedures.

1107 (g) Care of persons with Alzheimer's disease and related
1108 disorders.

1109 (4) A ~~new~~ facility administrator must complete the required
1110 core training ~~and education~~, including the competency test,
1111 within 90 days after the date of employment as an administrator.
1112 Failure to do so is a violation of this part and subjects the
1113 violator to an administrative fine as prescribed in s. 429.19.
1114 Administrators licensed in accordance with part II of chapter
1115 468 are exempt from this requirement. Other licensed
1116 professionals may be exempted, as determined by the agency by
1117 rule.

1118 (5) Administrators are required to participate in
1119 continuing education for a minimum of 12 contact hours every 2
1120 years.

1121 (6) Staff ~~involved with the management of medications and~~
1122 ~~assisting with the self-administration of medications under s.~~
1123 429.256 must complete a minimum of 6 additional hours of
1124 training provided by a registered nurse or, a licensed
1125 pharmacist before providing assistance, ~~or agency staff~~. Two
1126 hours of continuing education are required annually thereafter.
1127 The agency shall establish by rule the minimum requirements of
1128 this ~~additional~~ training.

1129 (7) ~~Other~~ Facility staff shall participate in inservice
1130 training relevant to their job duties as specified by agency
1131 rule ~~of the agency~~. Topics covered during the preservice

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1132 orientation are not required to be repeated during inservice
1133 training. A single certificate of completion which covers all
1134 required inservice training topics may be issued to a
1135 participating staff member if the training is provided in a
1136 single training course.

1137 (8) If the agency determines that there are problems in a
1138 facility which could be reduced through specific staff training
1139 ~~or education~~ beyond that already required under this section,
1140 the agency may require, and provide, or cause to be provided,
1141 the training ~~or education~~ of any personal care staff in the
1142 facility.

1143 (9) The agency shall adopt rules related to these training
1144 and education requirements, the competency test, necessary
1145 procedures, and competency test fees and shall adopt or contract
1146 with another entity to develop and administer the competency
1147 test. The agency shall adopt a curriculum outline with learning
1148 objectives to be used by core trainers, which shall be used as
1149 the minimum core training content requirements. The agency shall
1150 consult with representatives of stakeholder associations and
1151 agencies in the development of the curriculum outline.

1152 (10) The core training required by this section ~~other than~~
1153 ~~the preservice orientation~~ must be conducted by persons
1154 registered with the agency as having the requisite experience
1155 and credentials to conduct the training. A person seeking to
1156 register as a core trainer must provide the agency with proof of
1157 completion of the ~~minimum~~ core training ~~education~~ requirements,
1158 successful passage of the competency test established under this
1159 section, and proof of compliance with the continuing education
1160 requirement in subsection (5).

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1161 (11) A person seeking to register as a core trainer also
1162 must ~~also~~:

1163 (a) Provide proof of completion of a 4-year degree from an
1164 accredited college or university and must have worked in a
1165 management position in an assisted living facility for 3 years
1166 after being core certified;

1167 (b) Have worked in a management position in an assisted
1168 living facility for 5 years after being core certified and have
1169 1 year of teaching experience as an educator or staff trainer
1170 for persons who work in assisted living facilities or other
1171 long-term care settings;

1172 (c) Have been previously employed as a core trainer for the
1173 agency or department; or

1174 (d) Meet other qualification criteria as defined in rule,
1175 which the agency is authorized to adopt.

1176 (12) The agency shall adopt rules to establish core trainer
1177 registration and removal requirements.

1178 Section 14. This act shall take effect July 1, 2020.