

Amendment No.

CHAMBER ACTION

Senate

House

.

1 Representative Ahern offered the following:

2

3 **Amendment (with title amendment)**

4 Remove everything after the enacting clause and insert:

5 Section 1. Section 394.4574, Florida Statutes, is amended

6 to read:

7 394.4574 ~~Department~~ Responsibilities for coordination of
8 services for a mental health resident who resides in an assisted
9 living facility that holds a limited mental health license.—

10 (1) As used in this section, the term "mental health
11 resident," ~~for purposes of this section,~~ means an individual who
12 receives social security disability income due to a mental
13 disorder as determined by the Social Security Administration or
14 receives supplemental security income due to a mental disorder

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

15 as determined by the Social Security Administration and receives
16 optional state supplementation.

17 (2) Medicaid managed care plans are responsible for
18 Medicaid enrolled mental health residents, and managing entities
19 under contract with the department are responsible for mental
20 health residents who are not enrolled in a Medicaid health plan.
21 A Medicaid managed care plan or a managing entity shall ~~The~~
22 ~~department must~~ ensure that:

23 (a) A mental health resident has been assessed by a
24 psychiatrist, clinical psychologist, clinical social worker, or
25 psychiatric nurse, or an individual who is supervised by one of
26 these professionals, and determined to be appropriate to reside
27 in an assisted living facility. The documentation must be
28 provided to the administrator of the facility within 30 days
29 after the mental health resident has been admitted to the
30 facility. An evaluation completed upon discharge from a state
31 mental hospital meets the requirements of this subsection
32 related to appropriateness for placement as a mental health
33 resident if it was completed within 90 days before ~~prior to~~
34 admission to the facility.

35 (b) A cooperative agreement, as required in s. 429.075, is
36 developed by ~~between~~ the mental health care services provider
37 that serves a mental health resident and the administrator of
38 the assisted living facility with a limited mental health
39 license in which the mental health resident is living. ~~Any~~
40 ~~entity that provides Medicaid prepaid health plan services shall~~

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

41 ~~ensure the appropriate coordination of health care services with~~
42 ~~an assisted living facility in cases where a Medicaid recipient~~
43 ~~is both a member of the entity's prepaid health plan and a~~
44 ~~resident of the assisted living facility. If the entity is at~~
45 ~~risk for Medicaid targeted case management and behavioral health~~
46 ~~services, the entity shall inform the assisted living facility~~
47 ~~of the procedures to follow should an emergent condition arise.~~

48 (c) The community living support plan, as defined in s.
49 429.02, has been prepared by a mental health resident and his or
50 her a mental health case manager ~~of that resident~~ in
51 consultation with the administrator of the facility or the
52 administrator's designee. The plan must be completed and
53 provided to the administrator of the assisted living facility
54 with a limited mental health license in which the mental health
55 resident lives within 30 days after the resident's admission.
56 The support plan and the agreement may be in one document.

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

60 (e) The mental health services provider assigns a case
61 manager to each mental health resident for whom the entity is
62 responsible ~~who lives in an assisted living facility with a~~
63 ~~limited mental health license.~~ The case manager shall coordinate
64 ~~is responsible for coordinating~~ the development ~~of~~ and
65 implementation of the community living support plan defined in
66 s. 429.02. The plan must be updated at least annually, or when

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

67 there is a significant change in the resident's behavioral
68 health status, such as an inpatient admission or a change in
69 medication, level of service, or residence. Each case manager
70 shall keep a record of the date and time of any face-to-face
71 interaction with the resident and make the record available to
72 the responsible entity for inspection. The record must be
73 retained for at least 2 years after the date of the most recent
74 interaction.

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

78 (g) Concerns are reported to the appropriate regulatory
79 oversight organization if a regulated provider fails to deliver
80 appropriate services or otherwise acts in a manner that has the
81 potential to result in harm to the resident.

82 (3) The Secretary of Children and ~~Families~~ Family
83 Services, in consultation with the Agency for Health Care
84 Administration, shall ~~annually~~ require each district
85 administrator to develop, with community input, a detailed
86 annual plan that demonstrates detailed plans that demonstrate
87 how the district will ensure the provision of state-funded
88 mental health and substance abuse treatment services to
89 residents of assisted living facilities that hold a limited
90 mental health license. This plan ~~These plans~~ must be consistent
91 with the substance abuse and mental health district plan
92 developed pursuant to s. 394.75 and must address case management

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

93 services; access to consumer-operated drop-in centers; access to
94 services during evenings, weekends, and holidays; supervision of
95 the clinical needs of the residents; and access to emergency
96 psychiatric care.

97 Section 2. Subsection (1) of section 400.0074, Florida
98 Statutes, is amended, and paragraph (h) is added to subsection
99 (2) of that section, to read:

100 400.0074 Local ombudsman council onsite administrative
101 assessments.—

102 (1) In addition to any specific investigation conducted
103 pursuant to a complaint, the local council shall conduct, at
104 least annually, an onsite administrative assessment of each
105 nursing home, assisted living facility, and adult family-care
106 home within its jurisdiction. This administrative assessment
107 must be comprehensive in nature and must ~~shall~~ focus on factors
108 affecting residents' ~~the~~ rights, health, safety, and welfare ~~of~~
109 ~~the residents~~. Each local council is encouraged to conduct a
110 similar onsite administrative assessment of each additional
111 long-term care facility within its jurisdiction.

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

114 (h) The local council shall conduct an exit consultation
115 with the facility administrator or administrator designee to
116 discuss issues and concerns in areas affecting residents'
117 rights, health, safety, and welfare and, if needed, make
118 recommendations for improvement.

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

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

121 400.0078 Citizen access to State Long-Term Care Ombudsman
122 Program services.—

123 (2) ~~Every resident or representative of a resident shall~~
124 ~~receive,~~ Upon admission to a long-term care facility, each
125 resident or representative of a resident must receive
126 information regarding the purpose of the State Long-Term Care
127 Ombudsman Program, the statewide toll-free telephone number for
128 receiving complaints, information that retaliatory action cannot
129 be taken against a resident for presenting grievances or for
130 exercising any other resident right, and other relevant
131 information regarding how to contact the program. Each resident
132 or his or her representative ~~Residents or their representatives~~
133 must be furnished additional copies of this information upon
134 request.

135 Section 4. Paragraph (c) of subsection (4) of section
136 409.212, Florida Statutes, is amended to read:

137 409.212 Optional supplementation.—

138 (4) In addition to the amount of optional supplementation
139 provided by the state, a person may receive additional
140 supplementation from third parties to contribute to his or her
141 cost of care. Additional supplementation may be provided under
142 the following conditions:

143 (c) The additional supplementation shall not exceed four
144 ~~two~~ times the provider rate recognized under the optional state

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

145 supplementation program.

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

148 429.02 Definitions.—When used in this part, the term:

149 (13) "Limited nursing services" means acts that may be
150 performed by a person licensed under ~~pursuant to~~ part I of
151 chapter 464 ~~by persons licensed thereunder while carrying out~~
152 ~~their professional duties but limited to those acts which the~~
153 ~~department specifies by rule. Acts which may be specified by~~
154 ~~rule as allowable~~ Limited nursing services shall be for persons
155 who meet the admission criteria established by the department
156 for assisted living facilities and shall not be complex enough
157 to require 24-hour nursing supervision and may include such
158 services as the application and care of routine dressings, and
159 care of casts, braces, and splints.

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

162 429.07 License required; fee.—

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

169 (b) An extended congregate care license shall be issued to
170 each facility that has been licensed as an assisted living

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

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

189 1. In order for extended congregate care services to be
190 provided, the agency must first determine that all requirements
191 established in law and rule are met and must specifically
192 designate, on the facility's license, that such services may be
193 provided and whether the designation applies to all or part of
194 the facility. This ~~Such~~ designation may be made at the time of
195 initial licensure or relicensure, or upon request in writing by
196 a licensee under this part and part II of chapter 408. The

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

197 notification of approval or the denial of the request shall be
198 made in accordance with part II of chapter 408. Each existing
199 facility that qualifies ~~facilities qualifying~~ to provide
200 extended congregate care services must have maintained a
201 standard license and may not have been subject to administrative
202 sanctions during the previous 2 years, or since initial
203 licensure if the facility has been licensed for less than 2
204 years, for any of the following reasons:

- 205 a. A class I or class II violation;
- 206 b. Three or more repeat or recurring class III violations
207 of identical or similar resident care standards from which a
208 pattern of noncompliance is found by the agency;
- 209 c. Three or more class III violations that were not
210 corrected in accordance with the corrective action plan approved
211 by the agency;
- 212 d. Violation of resident care standards which results in
213 requiring the facility to employ the services of a consultant
214 pharmacist or consultant dietitian;
- 215 e. Denial, suspension, or revocation of a license for
216 another facility licensed under this part in which the applicant
217 for an extended congregate care license has at least 25 percent
218 ownership interest; or
- 219 f. Imposition of a moratorium pursuant to this part or
220 part II of chapter 408 or initiation of injunctive proceedings.

221
222 The agency may deny or revoke a facility's extended congregate

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

223 care license for not meeting the criteria for an extended
224 congregate care license as provided in this subparagraph.

225 2. If an assisted living facility has been licensed for
226 less than 2 years, the initial extended congregate care license
227 must be provisional and may not exceed 6 months. Within the
228 first 3 months after the provisional license is issued, the
229 licensee shall notify the agency, in writing, when it has
230 admitted at least one extended congregate care resident, after
231 which an unannounced inspection shall be made to determine
232 compliance with the requirements of an extended congregate care
233 license. Failure to admit an extended congregate care resident
234 within the first 3 months shall render the extended congregate
235 care license void. A licensee with a provisional extended
236 congregate care license that demonstrates compliance with all
237 the requirements of an extended congregate care license during
238 the inspection shall be issued an extended congregate care
239 license. In addition to sanctions authorized under this part, if
240 violations are found during the inspection and the licensee
241 fails to demonstrate compliance with all assisted living
242 facility requirements during a followup inspection, the licensee
243 shall immediately suspend extended congregate care services, and
244 the provisional extended congregate care license expires. The
245 agency may extend the provisional license for not more than 1
246 month in order to complete a followup visit.

247 3.2. A facility that is licensed to provide extended
248 congregate care services shall maintain a written progress

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

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

263 a. Held an extended congregate care license for at least
264 24 months; ~~been licensed for at least 24 months to provide~~
265 ~~extended congregate care services, if, during the inspection,~~
266 ~~the registered nurse determines that extended congregate care~~
267 ~~services are being provided appropriately, and if the facility~~
268 ~~has~~

269 b. No class I or class II violations and no uncorrected
270 class III violations; and-

271 c. No ombudsman council complaints that resulted in a
272 citation for licensure. ~~The agency must first consult with the~~
273 ~~long term care ombudsman council for the area in which the~~
274 ~~facility is located to determine if any complaints have been~~

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

275 ~~made and substantiated about the quality of services or care.~~
276 ~~The agency may not waive one of the required yearly monitoring~~
277 ~~visits if complaints have been made and substantiated.~~

278 ~~4.3.~~ A facility that is licensed to provide extended
279 congregate care services must:

280 a. Demonstrate the capability to meet unanticipated
281 resident service needs.

282 b. Offer a physical environment that promotes a homelike
283 setting, provides for resident privacy, promotes resident
284 independence, and allows sufficient congregate space as defined
285 by rule.

286 c. Have sufficient staff available, taking into account
287 the physical plant and firesafety features of the building, to
288 assist with the evacuation of residents in an emergency.

289 d. Adopt and follow policies and procedures that maximize
290 resident independence, dignity, choice, and decisionmaking to
291 permit residents to age in place, so that moves due to changes
292 in functional status are minimized or avoided.

293 e. Allow residents or, if applicable, a resident's
294 representative, designee, surrogate, guardian, or attorney in
295 fact to make a variety of personal choices, participate in
296 developing service plans, and share responsibility in
297 decisionmaking.

298 f. Implement the concept of managed risk.

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

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

301 h. In addition to the training mandated in s. 429.52,
302 provide specialized training as defined by rule for facility
303 staff.

304 ~~5.4.~~ A facility that is licensed to provide extended
305 congregate care services is exempt from the criteria for
306 continued residency set forth in rules adopted under s. 429.41.
307 A licensed facility must adopt its own requirements within
308 guidelines for continued residency set forth by rule. However,
309 the facility may not serve residents who require 24-hour nursing
310 supervision. A licensed facility that provides extended
311 congregate care services must also provide each resident with a
312 written copy of facility policies governing admission and
313 retention.

314 ~~5. The primary purpose of extended congregate care~~
315 ~~services is to allow residents, as they become more impaired,~~
316 ~~the option of remaining in a familiar setting from which they~~
317 ~~would otherwise be disqualified for continued residency. A~~
318 ~~facility licensed to provide extended congregate care services~~
319 ~~may also admit an individual who exceeds the admission criteria~~
320 ~~for a facility with a standard license, if the individual is~~
321 ~~determined appropriate for admission to the extended congregate~~
322 ~~care facility.~~

323 6. Before the admission of an individual to a facility
324 licensed to provide extended congregate care services, the
325 individual must undergo a medical examination as provided in s.
326 429.26(4) and the facility must develop a preliminary service

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

327 plan for the individual.

328 7. ~~If~~ When a facility can no longer provide or arrange for
329 services in accordance with the resident's service plan and
330 needs and the facility's policy, the facility must ~~shall~~ make
331 arrangements for relocating the person in accordance with s.
332 429.28(1)(k).

333 ~~8. Failure to provide extended congregate care services~~
334 ~~may result in denial of extended congregate care license~~
335 ~~renewal.~~

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

339 1. In order for limited nursing services to be provided in
340 a facility licensed under this part, the agency must first
341 determine that all requirements established in law and rule are
342 met and must specifically designate, on the facility's license,
343 that such services may be provided. This ~~Such~~ designation may be
344 made at the time of initial licensure or licensure renewal
345 ~~relicensure~~, or upon request in writing by a licensee under this
346 part and part II of chapter 408. Notification of approval or
347 denial of such request shall be made in accordance with part II
348 of chapter 408. An existing facility that qualifies ~~facilities~~
349 ~~qualifying~~ to provide limited nursing services must ~~shall~~ have
350 maintained a standard license and may not have been subject to
351 administrative sanctions that affect the health, safety, and
352 welfare of residents for the previous 2 years or since initial

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

353 licensure if the facility has been licensed for less than 2
354 years.

355 2. A facility ~~Facilities~~ that is ~~are~~ licensed to provide
356 limited nursing services shall maintain a written progress
357 report on each person who receives such nursing services. The~~7~~
358 ~~which~~ report must describe ~~describes~~ the type, amount, duration,
359 scope, and outcome of services that are rendered and the general
360 status of the resident's health. A registered nurse representing
361 the agency shall visit the facility ~~such facilities~~ at least
362 annually ~~twice a year~~ to monitor residents who are receiving
363 limited nursing services and to determine if the facility is in
364 compliance with applicable provisions of this part, part II of
365 chapter 408, and related rules. The monitoring visits may be
366 provided through contractual arrangements with appropriate
367 community agencies. A registered nurse shall also serve as part
368 of the team that inspects such facility. Visits may be in
369 conjunction with other agency inspections. The agency may waive
370 the required yearly monitoring visit for a facility that has:

371 a. Had a limited nursing services license for at least 24
372 months;

373 b. No class I or class II violations and no uncorrected
374 class III violations; and

375 c. No ombudsman council complaints that resulted in a
376 citation for licensure.

377 3. A person who receives limited nursing services under
378 this part must meet the admission criteria established by the

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

379 agency for assisted living facilities. When a resident no longer
380 meets the admission criteria for a facility licensed under this
381 part, arrangements for relocating the person shall be made in
382 accordance with s. 429.28(1)(k), unless the facility is licensed
383 to provide extended congregate care services.

384 Section 7. Section 429.075, Florida Statutes, is amended
385 to read:

386 429.075 Limited mental health license.—An assisted living
387 facility that serves one ~~three~~ or more mental health residents
388 must obtain a limited mental health license.

389 (1) To obtain a limited mental health license, a facility
390 must hold a standard license as an assisted living facility,
391 must not have any current uncorrected ~~deficiencies or~~
392 violations, and must ensure that, within 6 months after
393 receiving a limited mental health license, the facility
394 administrator and the staff of the facility who are in direct
395 contact with mental health residents must complete training of
396 no less than 6 hours related to their duties. This ~~Such~~
397 designation may be made at the time of initial licensure or
398 relicensure or upon request in writing by a licensee under this
399 part and part II of chapter 408. Notification of approval or
400 denial of such request shall be made in accordance with this
401 part, part II of chapter 408, and applicable rules. This
402 training must ~~will~~ be provided by or approved by the Department
403 of Children and Families ~~Family Services~~.

404 (2) A facility that is ~~Facilities~~ licensed to provide

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

405 services to mental health residents must ~~shall~~ provide
406 appropriate supervision and staffing to provide for the health,
407 safety, and welfare of such residents.

408 (3) A facility that has a limited mental health license
409 must:

410 (a) Have a copy of each mental health resident's community
411 living support plan and the cooperative agreement with the
412 mental health care services provider or provide written evidence
413 that a request for the community living support plan and the
414 cooperative agreement was sent to the Medicaid managed care plan
415 or managing entity under contract with the Department of
416 Children and Families within 72 hours after admission. The
417 support plan and the agreement may be combined.

418 (b) Have documentation ~~that is~~ provided by the Department
419 of Children and Families ~~Family Services~~ that each mental health
420 resident has been assessed and determined to be able to live in
421 the community in an assisted living facility that has ~~with~~ a
422 limited mental health license or provide written evidence that a
423 request for documentation was sent to the Department of Children
424 and Families within 72 hours after admission.

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

429 (d) Assist the mental health resident in carrying out the
430 activities identified in the individual's community living

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

431 support plan.

432 (4) A facility that has ~~with~~ a limited mental health
433 license may enter into a cooperative agreement with a private
434 mental health provider. For purposes of the limited mental
435 health license, the private mental health provider may act as
436 the case manager.

437 Section 8. Section 429.14, Florida Statutes, is amended to
438 read:

439 429.14 Administrative penalties.—

440 (1) In addition to the requirements of part II of chapter
441 408, the agency may deny, revoke, and suspend any license issued
442 under this part and impose an administrative fine in the manner
443 provided in chapter 120 against a licensee for a violation of
444 any provision of this part, part II of chapter 408, or
445 applicable rules, or for any of the following actions by a
446 licensee, ~~for the actions of~~ any person subject to level 2
447 background screening under s. 408.809, or ~~for the actions of~~ any
448 facility staff ~~employee~~:

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

451 (b) A ~~The~~ determination by the agency that the owner lacks
452 the financial ability to provide continuing adequate care to
453 residents.

454 (c) Misappropriation or conversion of the property of a
455 resident of the facility.

456 (d) Failure to follow the criteria and procedures provided

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

457 under part I of chapter 394 relating to the transportation,
458 voluntary admission, and involuntary examination of a facility
459 resident.

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

462 1. One or more cited class I violations ~~deficiencies~~.

463 2. Three or more cited class II violations ~~deficiencies~~.

464 3. Five or more cited class III violations ~~deficiencies~~

465 that have been cited on a single survey and have not been
466 corrected within the times specified.

467 (f) Failure to comply with the background screening
468 standards of this part, s. 408.809(1), or chapter 435.

469 (g) Violation of a moratorium.

470 (h) Failure of the license applicant, the licensee during
471 relicensure, or a licensee that holds a provisional license to
472 meet the minimum license requirements of this part, or related
473 rules, at the time of license application or renewal.

474 (i) An intentional or negligent life-threatening act in
475 violation of the uniform firesafety standards for assisted
476 living facilities or other firesafety standards which ~~that~~
477 threatens the health, safety, or welfare of a resident of a
478 facility, as communicated to the agency by the local authority
479 having jurisdiction or the State Fire Marshal.

480 (j) Knowingly operating any unlicensed facility or
481 providing without a license any service that must be licensed
482 under this chapter or chapter 400.

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

483 (k) Any act constituting a ground upon which application
484 for a license may be denied.

485 (2) Upon notification by the local authority having
486 jurisdiction or by the State Fire Marshal, the agency may deny
487 or revoke the license of an assisted living facility that fails
488 to correct cited fire code violations that affect or threaten
489 the health, safety, or welfare of a resident of a facility.

490 (3) The agency may deny or revoke a license of an ~~to any~~
491 applicant or a controlling interest as defined in part II of
492 chapter 408 which has or had a 25 percent ~~25 percent~~ or greater
493 financial or ownership interest in any other facility that is
494 licensed under this part, or in any entity licensed by this
495 state or another state to provide health or residential care, if
496 that ~~which~~ facility or entity during the 5 years prior to the
497 application for a license closed due to financial inability to
498 operate; had a receiver appointed or a license denied,
499 suspended, or revoked; was subject to a moratorium; or had an
500 injunctive proceeding initiated against it.

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

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

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

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

509 (c) The facility is cited for two or more class I
510 violations arising from separate surveys or investigations
511 within a 2-year period ~~that has two or more class I violations~~
512 ~~that are similar or identical to violations identified by the~~
513 ~~agency during a survey, inspection, monitoring visit, or~~
514 ~~complaint investigation occurring within the previous 2 years.~~

515 (5) An action taken by the agency to suspend, deny, or
516 revoke a facility's license under this part or part II of
517 chapter 408, in which the agency claims that the facility owner
518 or an employee of the facility has threatened the health,
519 safety, or welfare of a resident of the facility, must be heard
520 by the Division of Administrative Hearings of the Department of
521 Management Services within 120 days after receipt of the
522 facility's request for a hearing, unless that time limitation is
523 waived by both parties. The administrative law judge shall ~~must~~
524 render a decision within 30 days after receipt of a proposed
525 recommended order.

526 (6) As provided under s. 408.814, the agency shall impose
527 an immediate moratorium on an assisted living facility that
528 fails to provide the agency with access to the facility or
529 prohibits the agency from conducting a regulatory inspection.
530 The licensee may not restrict agency staff from accessing and
531 copying records or from conducting confidential interviews with
532 facility staff or any individual who receives services from the
533 facility ~~provide to the Division of Hotels and Restaurants of~~
534 ~~the Department of Business and Professional Regulation, on a~~

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

535 ~~monthly basis, a list of those assisted living facilities that~~
536 ~~have had their licenses denied, suspended, or revoked or that~~
537 ~~are involved in an appellate proceeding pursuant to s. 120.60~~
538 ~~related to the denial, suspension, or revocation of a license.~~

539 (7) Agency notification of a license suspension or
540 revocation, or denial of a license renewal, shall be posted and
541 visible to the public at the facility.

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

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

549 429.178 Special care for persons with Alzheimer's disease
550 or other related disorders.—

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

559 (b) A direct caregiver who is employed by a facility that
560 provides special care for residents who have ~~with~~ Alzheimer's

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

561 disease or other related disorders, and ~~who~~ provides direct care
562 to such residents, must complete the required initial training
563 and 4 additional hours of training developed or approved by the
564 department. The training must ~~shall~~ be completed within 9 months
565 after beginning employment and satisfy ~~shall satisfy~~ the core
566 training requirements of s. 429.52(3)(g) ~~429.52(2)(g)~~.

567 Section 10. Section 429.19, Florida Statutes, is amended
568 to read:

569 429.19 Violations; imposition of administrative fines;
570 grounds.—

571 (1) In addition to the requirements of part II of chapter
572 408, the agency shall impose an administrative fine in the
573 manner provided in chapter 120 for the violation of any
574 provision of this part, part II of chapter 408, and applicable
575 rules by an assisted living facility, for the actions of any
576 person subject to level 2 background screening under s. 408.809,
577 for the actions of any facility employee, or for an intentional
578 or negligent act seriously affecting the health, safety, or
579 welfare of a resident of the facility.

580 (2) Each violation of this part and adopted rules must
581 ~~shall~~ be classified according to the nature of the violation and
582 the gravity of its probable effect on facility residents. The
583 scope of a violation may be cited as an isolated, patterned, or
584 widespread deficiency. An isolated deficiency is a deficiency
585 affecting one or a very limited number of residents, or
586 involving one or a very limited number of staff, or a situation

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

587 that occurred only occasionally or in a very limited number of
588 locations. A patterned deficiency is a deficiency in which more
589 than a very limited number of residents are affected, or more
590 than a very limited number of staff are involved, or the
591 situation has occurred in several locations, or the same
592 resident or residents have been affected by repeated occurrences
593 of the same deficient practice but the effect of the deficient
594 practice is not found to be pervasive throughout the facility. A
595 widespread deficiency is a deficiency in which the problems
596 causing the deficiency are pervasive in the facility or
597 represent systemic failure that has affected or has the
598 potential to affect a large portion of the facility's residents.

599 The agency shall indicate the classification on the written
600 notice of the violation as follows:

601 (a) Class "I" violations are defined in s. 408.813. The
602 agency shall impose an administrative fine for a cited class I
603 violation of \$5,000 for an isolated deficiency; \$7,500 for a
604 patterned deficiency; and \$10,000 for a widespread deficiency.
605 If the agency has knowledge of a class I violation which
606 occurred within 12 months before an inspection, a fine must be
607 levied for that violation, regardless of whether the
608 noncompliance is corrected before the inspection in an amount
609 not less than \$5,000 and not exceeding \$10,000 for each
610 violation.

611 (b) Class "II" violations are defined in s. 408.813. The
612 agency shall impose an administrative fine for a cited class II

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

613 violation of \$1,000 for an isolated deficiency; \$3,000 for a
614 patterned deficiency; and \$5,000 for a widespread deficiency in
615 an amount not less than \$1,000 and not exceeding \$5,000 for each
616 violation.

617 (c) Class "III" violations are defined in s. 408.813. The
618 agency shall impose an administrative fine for a cited class III
619 violation of \$500 for an isolated deficiency; \$750 for a
620 patterned deficiency; and \$1,000 for a widespread deficiency in
621 an amount not less than \$500 and not exceeding \$1,000 for each
622 violation.

623 (d) Class "IV" violations are defined in s. 408.813. The
624 agency shall impose an administrative fine for a cited class IV
625 violation of \$100 for an isolated deficiency; \$150 for a
626 patterned deficiency; and \$200 for a widespread deficiency in an
627 amount not less than \$100 and not exceeding \$200 for each
628 violation.

629 (e) Any fine imposed for a class I violation or a class II
630 violation must be doubled if a facility was previously cited for
631 one or more class I or class II violations during the agency's
632 last licensure inspection or any inspection or complaint
633 investigation since the last licensure inspection.

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

638 (g) Regardless of the class of violation cited, instead of

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

639 the fine amounts listed in paragraphs (a)-(d), the agency shall
640 impose an administrative fine of \$500 if a facility is found not
641 to be in compliance with the background screening requirements
642 as provided in s. 408.809.

643 ~~(3) For purposes of this section, in determining if a~~
644 ~~penalty is to be imposed and in fixing the amount of the fine,~~
645 ~~the agency shall consider the following factors:~~

646 ~~(a) The gravity of the violation, including the~~
647 ~~probability that death or serious physical or emotional harm to~~
648 ~~a resident will result or has resulted, the severity of the~~
649 ~~action or potential harm, and the extent to which the provisions~~
650 ~~of the applicable laws or rules were violated.~~

651 ~~(b) Actions taken by the owner or administrator to correct~~
652 ~~violations.~~

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

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

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

657 (3)(4) Each day of continuing violation after the date
658 established by the agency fixed for correction termination of
659 the violation, as ordered by the agency, constitutes an
660 additional, separate, and distinct violation.

661 (4)(5) An Any action taken to correct a violation shall be
662 documented in writing by the owner or administrator of the
663 facility and verified through followup visits by agency
664 personnel. The agency may impose a fine and, in the case of an

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

665 owner-operated facility, revoke or deny a facility's license
666 when a facility administrator fraudulently misrepresents action
667 taken to correct a violation.

668 ~~(5)(6)~~ A Any facility whose owner fails to apply for a
669 change-of-ownership license in accordance with part II of
670 chapter 408 and operates the facility under the new ownership is
671 subject to a fine of \$5,000.

672 ~~(6)(7)~~ In addition to any administrative fines imposed,
673 the agency may assess a survey fee, equal to the lesser of one
674 half of the facility's biennial license and bed fee or \$500, to
675 cover the cost of conducting initial complaint investigations
676 that result in the finding of a violation that was the subject
677 of the complaint or monitoring visits conducted under s.
678 429.28(3)(c) to verify the correction of the violations.

679 ~~(7)(8)~~ During an inspection, the agency shall make a
680 reasonable attempt to discuss each violation with the owner or
681 administrator of the facility, prior to written notification.

682 ~~(8)(9)~~ The agency shall develop and disseminate an annual
683 list of all facilities sanctioned or fined for violations of
684 state standards, the number and class of violations involved,
685 the penalties imposed, and the current status of cases. The list
686 shall be disseminated, at no charge, to the Department of
687 Elderly Affairs, the Department of Health, the Department of
688 Children and Families ~~Family Services~~, the Agency for Persons
689 with Disabilities, the area agencies on aging, the Florida
690 Statewide Advocacy Council, and the state and local ombudsman

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

691 councils. The Department of Children and Families ~~Family~~
692 ~~Services~~ shall disseminate the list to service providers under
693 contract to the department who are responsible for referring
694 persons to a facility for residency. The agency may charge a fee
695 commensurate with the cost of printing and postage to other
696 interested parties requesting a copy of this list. This
697 information may be provided electronically or through the
698 agency's website ~~Internet site~~.

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

701 429.256 Assistance with self-administration of
702 medication.—

703 (3) Assistance with self-administration of medication
704 includes:

705 (a) Taking the medication, in its previously dispensed,
706 properly labeled container, including an insulin syringe that is
707 prefilled with the proper dosage by a pharmacist and an insulin
708 pen that is prefilled by the manufacturer, from where it is
709 stored, and bringing it to the resident.

710 (b) In the presence of the resident, reading the label,
711 opening the container, removing a prescribed amount of
712 medication from the container, and closing the container.

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

716 (d) Applying topical medications.

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

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

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

720 (g) Assisting with the use of a nebulizer, including
721 removing the cap of a nebulizer, opening the unit dose of
722 nebulizer solution, and pouring the prescribed premeasured dose
723 of medication into the dispensing cup of the nebulizer.

724 (h) Using a glucometer to perform blood-glucose level
725 checks.

726 (i) Assisting with putting on and taking off antiembolism
727 stockings.

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

730 (k) Assisting with the use of a continuous positive airway
731 pressure device but not with titrating the prescribed setting of
732 the device.

733 (l) Assisting with measuring vital signs.

734 (m) Assisting with colostomy bags.

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

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

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

740 429.27 Property and personal affairs of residents.—

741 (3) A facility, upon mutual consent with the resident,
742 shall provide for the safekeeping in the facility of personal

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

743 effects not in excess of \$500 and funds of the resident not in
744 excess of \$500 ~~\$200~~ cash, and shall keep complete and accurate
745 records of all such funds and personal effects received. If a
746 resident is absent from a facility for 24 hours or more, the
747 facility may provide for the safekeeping of the resident's
748 personal effects in excess of \$500.

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

752 429.28 Resident bill of rights.-

753 (2) The administrator of a facility shall ensure that a
754 written notice of the rights, obligations, and prohibitions set
755 forth in this part is posted in a prominent place in each
756 facility and read or explained to residents who cannot read. The
757 ~~This~~ notice must ~~shall~~ include the name, address, and telephone
758 numbers of the local ombudsman council, the ~~and~~ central abuse
759 hotline, and, if ~~when~~ applicable, Disability Rights Florida the
760 ~~Advocacy Center for Persons with Disabilities, Inc., and the~~
761 ~~Florida local advocacy council~~, where complaints may be lodged.
762 The notice must state that a complaint made to the Office of
763 State Long-Term Care Ombudsman or a local long-term care
764 ombudsman council, the names and identities of the residents
765 involved in the complaint, and the identity of complainants are
766 kept confidential pursuant to s. 400.0077 and that retaliatory
767 action cannot be taken against a resident for presenting
768 grievances or for exercising any other resident right. The

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

769 facility must ensure a resident's access to a telephone to call
770 the local ombudsman council, central abuse hotline, and
771 Disability Rights Florida Advocacy Center for Persons with
772 Disabilities, Inc., and the Florida local advocacy council.

773 (3) (a) The agency shall conduct a survey to determine
774 general compliance with facility standards and compliance with
775 residents' rights as a prerequisite to initial licensure or
776 licensure renewal. The agency shall adopt rules for uniform
777 standards and criteria that will be used to determine compliance
778 with facility standards and compliance with residents' rights.

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

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

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

785 (c) Files a civil action alleging a violation of the
786 provisions of this part or notifies a state attorney or the
787 Attorney General of a possible violation of such provisions.

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

794 Section 14. Section 429.34, Florida Statutes, is amended

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

795 to read:

796 429.34 Right of entry and inspection.—

797 (1) In addition to the requirements of s. 408.811, any
798 duly designated officer or employee of the department, the
799 Department of Children and Families ~~Family Services~~, the
800 Medicaid Fraud Control Unit of the Office of the Attorney
801 General, the state or local fire marshal, or a member of the
802 state or local long-term care ombudsman council has ~~shall have~~
803 the right to enter unannounced upon and into the premises of any
804 facility licensed pursuant to this part in order to determine
805 the state of compliance with ~~the provisions of~~ this part, part
806 II of chapter 408, and applicable rules. Data collected by the
807 state or local long-term care ombudsman councils or the state or
808 local advocacy councils may be used by the agency in
809 investigations involving violations of regulatory standards. A
810 person specified in this section who knows or has reasonable
811 cause to suspect that a vulnerable adult has been or is being
812 abused, neglected, or exploited shall immediately report such
813 knowledge or suspicion to the central abuse hotline pursuant to
814 chapter 415.

815 (2) The agency shall inspect each licensed assisted living
816 facility at least once every 24 months to determine compliance
817 with this chapter and related rules. If an assisted living
818 facility is cited for one or more class I violations or two or
819 more class II violations arising from separate surveys within a
820 60-day period or due to unrelated circumstances during the same

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

821 survey, the agency must conduct an additional licensure
822 inspection within 6 months. In addition to any fines imposed on
823 the facility under s. 429.19, the licensee shall pay a fee for
824 the cost of the additional inspection equivalent to the standard
825 assisted living facility license and per-bed fees, without
826 exception for beds designated for recipients of optional state
827 supplementation. The agency shall adjust the fee in accordance
828 with s. 408.805.

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

831 429.41 Rules establishing standards.—

832 (2) In adopting any rules pursuant to this part, the
833 department, in conjunction with the agency, shall make distinct
834 standards for facilities based upon facility size; the types of
835 care provided; the physical and mental capabilities and needs of
836 residents; the type, frequency, and amount of services and care
837 offered; and the staffing characteristics of the facility. Rules
838 developed pursuant to this section may shall not restrict the
839 use of shared staffing and shared programming in facilities that
840 are part of retirement communities that provide multiple levels
841 of care and otherwise meet the requirements of law and rule. If
842 a continuing care facility licensed under chapter 651 or a
843 retirement community offering multiple levels of care licenses a
844 building or part of a building designated for independent living
845 for assisted living, staffing requirements established in rule
846 apply only to residents who receive personal, limited nursing,

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

847 or extended congregate care services under this part. Such
848 facilities shall retain a log listing the names and unit number
849 for residents receiving these services. The log must be
850 available to surveyors upon request. Except for uniform
851 firesafety standards, the department shall adopt by rule
852 separate and distinct standards for facilities with 16 or fewer
853 beds and for facilities with 17 or more beds. The standards for
854 facilities with 16 or fewer beds must ~~shall~~ be appropriate for a
855 noninstitutional residential environment; however, ~~provided that~~
856 the structure may not be ~~is no~~ more than two stories in height
857 and all persons who cannot exit the facility unassisted in an
858 emergency must reside on the first floor. The department, in
859 conjunction with the agency, may make other distinctions among
860 types of facilities as necessary to enforce the provisions of
861 this part. Where appropriate, the agency shall offer alternate
862 solutions for complying with established standards, based on
863 distinctions made by the department and the agency relative to
864 the physical characteristics of facilities and the types of care
865 offered ~~therein~~.

866 Section 16. Subsections (1) through (11) of section
867 429.52, Florida Statutes, are renumbered as subsections (2)
868 through (12), respectively, present subsections (5) and (9) are
869 amended, and a new subsection (1) is added to that section, to
870 read:

871 429.52 Staff training and educational programs; core
872 educational requirement.—

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

873 (1) Effective October 1, 2014, each new assisted living
874 facility employee who has not previously completed core training
875 must attend a preservice orientation provided by the facility
876 before interacting with residents. The preservice orientation
877 must be at least 2 hours in duration and cover topics that help
878 the employee provide responsible care and respond to the needs
879 of facility residents. Upon completion, the employee and the
880 administrator of the facility must sign a statement that the
881 employee completed the required preservice orientation. The
882 facility must keep the signed statement in the employee's
883 personnel record.

884 (6)-(5) Staff involved with the management of medications
885 and assisting with the self-administration of medications under
886 s. 429.256 must complete a minimum of 6 ~~4~~ additional hours of
887 training provided by a registered nurse, licensed pharmacist, or
888 department staff. The department shall establish by rule the
889 minimum requirements of this additional training.

890 (10)-(9) The training required by this section other than
891 the preservice orientation must ~~shall~~ be conducted by persons
892 registered with the department as having the requisite
893 experience and credentials to conduct the training. A person
894 seeking to register as a trainer must provide the department
895 with proof of completion of the minimum core training education
896 requirements, successful passage of the competency test
897 established under this section, and proof of compliance with the
898 continuing education requirement in subsection (5) ~~(4)~~.

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

899 Section 17. Section 429.55, Florida Statutes, is created
900 to read:

901 429.55 Consumer information website.—The Legislature finds
902 that consumers need additional information on the quality of
903 care and service in assisted living facilities in order to
904 select the best facility for themselves or their loved ones.
905 Therefore, the Agency for Health Care Administration shall
906 create content that is easily accessible through the home page
907 of the agency's website either directly or indirectly through
908 links to one or more other established websites of the agency's
909 choosing. The website must be searchable by facility name,
910 license type, city, or zip code. By November 1, 2014, the agency
911 shall include all content in its possession on the website and
912 add content when received from facilities. At a minimum, the
913 content must include:

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

916 (a) The name and address of the facility.

917 (b) The number and type of licensed beds in the facility.

918 (c) The types of licenses held by the facility.

919 (d) The facility's license expiration date and status.

920 (e) Proprietary or nonproprietary status of the licensee.

921 (f) Any affiliation with a company or other organization
922 owning or managing more than one assisted living facility in
923 this state.

924 (g) The total number of clients that the facility is

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

- 925 licensed to serve and the most recently available occupancy
926 levels.
- 927 (h) The number of private and semiprivate rooms offered.
928 (i) The bed-hold policy.
929 (j) The religious affiliation, if any, of the assisted
930 living facility.
- 931 (k) The languages spoken by the staff.
932 (l) Availability of nurses.
933 (m) Forms of payment accepted, including, but not limited
934 to, Medicaid, Medicaid long-term managed care, private
935 insurance, health maintenance organization, United States
936 Department of Veterans Affairs, CHAMPUS program, or workers'
937 compensation coverage.
- 938 (n) Indication if the licensee is operating under
939 bankruptcy protection.
- 940 (o) Recreational and other programs available.
941 (p) Special care units or programs offered.
942 (q) Whether the facility is a part of a retirement
943 community that offers other services pursuant to this part or
944 part III of this chapter, part II or part III of chapter 400, or
945 chapter 651.
- 946 (r) Links to the State Long-Term Care Ombudsman Program
947 website and the program's statewide toll-free telephone number.
948 (s) Links to the websites of the providers or their
949 affiliates.

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

950 (t) Other relevant information that the agency currently
951 collects.

952 (2) Survey and violation information for the facility,
953 including a list of the facility's violations committed during
954 the previous 60 months, which on July 1, 2014, may include
955 violations committed on or after July 1, 2009. The list shall be
956 updated monthly and include for each violation:

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

960 (b) Any sanctions imposed by final order.

961 (c) The date the corrective action was confirmed by the
962 agency.

963 (3) Links to inspection reports that the agency has on
964 file.

965 (4) The agency may adopt rules to administer this section.

966 Section 18. The Legislature finds that consistent
967 regulation of assisted living facilities benefits residents and
968 operators of such facilities. To determine whether surveys are
969 consistent between surveys and surveyors, the Office of Program
970 Policy Analysis and Government Accountability shall conduct a
971 study of intersurveyor reliability for assisted living
972 facilities. By November 1, 2014, the Office of Program Policy
973 Analysis and Government Accountability shall submit a report of
974 its findings to the Governor, the President of the Senate, and
975 the Speaker of the House of Representatives and make any

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

976 recommendations for improving intersurveyor reliability.

977 Section 19. For fiscal year 2014-2015, the sums of
978 \$151,322 in recurring funds and \$7,986 in nonrecurring funds
979 from the Health Care Trust Fund are appropriated to the Agency
980 for Health Care Administration, and two full-time equivalent
981 positions with associated salary rate are authorized, for the
982 purpose of carrying out the regulatory activities provided in
983 this act.

984 Section 20. This act shall take effect July 1, 2014.

985

986 -----

987 **T I T L E A M E N D M E N T**

988 Remove everything before the enacting clause and insert:

989 A bill to be entitled

990 An act relating to health of residents; amending s.
991 394.4574, F.S.; providing that Medicaid managed care
992 plans are responsible for enrolled mental health
993 residents; providing that managing entities under
994 contract with the Department of Children and Families
995 are responsible for mental health residents who are
996 not enrolled with a Medicaid managed care plan;
997 deleting a provision to conform to changes made by the
998 act; requiring that the community living support plan
999 be completed and provided to the administrator of a
1000 facility within a specified period after the
1001 resident's admission; requiring the community living

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

1002 support plan to be updated when there is a significant
1003 change to the mental health resident's behavioral
1004 health; requiring the case manager assigned to a
1005 mental health resident of an assisted living facility
1006 that holds a limited mental health license to keep a
1007 record of the date and time of face-to-face
1008 interactions with the resident and to make the record
1009 available to the responsible entity for inspection;
1010 requiring that the record be maintained for a
1011 specified period; requiring the responsible entity to
1012 ensure that there is adequate and consistent
1013 monitoring and implementation of community living
1014 support plans and cooperative agreements and that
1015 concerns are reported to the appropriate regulatory
1016 oversight organization under certain circumstances;
1017 amending s. 400.0074, F.S.; requiring that an
1018 administrative assessment conducted by a local council
1019 be comprehensive in nature and focus on factors
1020 affecting the rights, health, safety, and welfare of
1021 nursing home residents; requiring a local council to
1022 conduct an exit consultation with the facility
1023 administrator or administrator designee to discuss
1024 issues and concerns in areas affecting the rights,
1025 health, safety, and welfare of residents and make
1026 recommendations for improvement; amending s. 400.0078,
1027 F.S.; requiring that a resident or a representative of

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

1028 a resident of a long-term care facility be informed
1029 that retaliatory action cannot be taken against a
1030 resident for presenting grievances or for exercising
1031 any other resident right; amending s. 409.212, F.S.;
1032 increasing the cap on additional supplementation a
1033 person may receive under certain conditions; amending
1034 s. 429.02, F.S.; revising the definition of the term
1035 "limited nursing services"; amending s. 429.07, F.S.;
1036 requiring that an extended congregate care license be
1037 issued to certain facilities that have been licensed
1038 as assisted living facilities under certain
1039 circumstances and authorizing the issuance of such
1040 license if a specified condition is met; providing the
1041 purpose of an extended congregate care license;
1042 providing that the initial extended congregate care
1043 license of an assisted living facility is provisional
1044 under certain circumstances; requiring a licensee to
1045 notify the Agency for Health Care Administration if it
1046 accepts a resident who qualifies for extended
1047 congregate care services; requiring the agency to
1048 inspect the facility for compliance with the
1049 requirements of an extended congregate care license;
1050 requiring the issuance of an extended congregate care
1051 license under certain circumstances; requiring the
1052 licensee to immediately suspend extended congregate
1053 care services under certain circumstances; requiring a

659907

Approved For Filing: 4/23/2014 1:53:38 PM

Amendment No.

1054 registered nurse representing the agency to visit the
1055 facility at least twice a year, rather than quarterly,
1056 to monitor residents who are receiving extended
1057 congregate care services; authorizing the agency to
1058 waive one of the required yearly monitoring visits
1059 under certain circumstances; authorizing the agency to
1060 deny or revoke a facility's extended congregate care
1061 license; requiring a registered nurse representing the
1062 agency to visit the facility at least annually, rather
1063 than twice a year, to monitor residents who are
1064 receiving limited nursing services; providing that
1065 such monitoring visits may be conducted in conjunction
1066 with other agency inspections; authorizing the agency
1067 to waive the required yearly monitoring visit for a
1068 facility that is licensed to provide limited nursing
1069 services under certain circumstances; amending s.
1070 429.075, F.S.; requiring an assisted living facility
1071 that serves one or more mental health residents to
1072 obtain a limited mental health license; revising the
1073 methods employed by a limited mental health facility
1074 relating to placement requirements to include
1075 providing written evidence that a request for a
1076 community living support plan, a cooperative
1077 agreement, and assessment documentation was sent to
1078 the Department of Children and Families within 72
1079 hours after admission; amending s. 429.14, F.S.;

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Amendment No.

1080 revising the circumstances under which the agency may
1081 deny, revoke, or suspend the license of an assisted
1082 living facility and impose an administrative fine;
1083 requiring the agency to deny or revoke the license of
1084 an assisted living facility under certain
1085 circumstances; requiring the agency to impose an
1086 immediate moratorium on the license of an assisted
1087 living facility under certain circumstances; deleting
1088 a provision requiring the agency to provide a list of
1089 facilities with denied, suspended, or revoked licenses
1090 to the Department of Business and Professional
1091 Regulation; exempting a facility from the 45-day
1092 notice requirement if it is required to relocate some
1093 or all of its residents; amending s. 429.178, F.S.;
1094 conforming cross-references; amending s. 429.19, F.S.;
1095 providing for classification of the scope of a
1096 violation based upon number of residents affected and
1097 number of staff involved; revising the amounts and
1098 uses of administrative fines; requiring the agency to
1099 levy a fine for violations that are corrected before
1100 an inspection if noncompliance occurred within a
1101 specified period of time; deleting factors that the
1102 agency is required to consider in determining
1103 penalties and fines; amending s. 429.256, F.S.;
1104 revising the term "assistance with self-administration
1105 of medication" as it relates to the Assisted Living

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Amendment No.

1106 Facilities Act; amending s. 429.27, F.S.; revising the
1107 amount of cash for which a facility may provide
1108 safekeeping for a resident; amending s. 429.28, F.S.;
1109 providing notice requirements to inform facility
1110 residents that the identity of the resident and
1111 complainant in any complaint made to the State Long-
1112 Term Care Ombudsman Program or a local long-term care
1113 ombudsman council is confidential and that retaliatory
1114 action cannot be taken against a resident for
1115 presenting grievances or for exercising any other
1116 resident right; requiring that a facility that
1117 terminates an individual's residency after the filing
1118 of a complaint be fined if good cause is not shown for
1119 the termination; requiring the agency to adopt rules
1120 to determine compliance with facility standards and
1121 resident's rights; amending s. 429.34, F.S.; requiring
1122 certain persons to report elder abuse in assisted
1123 living facilities; requiring the agency to regularly
1124 inspect every licensed assisted living facility;
1125 requiring the agency to conduct more frequent
1126 inspections under certain circumstances; requiring the
1127 licensee to pay a fee for the cost of additional
1128 inspections; requiring the agency to annually adjust
1129 the fee; amending s. 429.41, F.S.; providing that
1130 certain staffing requirements apply only to residents
1131 in continuing care facilities who are receiving the

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Amendment No.

1132 relevant service; amending s. 429.52, F.S.; requiring
1133 each newly hired employee of an assisted living
1134 facility to attend a preservice orientation provided
1135 by the assisted living facility; requiring the
1136 employee and administrator to sign a statement that
1137 the employee completed the orientation and keep the
1138 signed statement in the employee's personnel record;
1139 requiring additional hours of training for assistance
1140 with medication; conforming a cross-reference;
1141 creating s. 429.55, F.S.; directing the agency to
1142 create a consumer information website that publishes
1143 specified information regarding assisted living
1144 facilities; providing criteria for webpage content;
1145 providing for inclusion of all content in the agency's
1146 possession by a specified date; authorizing the agency
1147 to adopt rules; requiring the Office of Program Policy
1148 Analysis and Government Accountability to study the
1149 reliability of facility surveys and submit to the
1150 Governor and the Legislature its findings and
1151 recommendations; providing appropriations and
1152 authorizing positions; providing an effective date.

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