An act relating to assisted living facilities;
amending s. 394.4574, F.S.; providing that Medicaid
managed care plans are responsible for enrolled mental
health residents; providing that managing entities
under contract with the Department of Children and
Families are responsible for mental health residents
who are not enrolled with a Medicaid managed care
plan; requiring that a community living support plan
be completed and provided to the administrator of a
facility within a specified period after the
resident's admission; requiring that the community
living support plan be updated when there is a
significant change to the mental health resident's
behavioral health; requiring a mental health resident
case manager to keep certain records of interactions
with the resident and to make the records available
for inspection; requiring retention of the records for
a specified period; requiring the responsible entity
to ensure monitoring and implementation of community
living support plans and cooperative agreements;
amending s. 400.0074, F.S.; requiring a local
ombudsman council to conduct comprehensive onsite
administrative assessments; requiring a local council
to conduct an exit consultation with the facility
administrator or administrator designee; amending s.

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CODING: Words {stricken} are deletions; words {underlined} are additions.
400.0078, F.S.; requiring that a long-term care
resident or resident representative be informed of
resident immunity from retaliatory action for
presenting grievances or exercising resident rights;
amending s. 409.212, F.S.; increasing the cap on
additional supplementation that a person may receive
under certain conditions; amending s. 429.02, F.S.;
revising the definition of the term "limited nursing
services"; amending s. 429.07, F.S.; requiring that an
extended congregate care license be issued to certain
facilities licensed as assisted living facilities
under certain circumstances and authorizing the
issuance of such license if a specified condition is
met; providing that the initial extended congregate
care license is provisional under certain
circumstances; requiring a licensee to notify the
agency of acceptance of a resident who qualifies for
extended congregate care services; requiring the
agency to inspect the facility for compliance with
license requirements; requiring the licensee to
suspend extended congregate care services under
certain circumstances; revising the frequency of
monitoring visits to a facility by a registered nurse
representing the agency; authorizing the agency to
waive a required yearly monitoring visit under certain
circumstances; authorizing the agency to deny or
revoke a facility's extended congregate care license;
authorizing the agency to waive the required yearly
monitoring visit for a facility that is licensed to
provide limited nursing services under certain
circumstances; amending s. 429.075, F.S.; requiring an
assisted living facility that serves mental health
residents to obtain a limited mental health license;
requiring a limited mental health facility to provide
written evidence that certain documentation was sent
to the department within a specified period; amending
s. 429.14, F.S.; requiring the agency to deny or
revoke the license of an assisted living facility
under certain circumstances; requiring the agency to
impose an immediate moratorium on the license of an
assisted living facility under certain circumstances;
deleting a requirement that the agency provide a list
of facilities with denied, suspended, or revoked
licenses to the Department of Business and
Professional Regulation; exempting a facility from the
45-day notice requirement if it is required to
relocate residents; amending s. 429.178, F.S.;
conforming cross-references; amending s. 429.19, F.S.;
requiring the agency to levy a fine for violations
that are corrected before an inspection if
noncompliance occurred within a specified period of
time; amending s. 429.256, F.S.; revising the term
"assistance with self-administration of medication" as it relates to the Assisted Living Facilities Act; amending s. 429.27, F.S.; revising the amount of cash for which a facility may provide safekeeping for a resident; amending s. 429.28, F.S.; providing notice requirements regarding confidentiality of resident identity in a complaint made to the State Long-Term Care Ombudsman Program or a local long-term care ombudsman council and immunity from retaliatory action for presenting grievances or exercising resident rights; providing a fine if a facility terminates an individual's residency after the filing of a complaint if good cause is not shown for the termination; requiring the agency to adopt rules; amending s. 429.34, F.S.; requiring certain persons to report elder abuse in assisted living facilities; requiring the agency to regularly inspect a licensed assisted living facility; requiring the agency to conduct periodic inspections; amending s. 429.41, F.S.; providing that certain staffing requirements apply only to residents in continuing care facilities who are receiving certain services; amending s. 429.52, F.S.; requiring each newly hired employee of an assisted living facility to attend a preservice orientation; requiring the employee and administrator to sign a statement of completion and keep the
statement in the employee's personnel record;
requiring additional hours of training for assistance
with medication; creating s. 429.55, F.S.; directing
the agency to create an assisted living facility
consumer information website; providing criteria for
webpage content; providing content requirements;
authorizing the agency to adopt rules; providing an
effective date.

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

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

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

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

(2) Medicaid managed care plans are responsible for
Medicaid enrolled mental health residents, and managing entities
under contract with the department are responsible for mental
health residents who are not enrolled in a Medicaid health plan.

A Medicaid managed care plan or a managing entity shall The
department must ensure that:

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

(b) A cooperative agreement, as required in s. 429.075, is
developed by between the mental health care services provider
that serves a mental health resident and the administrator of
the assisted living facility with a limited mental health
license in which the mental health resident is living. Any
entity that provides Medicaid prepaid health plan services shall
ensure the appropriate coordination of health care services with
an assisted living facility in cases where a Medicaid recipient
is both a member of the entity's prepaid health plan and a
resident of the assisted living facility. If the entity is at
risk for Medicaid targeted case management and behavioral health
services, the entity shall inform the assisted living facility of the procedures to follow should an emergent condition arise.

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

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

(e) The mental health services provider assigns a case manager to each mental health resident for whom the entity is responsible who lives in an assisted living facility with a limited mental health license. The case manager shall coordinate is responsible for coordinating the development of and implementation of the community living support plan defined in s. 429.02. The plan must be updated at least annually, or when there is a significant change in the resident's behavioral health status. Each case manager shall keep a record of the date and time of any face-to-face interaction with the resident and make the record available to the responsible entity for inspection. The record must be retained for at least 2 years.
after the date of the most recent interaction.

(f) Consistent monitoring and implementation of community living support plans and cooperative agreements are conducted by the resident's case manager.

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

(3) The Secretary of Children and Families, in consultation with the Agency for Health Care Administration, shall annually require each district administrator to develop, with community input, a detailed annual plan that demonstrates how the district will ensure the provision of state-funded mental health and substance abuse treatment services to residents of assisted living facilities that hold a limited mental health license. This plan must be consistent with the substance abuse and mental health district plan developed pursuant to s. 394.75 and must address case management services; access to consumer-operated drop-in centers; access to services during evenings, weekends, and holidays; supervision of the clinical needs of the residents; and access to emergency psychiatric care.

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

400.0074 Local ombudsman council onsite administrative
assessments.—

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

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

(h) Upon completion of an administrative assessment, the local council shall conduct an exit consultation with the facility administrator or a designee representing the facility to discuss issues and concerns in areas affecting residents' rights, health, safety, and welfare and, if needed, make recommendations for improvement.

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

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

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

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

409.212 Optional supplementation.—

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

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

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

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

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

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

429.07 License required; fee.—

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

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

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

a. A class I or class II violation;

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

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

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

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

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

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

2. If an assisted living facility has been licensed for less than 2 years, the initial extended congregate care license must be provisional and may not exceed 6 months. The licensee shall notify the agency, in writing, when it has admitted at least one extended congregate care resident, after which an
unannounced inspection shall be made to determine compliance with the requirements of an extended congregate care license. A licensee with a provisional extended congregate care license that demonstrates compliance with all the requirements of an extended congregate care license during the inspection shall be issued an extended congregate care license. In addition to sanctions authorized under this part, if violations are found during the inspection and the licensee fails to demonstrate compliance with all assisted living facility requirements during a followup inspection, the licensee shall immediately suspend extended congregate care services, and the provisional extended congregate care license expires. The agency may extend the provisional license for not more than 1 month in order to complete a followup visit.

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

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

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

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

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

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

b. Offer a physical environment that promotes a homelike
setting, provides for resident privacy, promotes resident
independence, and allows sufficient congregate space as defined
c. Have sufficient staff available, taking into account
the physical plant and firesafety features of the building, to
assist with the evacuation of residents in an emergency.

d. Adopt and follow policies and procedures that maximize
resident independence, dignity, choice, and decisionmaking to
permit residents to age in place, so that moves due to changes
in functional status are minimized or avoided.
e. Allow residents or, if applicable, a resident's
representative, designee, surrogate, guardian, or attorney in
fact to make a variety of personal choices, participate in
developing service plans, and share responsibility in
decisionmaking.
f. Implement the concept of managed risk.
g. Provide, directly or through contract, the services of
a person licensed under part I of chapter 464.
h. In addition to the training mandated in s. 429.52,
provide specialized training as defined by rule for facility
staff.

5. A facility that is licensed to provide extended
congregate care services is exempt from the criteria for
continued residency set forth in rules adopted under s. 429.41.
A licensed facility must adopt its own requirements within
guidelines for continued residency set forth by rule. However,
the facility may not serve residents who require 24-hour nursing
supervision. A licensed facility that provides extended

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congregate care services must also provide each resident with a
written copy of facility policies governing admission and
retention.

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

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

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

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

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

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

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

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

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

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

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

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

429.075 Limited mental health license.—An assisted living facility that serves one three or more mental health residents must obtain a limited mental health license.
(1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected deficiencies or violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families.

(2) A facility that is licensed to provide services to mental health residents must provide appropriate supervision and staffing to provide for the health, safety, and welfare of such residents.

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

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

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

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

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

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

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

429.14 Administrative penalties.—

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

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

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

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

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

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

1. One or more cited class I violations.
2. Three or more cited class II violations.
3. Five or more cited class III violations.

that have been cited on a single survey and have not been corrected within the times specified.
(f) Failure to comply with the background screening standards of this part, s. 408.809(1), or chapter 435.

(g) Violation of a moratorium.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) A direct caregiver who is employed by a facility that
provides special care for residents who have with Alzheimer's
disease or other related disorders, and who provides direct care
to such residents, must complete the required initial training
and 4 additional hours of training developed or approved by the
department. The training shall be completed within 9 months
after beginning employment and shall satisfy the core
training requirements of s. 429.52(3)(g) 429.52(2)(g).

Section 10. Paragraph (e) is added to subsection (2) of
section 429.19, Florida Statutes, to read:

429.19 Violations; imposition of administrative fines;
grounds.—

(2) Each violation of this part and adopted rules shall be classified according to the nature of the violation and the gravity of its probable effect on facility residents. The agency shall indicate the classification on the written notice of the violation as follows:

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

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

429.256 Assistance with self-administration of medication.

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

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

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

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

(d) Applying topical medications.

(e) Returning the medication container to proper storage.

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

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

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

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

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

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

(l) Assisting with measuring vital signs.

(m) Assisting with colostomy bags.

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

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

Section 12. Subsection (3) of section 429.27, Florida Statutes, is amended to read:
429.27 Property and personal affairs of residents.—

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

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

429.28 Resident bill of rights.—

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

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

(5) A facility or employee of a facility may not serve notice upon a resident to leave the premises or take any other retaliatory action against any person who:
   (a) Exercises any right set forth in this section.
   (b) Appears as a witness in any hearing, inside or outside the facility.
   (c) Files a civil action alleging a violation of the provisions of this part or notifies a state attorney or the Attorney General of a possible violation of such provisions.

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

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

429.34 Right of entry and inspection.—

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

(2) The agency shall inspect each licensed assisted living facility at least once every 24 months to determine compliance with this chapter and related rules. If an assisted living facility is cited for a class I violation or three or more class
II violations arising from separate surveys within a 60-day period or due to unrelated circumstances during the same survey, the agency must conduct an additional licensure inspection within 6 months.

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

429.41 Rules establishing standards.—
(2) In adopting any rules pursuant to this part, the department, in conjunction with the agency, shall make distinct standards for facilities based upon facility size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and the staffing characteristics of the facility. Rules developed pursuant to this section may shall not restrict the use of shared staffing and shared programming in facilities that are part of retirement communities that provide multiple levels of care and otherwise meet the requirements of law and rule. If a continuing care facility licensed under chapter 651 or a retirement community offering multiple levels of care licenses a building or part of a building designated for independent living for assisted living, staffing requirements established in rule apply only to residents who receive personal, limited nursing, or extended congregate care services under this part. Such facilities shall retain a log listing the names and unit number for residents receiving these services. The log must be available to surveyors upon request. Except for uniform
firesafety standards, the department shall adopt by rule separate and distinct standards for facilities with 16 or fewer beds and for facilities with 17 or more beds. The standards for facilities with 16 or fewer beds must be appropriate for a noninstitutional residential environment; however, provided that the structure may not be more than two stories in height and all persons who cannot exit the facility unassisted in an emergency must reside on the first floor. The department, in conjunction with the agency, may make other distinctions among types of facilities as necessary to enforce the provisions of this part. Where appropriate, the agency shall offer alternate solutions for complying with established standards, based on distinctions made by the department and the agency relative to the physical characteristics of facilities and the types of care offered therein.

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

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

(1) Effective October 1, 2015, each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation...
must be at least 2 hours in duration and cover topics that help
the employee provide responsible care and respond to the needs
of facility residents. Upon completion, the employee and the
administrator of the facility must sign a statement that the
employee completed the required preservice orientation. The
facility must keep the signed statement in the employee’s
personnel record.

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

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

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

   429.55 Consumer information website.—The Legislature finds
   that consumers need additional information on the quality of

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CODING: Words stricken are deletions; words underlined are additions.
care and service in assisted living facilities in order to
select the best facility for themselves or their loved ones.
Therefore, the Agency for Health Care Administration shall
create content that is easily accessible through the home page
of the agency's website either directly or indirectly through
links to one or more established websites of the agency's
choosing. The website must be searchable by facility name,
license type, city, or zip code. By November 1, 2015, the agency
shall include all content in its possession on the website and
add content when received from facilities. At a minimum, the
content must include:
(1) Information on each licensed assisted living facility,
including, but not limited to:
   (a) The name and address of the facility.
   (b) The name of the owner or operator of the facility.
   (c) The number and type of licensed beds in the facility.
   (d) The types of licenses held by the facility.
   (e) The facility's license expiration date and status.
   (f) The total number of clients that the facility is
       licensed to serve and the most recently available occupancy
       levels.
   (g) The number of private and semiprivate rooms offered.
   (h) The bed-hold policy.
   (i) The religious affiliation, if any, of the assisted
       living facility.
   (j) The languages spoken by the staff.
(k) Availability of nurses.

(l) Forms of payment accepted, including, but not limited to, Medicaid, Medicaid long-term managed care, private insurance, health maintenance organization, United States Department of Veterans Affairs, CHAMPUS program, or workers' compensation coverage.

(m) Indication if the licensee is operating under bankruptcy protection.

(n) Recreational and other programs available.

(o) Special care units or programs offered.

(p) Whether the facility is a part of a retirement community that offers other services pursuant to this part or part III of this chapter, part II or part III of chapter 400, or chapter 651.

(q) Links to the State Long-Term Care Ombudsman Program website and the program's statewide toll-free telephone number.

(r) Links to the websites of the providers.

(s) Other relevant information that the agency currently collects.

(2) Survey and violation information for the facility, including a list of the facility's violations committed during the previous 60 months, which on July 1, 2015, may include violations committed on or after July 1, 2010. The list shall be updated monthly and include for each violation:

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

(b) Any sanctions imposed by final order.

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

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

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

Section 18. This act shall take effect July 1, 2015.