

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u>    </u>	(Y/N)
ADOPTED AS AMENDED	<u>    </u>	(Y/N)
ADOPTED W/O OBJECTION	<u>    </u>	(Y/N)
FAILED TO ADOPT	<u>    </u>	(Y/N)
WITHDRAWN	<u>    </u>	(Y/N)
OTHER	<u>    </u>	

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1 Committee/Subcommittee hearing bill: Health Market Reform  
 2 Subcommittee

3 Representative Good offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Section 429.02, Florida Statutes, is amended to  
8 read:

9 429.02 Definitions.—When used in this part, the term:

10 (1) "24-hour nursing supervision" means services that are  
 11 ordered by a physician for a resident whose condition requires  
 12 the supervision of a physician and continued monitoring of vital  
 13 signs and physical status. Such services shall be: medically  
 14 complex enough to require constant supervision, assessment,  
 15 planning, or intervention by a nurse; required to be performed  
 16 by or under the direct supervision of licensed nursing personnel

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17 or other professional personnel for safe and effective  
18 performance; required on a daily basis; and consistent with the  
19 nature and severity of the resident's condition or the disease  
20 state or stage.

21 (2)~~(1)~~ "Activities of daily living" means functions and  
22 tasks for self-care, including ambulation, bathing, dressing,  
23 eating, grooming, and toileting, and other similar tasks.

24 (3)~~(2)~~ "Administrator" means an individual at least 21  
25 years of age who is responsible for the operation and  
26 maintenance of an assisted living facility.

27 (4)~~(3)~~ "Agency" means the Agency for Health Care  
28 Administration.

29 (5)~~(4)~~ "Aging in place" or "age in place" means the  
30 process of providing increased or adjusted services to a person  
31 to compensate for the physical or mental decline that may occur  
32 with the aging process, in order to maximize the person's  
33 dignity and independence and permit them to remain in a  
34 familiar, noninstitutional, residential environment for as long  
35 as possible. Such services may be provided by facility staff,  
36 volunteers, family, or friends, or through contractual  
37 arrangements with a third party.

38 (6)~~(5)~~ "Assisted living facility" means any building or  
39 buildings, section or distinct part of a building, private home,  
40 boarding home, home for the aged, or other residential facility,  
41 regardless of whether operated for profit, which through its

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42 ownership or management provides housing, meals, and one or more  
43 personal services for a period exceeding 24 hours to one or more  
44 adults who are not relatives of the owner or administrator.

45 (7) "Assistive device" means any device designed or adapted  
46 to help a resident perform an action, task, an activity of daily  
47 living, a transfer, prevention of a fall, or recovery from a  
48 fall. The term "assistive device" does not include a total body  
49 lift or a motorized sit-to-stand lift with the exception of a  
50 chair lift or recliner lift that a resident is able to operate  
51 independently.

52 (8)-(6) "Chemical restraint" means a pharmacologic drug  
53 that physically limits, restricts, or deprives an individual of  
54 movement or mobility, and is used for discipline or convenience  
55 and not required for the treatment of medical symptoms.

56 (9)-(7) "Community living support plan" means a written  
57 document prepared by a mental health resident and the resident's  
58 mental health case manager in consultation with the  
59 administrator of an assisted living facility with a limited  
60 mental health license or the administrator's designee. A copy  
61 must be provided to the administrator. The plan must include  
62 information about the supports, services, and special needs of  
63 the resident which enable the resident to live in the assisted  
64 living facility and a method by which facility staff can  
65 recognize and respond to the signs and symptoms particular to  
66 that resident which indicate the need for professional services.

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67        (10)~~(8)~~ "Cooperative agreement" means a written statement  
68 of understanding between a mental health care provider and the  
69 administrator of the assisted living facility with a limited  
70 mental health license in which a mental health resident is  
71 living. The agreement must specify directions for accessing  
72 emergency and after-hours care for the mental health resident. A  
73 single cooperative agreement may service all mental health  
74 residents who are clients of the same mental health care  
75 provider.

76        (11)~~(9)~~ "Department" means the Department of Elderly  
77 Affairs.

78        (12)~~(10)~~ "Emergency" means a situation, physical  
79 condition, or method of operation which presents imminent danger  
80 of death or serious physical or mental harm to facility  
81 residents.

82        (13)~~(11)~~ "Extended congregate care" means acts beyond  
83 those authorized in subsection (17) that may be performed  
84 pursuant to part I of chapter 464 by persons licensed thereunder  
85 while carrying out their professional duties, and other  
86 supportive services which may be specified by rule. The purpose  
87 of such services is to enable residents to age in place in a  
88 residential environment despite mental or physical limitations  
89 that might otherwise disqualify them from residency in a  
90 facility licensed under this part.

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91            ~~(14)~~~~(12)~~ "Guardian" means a person to whom the law has  
92 entrusted the custody and control of the person or property, or  
93 both, of a person who has been legally adjudged incapacitated.

94            ~~(15)~~~~(13)~~ "Limited nursing services" means acts that may be  
95 performed by a person licensed under part I of chapter 464.  
96 Limited nursing services shall be for persons who meet the  
97 admission criteria ~~established by the department~~ for assisted  
98 living facilities and shall not be complex enough to require 24-  
99 hour nursing supervision and may include such services as the  
100 application and care of routine dressings, and care of casts,  
101 braces, and splints.

102           ~~(16)~~~~(14)~~ "Managed risk" means the process by which the  
103 facility staff discuss the service plan and the needs of the  
104 resident with the resident and, if applicable, the resident's  
105 representative or designee or the resident's surrogate,  
106 guardian, or attorney in fact, in such a way that the  
107 consequences of a decision, including any inherent risk, are  
108 explained to all parties and reviewed periodically in  
109 conjunction with the service plan, taking into account changes  
110 in the resident's status and the ability of the facility to  
111 respond accordingly.

112           ~~(17)~~~~(15)~~ "Mental health resident" means an individual who  
113 receives social security disability income due to a mental  
114 disorder as determined by the Social Security Administration or  
115 receives supplemental security income due to a mental disorder

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116 as determined by the Social Security Administration and receives  
117 optional state supplementation.

118 ~~(18)-(16)~~ "Office" has the same meaning as in s. 400.0060.

119 ~~(19)-(17)~~ "Personal services" means direct physical  
120 assistance with or supervision of the activities of daily  
121 living, the self-administration of medication, or other similar  
122 services which the department may define by rule. The term may  
123 not be construed to mean the provision of medical, nursing,  
124 dental, or mental health services.

125 ~~(20)-(18)~~ "Physical restraint" means a device which  
126 physically limits, restricts, or deprives an individual of  
127 movement or mobility, including, ~~but not limited to,~~ a half-bed  
128 rail, a full-bed rail, a geriatric chair, ~~and~~ a posey  
129 restraint, ~~. The term "physical restraint" shall also include~~  
130 and any device which is ~~was~~ not specifically manufactured as a  
131 restraint but is ~~which has been~~ altered, arranged, or otherwise  
132 used for this purpose. The term "physical restraint" shall not  
133 include any device the resident chooses to use that the resident  
134 is able to remove or avoid or that is ordered by a physician and  
135 consented to by the resident that the physician confirms the  
136 resident is able to remove or avoid, or any bandage material  
137 used for the purpose of binding a wound or injury.

138 ~~(21)-(19)~~ "Relative" means an individual who is the father,  
139 mother, stepfather, stepmother, son, daughter, brother, sister,  
140 grandmother, grandfather, great-grandmother, great-grandfather,

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141 grandson, granddaughter, uncle, aunt, first cousin, nephew,  
142 niece, husband, wife, father-in-law, mother-in-law, son-in-law,  
143 daughter-in-law, brother-in-law, sister-in-law, stepson,  
144 stepdaughter, stepbrother, stepsister, half brother, or half  
145 sister of an owner or administrator.

146 ~~(22)~~ ~~(20)~~ "Resident" means a person 18 years of age or  
147 older, residing in and receiving care from a facility.

148 ~~(23)~~ ~~(21)~~ "Resident's representative or designee" means a  
149 person other than the owner, or an agent or employee of the  
150 facility, designated in writing by the resident, if legally  
151 competent, to receive notice of changes in the contract executed  
152 pursuant to s. 429.24; to receive notice of and to participate  
153 in meetings between the resident and the facility owner,  
154 administrator, or staff concerning the rights of the resident;  
155 to assist the resident in contacting the State Long-Term Care  
156 Ombudsman Program or local ombudsman council if the resident has  
157 a complaint against the facility; or to bring legal action on  
158 behalf of the resident pursuant to s. 429.29.

159 ~~(24)~~ ~~(22)~~ "Service plan" means a written plan, developed  
160 and agreed upon by the resident and, if applicable, the  
161 resident's representative or designee or the resident's  
162 surrogate, guardian, or attorney in fact, if any, and the  
163 administrator or designee representing the facility, which  
164 addresses the unique physical and psychosocial needs, abilities,  
165 and personal preferences of each resident receiving extended

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166 congregate care services. The plan shall include a brief written  
167 description, in easily understood language, of what services  
168 shall be provided, who shall provide the services, when the  
169 services shall be rendered, and the purposes and benefits of the  
170 services.

171 ~~(25)~~<sup>(23)</sup> "Shared responsibility" means exploring the  
172 options available to a resident within a facility and the risks  
173 involved with each option when making decisions pertaining to  
174 the resident's abilities, preferences, and service needs,  
175 thereby enabling the resident and, if applicable, the resident's  
176 representative or designee, or the resident's surrogate,  
177 guardian, or attorney in fact, and the facility to develop a  
178 service plan which best meets the resident's needs and seeks to  
179 improve the resident's quality of life.

180 ~~(26)~~<sup>(24)</sup> "Supervision" means reminding residents to engage  
181 in activities of daily living and the self-administration of  
182 medication, and, when necessary, observing or providing verbal  
183 cuing to residents while they perform these activities.

184 ~~(26)~~<sup>(25)</sup> "Supplemental security income," Title XVI of the  
185 Social Security Act, means a program through which the Federal  
186 Government guarantees a minimum monthly income to every person  
187 who is age 65 or older, or disabled, or blind and meets the  
188 income and asset requirements.

189 ~~(27)~~<sup>(26)</sup> "Supportive services" means services designed to  
190 encourage and assist aged persons or adults with disabilities to



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191 remain in the least restrictive living environment and to  
192 maintain their independence as long as possible.

193 ~~(27) "Twenty-four-hour nursing supervision" means services~~  
194 ~~that are ordered by a physician for a resident whose condition~~  
195 ~~requires the supervision of a physician and continued monitoring~~  
196 ~~of vital signs and physical status. Such services shall be:~~  
197 ~~medically complex enough to require constant supervision,~~  
198 ~~assessment, planning, or intervention by a nurse; required to be~~  
199 ~~performed by or under the direct supervision of licensed nursing~~  
200 ~~personnel or other professional personnel for safe and effective~~  
201 ~~performance; required on a daily basis; and consistent with the~~  
202 ~~nature and severity of the resident's condition or the disease~~  
203 ~~state or stage.~~

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

206 429.11 Initial application for license; provisional  
207 license.-

208 (7) A county or municipality may not issue an business tax  
209 receipt ~~occupational license~~ that is being obtained for the  
210 purpose of operating a facility regulated under this part  
211 without first ascertaining that the applicant has been licensed  
212 to operate such facility at the specified location or locations  
213 by the agency. The agency shall furnish to local agencies  
214 responsible for issuing business tax receipts ~~occupational~~  
215 ~~licenses~~ sufficient instruction for making such determinations.

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216 Section 3. Section 429.176, Florida Statutes, is amended  
217 to read:

218 429.176 Notice of change of administrator.—If, during the  
219 period for which a license is issued, the owner changes  
220 administrators, the owner must notify the agency of the change  
221 within 10 days and provide documentation within 90 days that the  
222 new administrator meets educational requirements and has  
223 completed the applicable core educational and core competency  
224 test requirements under s. 429.52. A facility may not be  
225 operated for more than 120 consecutive days without an  
226 administrator who has completed the core training and core  
227 competency test ~~educational~~ requirements.

228 Section 4. Subsections (3), (4), (5), (6), (7), (8), and  
229 (9) of section 429.23, Florida Statutes, are amended to read:

230 429.23 Internal risk management and quality assurance  
231 program; adverse incidents and reporting requirements.—

232 (3) Licensed facilities shall initiate an investigation  
233 ~~provide~~ within 24 hours of 1 business day after the occurrence  
234 of an adverse incident, ~~by electronic mail, facsimile, or United~~  
235 ~~States mail, a preliminary report to the agency on all adverse~~  
236 ~~incidents specified under this section.~~ The facility must  
237 complete the investigation and submit a report to the agency  
238 within 15 days after the adverse incident occurred. The report  
239 must include information regarding the identity of the affected

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240 resident, the type of adverse incident, and the result status of  
241 the facility's investigation of the incident.

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

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

254 (4)(6) Abuse, neglect, or exploitation must be reported to  
255 the Department of Children and Families as required under  
256 chapter 415.

257 (5)(7) The information reported to the agency pursuant to  
258 subsection (3) which relates to persons licensed under chapter  
259 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall  
260 be reviewed by the agency. The agency shall determine whether  
261 any of the incidents potentially involved conduct by a health  
262 care professional who is subject to disciplinary action, in  
263 which case the provisions of s. 456.073 apply. The agency may  
264 investigate, as it deems appropriate, any such incident and

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265 prescribe measures that must or may be taken in response to the  
266 incident. The agency shall review each incident and determine  
267 whether it potentially involved conduct by a health care  
268 professional who is subject to disciplinary action, in which  
269 case the provisions of s. 456.073 apply.

270 ~~(6)(8)~~ If the agency, through its receipt of the adverse  
271 incident report ~~reports~~ prescribed in this part or through any  
272 investigation, has reasonable belief that conduct by a staff  
273 member or employee of a licensed facility is grounds for  
274 disciplinary action by the appropriate board, the agency shall  
275 report this fact to such regulatory board.

276 ~~(7)(9)~~ The adverse incident report ~~reports~~ and preliminary  
277 ~~adverse incident reports~~ required under this section are  
278 confidential as provided by law and are not discoverable or  
279 admissible in any civil or administrative action, except in  
280 disciplinary proceedings by the agency or appropriate regulatory  
281 board.

282 Section 5. Paragraphs (a) and (b) of subsection (1) of  
283 section 429.255, Florida Statutes, are amended, and a new  
284 paragraph (d) is added to read:

285 429.255 Use of personnel; emergency care.—

286 (1)(a) Persons under contract to the facility, facility  
287 staff, or volunteers, who are licensed according to part I of  
288 chapter 464, or those persons exempt under s. 464.022(1), and  
289 others as defined by rule, may administer medications to

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290 residents, take residents' vital signs, manage individual weekly  
291 pill organizers for residents who self-administer medication,  
292 give prepackaged enemas ordered by a physician, observe  
293 residents, document observations on the appropriate resident's  
294 record, report observations to the resident's physician, ~~and~~  
295 ~~contract or allow residents or a resident's representative,~~  
296 ~~designee, surrogate, guardian, or attorney in fact to contract~~  
297 ~~with a third party, provided residents meet the criteria for~~  
298 ~~appropriate placement as defined in s. 429.26.~~ Nursing  
299 assistants certified pursuant to part II of chapter 464 may take  
300 residents' vital signs as directed by a licensed nurse or  
301 physician.

302 (b) All staff of ~~in~~ facilities licensed under this part  
303 shall exercise their professional responsibility to observe  
304 residents, to document observations on the appropriate  
305 resident's record, and to report the observations to the  
306 resident's physician. However, the owner or administrator of the  
307 facility shall be responsible for determining that the resident  
308 receiving services is appropriate for residence in the facility.

309 (d) A resident or a resident's representative, designee,  
310 surrogate, guardian, or attorney in fact may contract for  
311 services with a third party, provided the resident meets the  
312 criteria for residency as defined in s. 429.26. The third party  
313 must comply with the facility's safety and security procedures.  
314 The third party must communicate with the facility regarding the

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315 resident's condition and the services being provided and the  
316 facility must document that it received such communication.

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

320 429.256 Assistance with self-administration of  
321 medication.—

322 (2) Residents who are capable of self-administering their  
323 own medications without assistance shall be encouraged and  
324 allowed to do so. However, an unlicensed person may, consistent  
325 with a dispensed prescription's label or the package directions  
326 of an over-the-counter medication, assist a resident whose  
327 condition is medically stable with the self-administration of  
328 routine, regularly scheduled medications that are intended to be  
329 self-administered. Assistance with self-medication by an  
330 unlicensed person may occur only upon a documented request by,  
331 and the written informed consent of, a resident or the  
332 resident's surrogate, guardian, or attorney in fact. For the  
333 purposes of this section, self-administered medications include  
334 both legend and over-the-counter oral dosage forms, topical  
335 dosage forms and topical skin, ophthalmic, otic, and nasal  
336 dosage forms including patches, solutions, suspensions, sprays,  
337 and inhalers.

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

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340 (b) In the presence of the resident, confirming that the  
341 medication is for the correct resident, orally advising the  
342 resident of the medication name and purpose ~~reading the label,~~  
343 opening the container, removing a prescribed amount of  
344 medication from the container, and closing the container.

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

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

348 (f) Assisting with rectal, urethral, or vaginal  
349 preparations.

350 (g) Assisting with medications ordered by the physician  
351 or health care professional with prescriptive authority to be  
352 given "as needed," unless the order is written with specific  
353 parameters that preclude independent judgment on the part of the  
354 unlicensed person, and ~~at the request of a competent~~ the  
355 resident requesting the medication is aware of his or her need  
356 for the medication and understands the purpose for taking the  
357 medication.

358 Section 7. Section 429.26, Florida Statutes, is amended to  
359 read:

360 429.26 Appropriateness of placements; examinations of  
361 residents.—

362 (1) The owner or administrator of a facility is  
363 responsible for determining the appropriateness of admission of  
364 an individual to the facility and for determining the continued

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365 appropriateness of residence of an individual in the facility. A  
366 determination shall be based upon an evaluation ~~assessment~~ of  
367 the strengths, needs, and preferences of the resident, a medical  
368 examination, the care and services offered or arranged for by  
369 the facility in accordance with facility policy, and any  
370 limitations in law or rule related to admission criteria or  
371 continued residency for the type of license held by the facility  
372 under this part. The following criteria apply to the  
373 determination of appropriateness for residency and continued  
374 residency of an individual in a facility:

375 (a) A facility may admit or retain a resident who receives  
376 a health care service or treatment that is designed to be  
377 provided within a private residential setting if all  
378 requirements for providing that service or treatment are met by  
379 the facility or a third party.

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

382 (c) A facility may admit or retain an individual receiving  
383 hospice services if the arrangement is agreed to by the facility  
384 and the resident, additional care is provided by a licensed  
385 hospice, and the resident is under the care of a physician who  
386 agrees that the physical needs of the resident can be met at the  
387 facility. A facility may not retain a resident who requires 24-  
388 hour nursing supervision, except for a resident who is enrolled  
389 in hospice services pursuant to part IV of chapter 400. The

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390 resident must have a plan of care that delineates how the  
391 facility and the hospice will meet the scheduled and unscheduled  
392 needs of the resident.

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

397 a. Move, turn, or reposition without total physical  
398 assistance;

399 b. Transfer to a chair or wheelchair without total physical  
400 assistance;

401 c. Sit safely in a chair or wheelchair without personal  
402 assistance or a physical restraint.

403 2. A resident may be retained in a facility if, during  
404 residency, the resident is bedridden for no more than 7  
405 consecutive days.

406 3. If a facility is licensed to provide extended congregate  
407 care, a resident may be retained in a facility if, during  
408 residency, the resident is bedridden for no more than 14  
409 consecutive days.

410 (2) A resident may not be moved from one facility to  
411 another without consultation with and agreement from the  
412 resident or, if applicable, the resident's representative or  
413 designee or the resident's family, guardian, surrogate, or  
414 attorney in fact. In the case of a resident who has been placed

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415 by the department or the Department of Children and Families,  
416 the administrator must notify the appropriate contact person in  
417 the applicable department.

418 ~~(3)(2)~~ A physician, physician assistant, or advanced  
419 practice registered nurse practitioner who is employed by an  
420 assisted living facility to provide an initial examination for  
421 admission purposes may not have financial interest in the  
422 facility.

423 ~~(4)(3)~~ Persons licensed under part I of chapter 464 who  
424 are employed by or under contract with a facility shall, on a  
425 routine basis or at least monthly, perform a nursing assessment  
426 of the residents for whom they are providing nursing services  
427 ordered by a physician, except administration of medication, and  
428 shall document such assessment, including any substantial  
429 changes in a resident's status which may necessitate relocation  
430 to a nursing home, hospital, or specialized health care  
431 facility. Such records shall be maintained in the facility for  
432 inspection by the agency and shall be forwarded to the  
433 resident's case manager, if applicable.

434 ~~(5)(4)~~ ~~If possible, each~~ Each resident shall have been  
435 examined by a licensed physician, a licensed physician  
436 assistant, or a licensed advanced practice registered nurse  
437 ~~practitioner~~ within 60 days before admission to the facility or  
438 within 30 days after admission to the facility except as  
439 provided in s. 429.07. The information from the medical

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440 examination must be recorded on the practitioner's form or on a  
441 form adopted by agency rule. The ~~signed and completed~~ medical  
442 examination form, signed by the practitioner, ~~report~~ shall be  
443 submitted to the owner or administrator of the facility who  
444 shall use the information contained therein to assist in the  
445 determination of the appropriateness of the resident's admission  
446 and continued stay in the facility. The medical examination form  
447 ~~report~~ shall become a permanent part of the record of the  
448 resident at the facility and shall be made available to the  
449 agency during inspection or upon request. An assessment that has  
450 been completed through the Comprehensive Assessment and Review  
451 for Long-Term Care Services (CARES) Program fulfills the  
452 requirements for a medical examination under this subsection and  
453 s. 429.07(3)(b)6.

454 (6) The medical examination form shall include the  
455 following information relating to the resident:

456 (a) Height, weight, known allergies.

457 (b) Significant medical history and diagnoses.

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

460 (d) Cognitive or behavioral status and a brief description  
461 of any behavioral issues known or ascertained by the examining  
462 practitioner, including any known history of wandering or  
463 elopement.

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

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465 (f) Whether assistance is needed for the activities of  
466 ambulating, eating, and transferring.

467 (g) Special diet instructions.

468 (h) The existence of communicable diseases, including  
469 necessary precautions.

470 (i) Bedridden and pressure sore status.

471 (j) Whether the resident needs 24-hour nursing or  
472 psychiatric care.

473 (k) A list of current prescribed medications as known or  
474 ascertained by the examining practitioner and whether the  
475 resident can self-administer medications, needs assistance, or  
476 needs medication administration.

477 ~~(5) Except as provided in s. 429.07, if a medical~~  
478 ~~examination has not been completed within 60 days before the~~  
479 ~~admission of the resident to the facility, a licensed physician,~~  
480 ~~licensed physician assistant, or licensed nurse practitioner~~  
481 ~~shall examine the resident and complete a medical examination~~  
482 ~~form provided by the agency within 30 days following the~~  
483 ~~admission to the facility to enable the facility owner or~~  
484 ~~administrator to determine the appropriateness of the admission.~~  
485 ~~The medical examination form shall become a permanent part of~~  
486 ~~the record of the resident at the facility and shall be made~~  
487 ~~available to the agency during inspection by the agency or upon~~  
488 ~~request.~~

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1349 (2019)

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489        (7) ~~(6)~~ Any resident accepted in a facility and placed by  
490 ~~the department or~~ the Department of Children and Families shall  
491 have been examined by medical personnel within 30 days before  
492 placement in the facility. The examination shall include an  
493 assessment of the appropriateness of placement in a facility.  
494 The findings of this examination shall be recorded on the  
495 examination form provided by the agency. The completed form  
496 shall accompany the resident and shall be submitted to the  
497 facility owner or administrator. Additionally, in the case of a  
498 mental health resident, the Department of Children and Families  
499 must provide documentation that the individual has been assessed  
500 by a psychiatrist, clinical psychologist, clinical social  
501 worker, or psychiatric nurse, or an individual who is supervised  
502 by one of these professionals, and determined to be appropriate  
503 to reside in an assisted living facility. The documentation must  
504 be in the facility within 30 days after the mental health  
505 resident has been admitted to the facility. An evaluation  
506 completed upon discharge from a state mental hospital meets the  
507 requirements of this subsection related to appropriateness for  
508 placement as a mental health resident providing it was completed  
509 within 90 days prior to admission to the facility. The  
510 ~~applicable department~~ Department of Children and Families shall  
511 provide to the facility administrator any information about the  
512 resident that would help the administrator meet his or her  
513 responsibilities under subsection (1). Further, Department of

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514 Children and Families department personnel shall explain to the  
515 facility operator any special needs of the resident and advise  
516 the operator whom to call should problems arise. The Department  
517 of Children and Families applicable department shall advise and  
518 assist the facility administrator where the special needs of  
519 residents who are recipients of optional state supplementation  
520 require such assistance.

521 (8)-(7) The facility must notify a licensed physician in  
522 writing when a resident exhibits signs of dementia or cognitive  
523 impairment or has a change of condition in order to rule out the  
524 presence of an underlying physiological condition that may be  
525 contributing to such dementia or impairment. The notification  
526 must occur within 30 days after the acknowledgment of such signs  
527 by facility staff. If an underlying condition is determined to  
528 exist, the facility shall notify the resident's representative  
529 or designee in writing of the need for health care services and  
530 may assist with the arrangement of arrange, with the appropriate  
531 health care provider, the necessary care and services to treat  
532 the condition.

533 (9)-(8) The Department of Children and Families may require  
534 an examination for supplemental security income and optional  
535 state supplementation recipients residing in facilities at any  
536 time and shall provide the examination whenever a resident's  
537 condition requires it. Any facility administrator; personnel of  
538 the agency, the department, or the Department of Children and

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539 Families; or a representative of the State Long-Term Care  
540 Ombudsman Program who believes a resident needs to be evaluated  
541 shall notify the resident's case manager, who shall take  
542 appropriate action. A report of the examination findings shall  
543 be provided to the resident's case manager and the facility  
544 administrator to help the administrator meet his or her  
545 responsibilities under subsection (1).

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

552 (10) Facilities licensed to provide extended congregate  
553 care services shall promote aging in place by determining  
554 appropriateness of continued residency based on a comprehensive  
555 review of the resident's physical and functional status; the  
556 ability of the facility, family members, friends, or any other  
557 pertinent individuals or agencies to provide the care and  
558 services required; and documentation that a written service plan  
559 consistent with facility policy has been developed and  
560 implemented to ensure that the resident's needs and preferences  
561 are addressed.

562 ~~(11) No resident who requires 24-hour nursing supervision,~~  
563 ~~except for a resident who is an enrolled hospice patient~~

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564 ~~pursuant to part IV of chapter 400, shall be retained in a~~  
565 ~~facility licensed under this part.~~

566 Section 8. Paragraphs (a) and (k) of subsection (1) and  
567 subsection (3) of section 429.28, Florida Statutes, are amended  
568 to read:

569 429.28 Resident bill of rights.-

570 (1) No resident of a facility shall be deprived of any  
571 civil or legal rights, benefits, or privileges guaranteed by  
572 law, the Constitution of the State of Florida, or the  
573 Constitution of the United States as a resident of a facility.  
574 Every resident of a facility shall have the right to:

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

577 (k) At least 45 days' notice of relocation or termination  
578 of residency from the facility unless, for medical reasons, the  
579 resident is certified by a physician to require an emergency  
580 relocation to a facility providing a more skilled level of care  
581 or the resident engages in a pattern of conduct that is harmful  
582 or offensive to other residents. In the case of a resident who  
583 has been adjudicated mentally incapacitated, the guardian shall  
584 be given at least 45 days' notice of a nonemergency relocation  
585 or residency termination. Reasons for relocation shall be set  
586 forth in writing and provided to the resident or the resident's  
587 legal representative. If the resident consents, a copy of the  
588 notice shall be sent to a representative of the Long-Term Care

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589 Ombudsman Program within 24 hours. In order for a facility to  
590 terminate the residency of an individual without notice as  
591 provided herein, the facility shall show good cause in a court  
592 of competent jurisdiction.

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

599 (b) In order to determine whether the facility is  
600 adequately protecting residents' rights, the licensure renewal  
601 ~~biennial~~ survey shall include private informal conversations  
602 with a sample of residents and consultation with the ombudsman  
603 council in the district in which the facility is located to  
604 discuss residents' experiences within the facility.

605 Section 9. Section 429.41, Florida Statutes, is amended to  
606 read:

607 429.41 Rules establishing standards.—

608 (1) It is the intent of the Legislature that rules  
609 published and enforced pursuant to this section shall include  
610 criteria by which a reasonable and consistent quality of  
611 resident care and quality of life may be ensured and the results  
612 of such resident care may be demonstrated. Such rules shall also  
613 promote ~~ensure~~ a safe and sanitary environment that is

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614 residential and noninstitutional in design or nature and may  
615 allow for technological advances in the provision of care,  
616 safety, and security, including the use of devices, equipment  
617 and other security measures for wander management, emergency  
618 response, staff risk management, and for the general safety and  
619 security of residents, staff, and the facility . It is further  
620 intended that reasonable efforts be made to accommodate the  
621 needs and preferences of residents to enhance the quality of  
622 life in a facility. ~~Uniform firesafety standards for assisted~~  
623 ~~living facilities shall be established by the State Fire Marshal~~  
624 ~~pursuant to s. 633.206.~~ The agency, in consultation with the  
625 department, may adopt rules to administer the requirements of  
626 part II of chapter 408. ~~In order to provide safe and sanitary~~  
627 ~~facilities and the highest quality of resident care~~  
628 ~~accommodating the needs and preferences of residents, the~~ The  
629 department, in consultation with the agency, the Department of  
630 Children and Families, and the Department of Health, shall adopt  
631 rules, ~~policies, and procedures~~ to administer this part, which  
632 must include reasonable and fair minimum standards in relation  
633 to:

634 (a) The requirements for ~~and~~ maintenance and the sanitary  
635 condition of facilities, not in conflict with, or duplicative  
636 of, the requirements in chapter 553 or chapter 381, relating to  
637 furnishings for resident bedrooms or sleeping areas, locking  
638 devices, linens, laundry services ~~plumbing, heating, cooling,~~

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639 ~~lighting, ventilation, living space, and similar physical plant~~  
640 ~~standard other housing conditions, which will promote ensure~~ the  
641 health, safety, and welfare ~~comfort~~ of residents suitable to the  
642 size of the structure. The rules must clearly delineate the  
643 responsibilities of the agency's licensure and survey staff and  
644 the county health departments and ensure that inspections are  
645 not duplicative. The agency may collect fees for food service  
646 inspections conducted by the county health departments and  
647 transfer such fees to the Department of Health.

648 ~~1. Firesafety evacuation capability determination. An~~  
649 ~~evacuation capability evaluation for initial licensure shall be~~  
650 ~~conducted within 6 months after the date of licensure.~~

651 ~~2. Firesafety requirements.—~~

652 ~~a. The National Fire Protection Association, Life Safety~~  
653 ~~Code, NFPA 101 and 101A, current editions, shall be used in~~  
654 ~~determining the uniform firesafety code adopted by the State~~  
655 ~~Fire Marshal for assisted living facilities, pursuant to s.~~  
656 ~~633.206.~~

657 ~~b. A local government or a utility may charge fees only in~~  
658 ~~an amount not to exceed the actual expenses incurred by the~~  
659 ~~local government or the utility relating to the installation and~~  
660 ~~maintenance of an automatic fire sprinkler system in a licensed~~  
661 ~~assisted living facility structure.~~

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662 ~~e. All licensed facilities must have an annual fire~~  
663 ~~inspection conducted by the local fire marshal or authority~~  
664 ~~having jurisdiction.~~

665 ~~d. An assisted living facility that is issued a building~~  
666 ~~permit or certificate of occupancy before July 1, 2016, may at~~  
667 ~~its option and after notifying the authority having~~  
668 ~~jurisdiction, remain under the provisions of the 1994 and 1995~~  
669 ~~editions of the National Fire Protection Association, Life~~  
670 ~~Safety Code, NFPA 101, and NFPA 101A. The facility opting to~~  
671 ~~remain under such provisions may make repairs, modernizations,~~  
672 ~~renovations, or additions to, or rehabilitate, the facility in~~  
673 ~~compliance with NFPA 101, 1994 edition, and may utilize the~~  
674 ~~alternative approaches to life safety in compliance with NFPA~~  
675 ~~101A, 1995 edition. However, a facility for which a building~~  
676 ~~permit or certificate of occupancy is issued before July 1,~~  
677 ~~2016, that undergoes Level III building alteration or~~  
678 ~~rehabilitation, as defined in the Florida Building Code, or~~  
679 ~~seeks to utilize features not authorized under the 1994 or 1995~~  
680 ~~editions of the Life Safety Code must thereafter comply with all~~  
681 ~~aspects of the uniform firesafety standards established under s.~~  
682 ~~633.206, and the Florida Fire Prevention Code, in effect for~~  
683 ~~assisted living facilities as adopted by the State Fire Marshal.~~

684 ~~3. Resident elopement requirements. Facilities are~~  
685 ~~required to conduct a minimum of two resident elopement~~  
686 ~~prevention and response drills per year. All administrators and~~

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687 ~~direct care staff must participate in the drills which shall~~  
688 ~~include a review of procedures to address resident elopement.~~  
689 ~~Facilities must document the implementation of the drills and~~  
690 ~~ensure that the drills are conducted in a manner consistent with~~  
691 ~~the facility's resident elopement policies and procedures.~~

692 (b) The preparation and annual update of a comprehensive  
693 emergency management plan. Such standards must be included in  
694 the rules adopted by the department after consultation with the  
695 Division of Emergency Management. At a minimum, the rules must  
696 provide for plan components that address emergency evacuation  
697 transportation; adequate sheltering arrangements; postdisaster  
698 activities, including provision of emergency power, food, and  
699 water; postdisaster transportation; supplies; staffing;  
700 emergency equipment; individual identification of residents and  
701 transfer of records; communication with families; and responses  
702 to family inquiries. The comprehensive emergency management plan  
703 is subject to review and approval by the local emergency  
704 management agency. During its review, the local emergency  
705 management agency shall ensure that the following agencies, at a  
706 minimum, are given the opportunity to review the plan: the  
707 Department of Elderly Affairs, the Department of Health, the  
708 Agency for Health Care Administration, and the Division of  
709 Emergency Management. Also, appropriate volunteer organizations  
710 must be given the opportunity to review the plan. The local  
711 emergency management agency shall complete its review within 60

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712 days and either approve the plan or advise the facility of  
713 necessary revisions.

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

719 ~~(d) All sanitary conditions within the facility and its~~  
720 ~~surroundings which will ensure the health and comfort of~~  
721 ~~residents. The rules must clearly delineate the responsibilities~~  
722 ~~of the agency's licensure and survey staff, the county health~~  
723 ~~departments, and the local authority having jurisdiction over~~  
724 ~~firesafety and ensure that inspections are not duplicative. The~~  
725 ~~agency may collect fees for food service inspections conducted~~  
726 ~~by the county health departments and transfer such fees to the~~  
727 ~~Department of Health.~~

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

732 ~~(e)(f)~~ Inspections, complaint investigations, moratoriums,  
733 classification of deficiencies, ~~levying~~ and enforcement of  
734 penalties, ~~and use of income from fees and fines.~~

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

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

739 1. The supervision of residents within the meaning  
740 established in s. 429.02(26);

741 2. The provision of personal services;

742 3. The provision of, or arrangement for, social and  
743 leisure activities;

744 4. The assistance in making arrangements ~~arrangement~~ for  
745 appointments and transportation to appropriate medical, dental,  
746 nursing, or mental health services, as needed by residents;

747 5. The management of medication stored within the facility  
748 and as needed by residents;

749 6. The dietary ~~nutritional~~ needs of residents;

750 7. Resident records; and

751 8. Internal risk management and quality assurance.

752 ~~(h)-(i)~~ Facilities holding a limited nursing, extended  
753 congregate care, or limited mental health license.

754 ~~(i)-(j)~~ The establishment of specific criteria to define  
755 appropriateness of resident admission and continued residency in  
756 a facility holding a standard, limited nursing, extended  
757 congregate care, and limited mental health license.

758 ~~(j)-(k)~~ The use of physical or chemical restraints. The use  
759 of physical restraints is limited to physical restraints ~~half-~~  
760 ~~bed rails~~ as ordered ~~prescribed~~ and documented by the resident's  
761 physician with the consent of the resident or, if applicable,

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762 the resident's representative or designee or the resident's  
763 surrogate, guardian, or attorney in fact. The use of chemical  
764 restraints is limited to prescribed dosages of medications  
765 authorized by the resident's physician and must be consistent  
766 with the resident's diagnosis. Residents who are receiving  
767 medications that can serve as chemical restraints must be  
768 evaluated by their physician at least annually to assess:

- 769 1. The continued need for the medication.
- 770 2. The level of the medication in the resident's blood.
- 771 3. The need for adjustments in the prescription.

772 ~~(k)(1)~~ The establishment of specific resident elopement  
773 drill requirements policies and procedures on resident  
774 elopement. Facilities shall conduct a minimum of two resident  
775 elopement drills each year. All administrators and direct care  
776 staff shall participate in the drills, which must include a  
777 review of the facility's procedures to address resident  
778 elopement. Facilities shall document participation in the  
779 drills.

780 (2) In adopting any rules pursuant to this part, the  
781 department, in conjunction with the agency, shall make distinct  
782 standards for facilities based upon facility size; the types of  
783 care provided; the physical and mental capabilities and needs of  
784 residents; the type, frequency, and amount of services and care  
785 offered; and the staffing characteristics of the facility. Rules  
786 developed pursuant to this section may not restrict the use of

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787 shared staffing and shared programming in facilities that are  
788 part of retirement communities that provide multiple levels of  
789 care and otherwise meet the requirements of law and rule. If a  
790 continuing care facility licensed under chapter 651 or a  
791 retirement community offering multiple levels of care licenses a  
792 building or part of a building designated for independent living  
793 for assisted living, staffing requirements established in rule  
794 apply only to residents who receive personal, limited nursing,  
795 or extended congregate care services under this part. Such  
796 facilities shall retain a log listing the names and unit number  
797 for residents receiving these services. The log must be  
798 available to surveyors upon request. ~~The Except for uniform~~  
799 ~~firesafety standards, the~~ department shall adopt by rule  
800 separate and distinct standards for facilities with 16 or fewer  
801 beds and for facilities with 17 or more beds. The standards for  
802 facilities with 16 or fewer beds must be appropriate for a  
803 noninstitutional residential environment; however, the structure  
804 may not be more than two stories in height and all persons who  
805 cannot exit the facility unassisted in an emergency must reside  
806 on the first floor. The department, in conjunction with the  
807 agency, may make other distinctions among types of facilities as  
808 necessary to enforce this part. Where appropriate, the agency  
809 shall offer alternate solutions for complying with established  
810 standards, based on distinctions made by the department and the

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811 agency relative to the physical characteristics of facilities  
812 and the types of care offered.

813 ~~(3) The department shall submit a copy of proposed rules~~  
814 ~~to the Speaker of the House of Representatives, the President of~~  
815 ~~the Senate, and appropriate committees of substance for review~~  
816 ~~and comment prior to the promulgation thereof.~~ Rules promulgated  
817 by the department shall encourage the development of homelike  
818 facilities which promote the dignity, individuality, personal  
819 strengths, and decisionmaking ability of residents.

820 (4) The agency, in consultation with the department, may  
821 waive rules promulgated pursuant to this part in order to  
822 demonstrate and evaluate innovative or cost-effective congregate  
823 care alternatives which enable individuals to age in place. Such  
824 waivers may be granted only in instances where there is  
825 reasonable assurance that the health, safety, or welfare of  
826 residents will not be endangered. To apply for a waiver, the  
827 licensee shall submit to the agency a written description of the  
828 concept to be demonstrated, including goals, objectives, and  
829 anticipated benefits; the number and types of residents who will  
830 be affected, if applicable; a brief description of how the  
831 demonstration will be evaluated; and any other information  
832 deemed appropriate by the agency. Any facility granted a waiver  
833 shall submit a report of findings to the agency and the  
834 department within 12 months. At such time, the agency may renew  
835 or revoke the waiver or pursue any regulatory or statutory

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836 changes necessary to allow other facilities to adopt the same  
837 practices. The department may by rule clarify terms and  
838 establish waiver application procedures, criteria for reviewing  
839 waiver proposals, and procedures for reporting findings, as  
840 necessary to implement this subsection.

841 (5) The agency may use an abbreviated biennial standard  
842 licensure inspection that consists of a review of key quality-  
843 of-care standards in lieu of a full inspection in a facility  
844 that has a good record of past performance. However, a full  
845 inspection must be conducted in a facility that has a history of  
846 class I or class II violations, uncorrected class III  
847 violations, or a violation resulting from a complaint referred  
848 by the State Long-Term Care Ombudsman Program to a regulatory  
849 agency ~~confirmed ombudsman council complaints, or confirmed~~  
850 ~~licensure complaints,~~ within the previous licensure period  
851 immediately preceding the inspection or if a potentially serious  
852 problem is identified during the abbreviated inspection. The  
853 agency, ~~in consultation with the department,~~ shall adopt develop  
854 the key quality-of-care standards by rule ~~with input from the~~  
855 ~~State Long-Term Care Ombudsman Council and representatives of~~  
856 ~~provider groups for incorporation into its rules.~~

857 Section 10. Section 429.435, Florida Statutes, is created  
858 to read:

859 429.435 Uniform firesafety standards.- Uniform firesafety  
860 standards for assisted living facilities, a residential board

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861 and care occupancy, shall be established by the State Fire  
862 Marshal pursuant to s. 633.206.

863 (1) A firesafety evacuation capability determination shall  
864 be conducted within 6 months after the date of initial  
865 licensure, if required.

866 (2) FIRESAFETY REQUIREMENTS.—

867 (a) The National Fire Protection Association, Life Safety  
868 Code, NFPA 101 and 101A, current editions, shall be used in  
869 determining the uniform firesafety code adopted by the State  
870 Fire Marshal for assisted living facilities, pursuant to s.  
871 633.206.

872 (b) A local government or a utility may charge fees only in  
873 an amount not to exceed the actual expenses incurred by the  
874 local government or the utility relating to the installation and  
875 maintenance of an automatic fire sprinkler system in a licensed  
876 assisted living facility structure.

877 (c) All licensed facilities must have an annual fire  
878 inspection conducted by the local fire marshal or authority  
879 having jurisdiction.

880 (d) An assisted living facility that is issued a building permit  
881 or certificate of occupancy before July 1, 2016, may at its  
882 option and after notifying the authority having jurisdiction,  
883 remain under the provisions of the 1994 and 1995 editions of the  
884 National Fire Protection Association, Life Safety Code, NFPA  
885 101, and NFPA 101A. The facility opting to remain under such

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886 provisions may make repairs, modernizations, renovations, or  
887 additions to, or rehabilitate, the facility in compliance with  
888 NFPA 101, 1994 edition, and may utilize the alternative  
889 approaches to life safety in compliance with NFPA 101A, 1995  
890 edition. However, a facility for which a building permit or  
891 certificate of occupancy is issued before July 1, 2016, that  
892 undergoes Level III building alteration or rehabilitation, as  
893 defined in the Florida Building Code, or seeks to utilize  
894 features not authorized under the 1994 or 1995 editions of the  
895 Life Safety Code must thereafter comply with all aspects of the  
896 uniform firesafety standards established under s. 633.206, and  
897 the Florida Fire Prevention Code, in effect for assisted living  
898 facilities as adopted by the State Fire Marshal.

899 Section 11. Section 429.52, Florida Statutes, is amended  
900 to read:

901 429.52 Staff training and educational requirements  
902 ~~programs; core educational requirement.~~

903 (1) ~~Each Effective October 1, 2015, each~~ new assisted  
904 living facility employee who has not previously completed core  
905 training must attend a preservice orientation provided by the  
906 facility before interacting with residents. The preservice  
907 orientation must be at least 2 hours in duration and cover  
908 topics that help the employee provide responsible care and  
909 respond to the needs of facility residents. Upon completion, the  
910 employee and the administrator of the facility must sign a

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911 statement that the employee completed the required preservice  
912 orientation. The facility must keep the signed statement in the  
913 employee's personnel record.

914 (2) Administrators and other assisted living facility  
915 staff must meet minimum training and education requirements  
916 established by the Department of Elderly Affairs by rule. This  
917 training and education is intended to assist facilities to  
918 appropriately respond to the needs of residents, to maintain  
919 resident care and facility standards, and to meet licensure  
920 requirements.

921 (3) The department shall establish core training  
922 requirements for administrators consisting of core training  
923 learning objectives, a competency test, and a minimum required  
924 score to indicate successful passage completion of the core  
925 competency test training and educational requirements. The  
926 competency test must be developed by the department in  
927 conjunction with the agency ~~and providers~~. The required core  
928 competency test training and education must cover at least the  
929 following topics:

930 (a) State law and rules relating to assisted living  
931 facilities.

932 (b) Resident rights and identifying and reporting abuse,  
933 neglect, and exploitation.

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934 (c) Special needs of elderly persons, persons with mental  
935 illness, and persons with developmental disabilities and how to  
936 meet those needs.

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

939 (e) Medication management, recordkeeping, and proper  
940 techniques for assisting residents with self-administered  
941 medication.

942 (f) Firesafety requirements, including fire evacuation  
943 drill procedures and other emergency procedures.

944 (g) Care of persons with Alzheimer's disease and related  
945 disorders.

946 (4) A ~~new~~ facility administrator must complete the  
947 required core training and education, including the competency  
948 test, within 90 days after the date of employment as an  
949 administrator. Failure to do so is a violation of this part and  
950 subjects the violator to an administrative fine as prescribed in  
951 s. 429.19. Administrators licensed in accordance with part II of  
952 chapter 468 are exempt from this requirement. Other licensed  
953 professionals may be exempted, as determined by the department  
954 by rule.

955 (5) Administrators are required to participate in  
956 continuing education for a minimum of 12 contact hours every 2  
957 years.

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958 (6) Staff ~~involved with the management of medications and~~  
959 assisting with the self-administration of medications under s.  
960 429.256 must complete a minimum of 6 ~~additional~~ hours of  
961 training provided by a registered nurse, or a licensed  
962 pharmacist, before providing assistance ~~or department staff. Two~~  
963 hours of continuing education is required annually thereafter.  
964 The department shall establish by rule the minimum requirements  
965 of this ~~additional~~ training.

966 (7) Facility ~~Other facility~~ staff shall participate in in-  
967 service training relevant to their job duties as specified by  
968 rule of the department. Topics covered during the preservice  
969 orientation are not required to be repeated during in-service  
970 training. A single certificate of completion that covers all  
971 required in-service training topics may be issued to a  
972 participating staff member if the training is provided in a  
973 single training course.

974 (8) If ~~the department or~~ the agency determines that there  
975 are problems in a facility that could be reduced through  
976 specific staff training ~~or education~~ beyond that already  
977 required under this section, ~~the department or~~ the agency may  
978 require, and provide, or cause to be provided, the training ~~or~~  
979 ~~education~~ of any personal care staff in the facility.

980 (9) The department shall adopt rules related to these  
981 training and education requirements, the competency test,  
982 necessary procedures, and competency test fees and shall adopt

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983 or contract with another entity to develop and administer the  
984 competency test. The department shall adopt a curriculum outline  
985 with learning objectives to be used by core trainers,~~which~~  
986 ~~shall be used as~~ the minimum core training content requirements.  
987 The department shall consult with representatives of stakeholder  
988 associations and agencies in the development of the curriculum  
989 outline.

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

999 (11) A person seeking to register as a core trainer must  
1000 also:

1001 (a) Provide proof of completion of a 4-year degree from an  
1002 accredited college or university and must have worked in a  
1003 management position in an assisted living facility for 3 years  
1004 after being core certified;

1005 (b) Have worked in a management position in an assisted  
1006 living facility for 5 years after being core certified and have  
1007 1 year of teaching experience as an educator or staff trainer

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1008 for persons who work in assisted living facilities or other  
1009 long-term care settings;

1010 (c) Have been previously employed as a core trainer for  
1011 the department; or

1012 (d) Meet other qualification criteria as defined in rule,  
1013 which the department is authorized to adopt.

1014 (12) The department shall adopt rules to establish core  
1015 trainer registration and removal requirements.

1016 Section 12. This act shall take effect July 1, 2019.

1017

1018 -----

1019

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

1020

Remove everything before the enacting clause and insert:

1021

An act relating to assisted living facilities; amending s.

1022

429.02, F.S.; amending and creating definitions; amending s.

1023

429.11, F.S.; prohibiting a county or municipality from issuing

1024

a business tax receipt, rather than an occupational license, to

1025

an assisted living facility under certain circumstances;

1026

amending s. 429.176, F.S.; amending educational requirements for

1027

a change of administrator; amending s. 429.23, F.S.; requiring a

1028

facility to initiate an investigation of an adverse incident

1029

within 24 hours and provide a report of such investigation to

1030

the Agency for Health Care Administration within 15 days;

1031

amending s. 429.255, F.S.; authorizing a facility resident or

1032

his or her representative to contract with a third party under

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1349 (2019)

Amendment No.

1033 certain circumstances; amending s. 429.26, F.S.; including  
1034 medical examinations within criteria used for admission to an  
1035 assisted living facility; providing specified criteria for  
1036 determinations of appropriateness for admission and continued  
1037 residency at an assisted living facility; requiring that a  
1038 resident receive a medical examination within a specified  
1039 timeframe after admission to a facility; requiring that such  
1040 examination be recorded on a specified form; providing minimum  
1041 requirements for such form; revising provisions relating to the  
1042 placement of residents by the Department of Elderly Affairs or  
1043 the Department of Children and Families; requiring a facility to  
1044 notify a resident's representative or designee of the need for  
1045 health care services and authorizing the facility to assist with  
1046 the arrangement of such services under certain circumstances;  
1047 removing provisions relating to the retention of certain  
1048 residents in a facility; amending s. 429.28, F.S.; revising  
1049 residents' rights relating to a safe and secure living  
1050 environment; amending s. 429.41, F.S.; removing provisions  
1051 relating to firesafety requirements; removing an obsolete  
1052 provision; requiring, rather than authorizing, the Agency for  
1053 Health Care Administration to use an abbreviated biennial  
1054 standard licensure inspection; revising the criteria under which  
1055 a facility must be fully inspected; revising provisions  
1056 requiring the agency to develop key quality-of-care standards;  
1057 creating s. 429.435, F.S.; providing uniform firesafety

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1349 (2019)

Amendment No.

1058 standards and requirements for assisted living facilities;  
1059 amending s. 429.52, F.S.; revising provisions relating to  
1060 facility staff training requirements; requiring the Department  
1061 of Elderly Affairs to establish core training requirements for  
1062 facility administrators; providing a minimum required score for  
1063 passage of the core competency test; revising the training and  
1064 continuing education requirements for facility staff assisting  
1065 residents with the self-administration of medications; revising  
1066 provisions relating to the responsibilities of the Department of  
1067 Elderly Affairs and the Agency for Health Care Administration  
1068 regarding training; requiring the Department of Elderly Affairs  
1069 to contract with another entity to administer the competency  
1070 test; requiring the department to adopt a curriculum outline to  
1071 be used by core trainers; providing an effective date.

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