



Health Innovation Subcommittee

Monday, February 9, 2015
4:00 PM - 6:00 PM
306 HOB

Action Packet

Steve Crisafulli
Speaker

Kenneth Roberson
Chair

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/9/2015 4:00:00PM

Location: 306 HOB

Summary:

Health Innovation Subcommittee

Monday February 09, 2015 04:00 pm

HB 111	Favorable With Committee Substitute	Yeas: 11	Nays: 0
	Amendment 681451 Adopted Without Objection		
HB 161	Favorable	Yeas: 9	Nays: 2
HB 411	Favorable	Yeas: 11	Nays: 0

Committee meeting was reported out: Monday, February 09, 2015 5:09:58PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/9/2015 4:00:00PM

Location: 306 HOB

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Kenneth Roberson (Chair)	X		
Doug Broxson	X		
John Cortes	X		
Fred Costello	X		
Manny Diaz, Jr.			X
Mia Jones			X
Jose Oliva	X		
Ronald Renuart	X		
Hazelle Rogers	X		
Chris Sprows	X		
Richard Stark	X		
W. Gregory Steube	X		
Jay Trumbull	X		
Totals:	11	0	2

Committee meeting was reported out: Monday, February 09, 2015 5:09:58PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/9/2015 4:00:00PM

Location: 306 HOB

HB 111 : Transitional Living Facilities

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Doug Broxson	X				
John Cortes	X				
Fred Costello	X				
Manny Diaz, Jr.			X		
Mia Jones			X		
Jose Oliva	X				
Ronald Renuart	X				
Hazelle Rogers	X				
Chris Sprows	X				
Richard Stark	X				
W. Gregory Steube	X				
Jay Trumbull	X				
Kenneth Roberson (Chair)	X				
Total Yeas: 11		Total Nays: 0			

HB 111 Amendments

Amendment 681451

Adopted Without Objection

Appearances:

HB 111

Pitts, Brian (General Public) - Information Only

Justice-2-Jesus

Trustee

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Committee meeting was reported out: Monday, February 09, 2015 5:09:58PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 111 (2015)

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

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WITHDRAWN _____ (Y/N)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

1 Committee/Subcommittee hearing bill: Health Innovation
2 Subcommittee
3 Representative Magar offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

7 Section 1. Part XI of chapter 400, Florida Statutes,
8 consisting of sections 400.997 through 400.9986, is created to
9 read:

PART XI

TRANSITIONAL LIVING FACILITIES

12 400.997 Legislative intent.—It is the intent of the
13 Legislature to provide for the licensure of transitional living
14 facilities and require the development, establishment, and
15 enforcement of basic standards by the Agency for Health Care
16 Administration to ensure quality of care and services to clients
17 in transitional living facilities. It is the policy of the state

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18 that the least restrictive appropriate available treatment be
19 used based on the individual needs and best interest of the
20 client, consistent with optimum improvement of the client's
21 condition. The goal of a transitional living program for persons
22 who have brain or spinal cord injuries is to assist each person
23 who has such an injury to achieve a higher level of independent
24 functioning and to enable the person to reenter the community.
25 It is also the policy of the state that the restraint or
26 seclusion of a client is justified only as an emergency safety
27 measure used in response to danger to the client or others. It
28 is therefore the intent of the Legislature to achieve an ongoing
29 reduction in the use of restraint or seclusion in programs and
30 facilities that serve persons who have brain or spinal cord
31 injuries.

32 400.9971 Definitions.—As used in this part, the term:

33 (1) "Agency" means the Agency for Health Care
34 Administration.

35 (2) "Chemical restraint" means a pharmacologic drug that
36 physically limits, restricts, or deprives a person of movement
37 or mobility, is used for client protection or safety, and is not
38 required for the treatment of medical conditions or symptoms.

39 (3) "Client's representative" means the parent of a child
40 client or the client's guardian, designated representative,
41 designee, surrogate, or attorney in fact.

42 (4) "Department" means the Department of Health.

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43 (5) "Physical restraint" means a manual method to restrict
44 freedom of movement of or normal access to a person's body, or a
45 physical or mechanical device, material, or equipment attached
46 or adjacent to the person's body that the person cannot easily
47 remove and that restricts freedom of movement of or normal
48 access to the person's body, including, but not limited to, a
49 half-bed rail, a full-bed rail, a geriatric chair, or a Posey
50 restraint. The term includes any device that is not specifically
51 manufactured as a restraint but is altered, arranged, or
52 otherwise used for this purpose. The term does not include
53 bandage material used for the purpose of binding a wound or
54 injury.

55 (6) "Seclusion" means the physical segregation of a person
56 in any fashion or the involuntary isolation of a person in a
57 room or area from which the person is prevented from leaving.
58 Such prevention may be accomplished by imposition of a physical
59 barrier or by action of a staff member to prevent the person
60 from leaving the room or area. For purposes of this part, the
61 term does not mean isolation due to a person's medical condition
62 or symptoms.

63 (7) "Transitional living facility" means a site where
64 specialized health care services are provided to persons who
65 have brain or spinal cord injuries, including, but not limited
66 to, rehabilitative services, behavior modification, community
67 reentry training, aids for independent living, and counseling.

68 400.9972 License required; fee; application.-

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69 (1) The requirements of part II of chapter 408 apply to
70 the provision of services that require licensure pursuant to
71 this part and part II of chapter 408 and to entities licensed by
72 or applying for licensure from the agency pursuant to this part.
73 A license issued by the agency is required for the operation of
74 a transitional living facility in this state. However, this part
75 does not require a provider licensed by the agency to obtain a
76 separate transitional living facility license to serve persons
77 who have brain or spinal cord injuries as long as the services
78 provided are within the scope of the provider's license.

79 (2) In accordance with this part, an applicant or a
80 licensee shall pay a fee for each license application submitted
81 under this part. The license fee shall consist of a \$4,588
82 license fee and a \$90 per-bed fee per biennium and shall conform
83 to the annual adjustment authorized in s. 408.805.

84 (3) An applicant for licensure must provide:

85 (a) The location of the facility for which the license is
86 sought and documentation, signed by the appropriate local
87 government official, which states that the applicant has met
88 local zoning requirements.

89 (b) Proof of liability insurance as provided in s.
90 624.605(1)(b).

91 (c) Proof of compliance with local zoning requirements,
92 including compliance with the requirements of chapter 419 if the
93 proposed facility is a community residential home.

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94 (d) Proof that the facility has received a satisfactory
95 firesafety inspection.

96 (e) Documentation that the facility has received a
97 satisfactory sanitation inspection by the county health
98 department.

99 (4) The applicant's proposed facility must attain and
100 continuously maintain accreditation by an accrediting
101 organization that specializes in evaluating rehabilitation
102 facilities whose standards incorporate licensure regulations
103 comparable to those required by the state. An applicant for
104 licensure as a transitional living facility must acquire
105 accreditation within 12 months after issuance of an initial
106 license. The agency shall accept the accreditation survey report
107 of the accrediting organization in lieu of conducting a
108 licensure inspection if the standards included in the survey
109 report are determined by the agency to document that the
110 facility substantially complies with state licensure
111 requirements. Within 10 days after receiving the accreditation
112 survey report, the applicant shall submit to the agency a copy
113 of the report and evidence of the accreditation decision as a
114 result of the report. The agency may conduct an inspection of a
115 transitional living facility to ensure compliance with the
116 licensure requirements of this part, to validate the inspection
117 process of the accrediting organization, to respond to licensure
118 complaints, or to protect the public health and safety.

119 400.9973 Client admission, transfer, and discharge.—

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120 (1) A transitional living facility shall have written
121 policies and procedures governing the admission, transfer, and
122 discharge of clients.

123 (2) The admission of a client to a transitional living
124 facility must be in accordance with the licensee's policies and
125 procedures.

126 (3) To be admitted to a transitional living facility, an
127 individual must have an acquired internal or external injury to
128 the skull, the brain, or the brain's covering, caused by a
129 traumatic or nontraumatic event, which produces an altered state
130 of consciousness, or a spinal cord injury, such as a lesion to
131 the spinal cord or cauda equina syndrome, with evidence of
132 significant involvement of at least two of the following
133 deficits or dysfunctions:

134 (a) A motor deficit.

135 (b) A sensory deficit.

136 (c) A cognitive deficit.

137 (d) A behavioral deficit.

138 (e) Bowel and bladder dysfunction.

139 (4) A client whose medical condition and diagnosis do not
140 positively identify a cause of the client's condition, whose
141 symptoms are inconsistent with the known cause of injury, or
142 whose recovery is inconsistent with the known medical condition
143 may be admitted to a transitional living facility for evaluation
144 for a period not to exceed 90 days.

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145 (5) A client admitted to a transitional living facility
146 must be admitted upon prescription by a licensed physician,
147 physician assistant, or advanced registered nurse practitioner
148 and must remain under the care of a licensed physician,
149 physician assistant, or advanced registered nurse practitioner
150 for the duration of the client's stay in the facility.

151 (6) A transitional living facility may not admit a person
152 whose primary admitting diagnosis is mental illness or an
153 intellectual or developmental disability.

154 (7) A person may not be admitted to a transitional living
155 facility if the person:

156 (a) Presents significant risk of infection to other
157 clients or personnel. A health care practitioner must provide
158 documentation that the person is free of apparent signs and
159 symptoms of communicable disease;

160 (b) Is a danger to himself or herself or others as
161 determined by a physician, physician assistant, or advanced
162 registered nurse practitioner or a mental health practitioner
163 licensed under chapter 490 or chapter 491, unless the facility
164 provides adequate staffing and support to ensure patient safety;

165 (c) Is bedridden; or

166 (d) Requires 24-hour nursing supervision.

167 (8) If the client meets the admission criteria, the
168 medical or nursing director of the facility must complete an
169 initial evaluation of the client's functional skills, behavioral
170 status, cognitive status, educational or vocational potential,

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171 medical status, psychosocial status, sensorimotor capacity, and
172 other related skills and abilities within the first 72 hours
173 after the client's admission to the facility. An initial
174 comprehensive treatment plan that delineates services to be
175 provided and appropriate sources for such services must be
176 implemented within the first 4 days after admission.

177 (9) A transitional living facility shall develop a
178 discharge plan for each client before or upon admission to the
179 facility. The discharge plan must identify the intended
180 discharge site and possible alternative discharge sites. For
181 each discharge site identified, the discharge plan must identify
182 the skills, behaviors, and other conditions that the client must
183 achieve to be eligible for discharge. A discharge plan must be
184 reviewed and updated as necessary but at least once monthly.

185 (10) A transitional living facility shall discharge a
186 client as soon as practicable when the client no longer requires
187 the specialized services described in s. 400.9971(7), when the
188 client is not making measurable progress in accordance with the
189 client's comprehensive treatment plan, or when the transitional
190 living facility is no longer the most appropriate and least
191 restrictive treatment option.

192 (11) A transitional living facility shall provide at least
193 30 days' notice to a client of transfer or discharge plans,
194 including the location of an acceptable transfer location if the
195 client is unable to live independently. This subsection does not
196 apply if a client voluntarily terminates residency.

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197 400.9974 Client comprehensive treatment plans; client
198 services.-

199 (1) A transitional living facility shall develop a
200 comprehensive treatment plan for each client as soon as
201 practicable but no later than 30 days after the initial
202 comprehensive treatment plan is developed. The comprehensive
203 treatment plan must be developed by an interdisciplinary team
204 consisting of the case manager, the program director, the
205 advanced registered nurse practitioner, and appropriate
206 therapists. The client or, if appropriate, the client's
207 representative must be included in developing the comprehensive
208 treatment plan. The comprehensive treatment plan must be
209 reviewed and updated if the client fails to meet projected
210 improvements outlined in the plan or if a significant change in
211 the client's condition occurs. The comprehensive treatment plan
212 must be reviewed and updated at least once monthly.

213 (2) The comprehensive treatment plan must include:

214 (a) Orders obtained from the physician, physician
215 assistant, or advanced registered nurse practitioner and the
216 client's diagnosis, medical history, physical examination, and
217 rehabilitative or restorative needs.

218 (b) A preliminary nursing evaluation, including orders for
219 immediate care provided by the physician, physician assistant,
220 or advanced registered nurse practitioner, which shall be
221 completed when the client is admitted.

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222 (c) A comprehensive, accurate, reproducible, and
223 standardized assessment of the client's functional capability;
224 the treatments designed to achieve skills, behaviors, and other
225 conditions necessary for the client to return to the community;
226 and specific measurable goals.

227 (d) Steps necessary for the client to achieve transition
228 into the community and estimated length of time to achieve those
229 goals.

230 (3) The client or, if appropriate, the client's
231 representative must consent to the continued treatment at the
232 transitional living facility. Consent may be for a period of up
233 to 6 months. If such consent is not given, the transitional
234 living facility shall discharge the client as soon as
235 practicable.

236 (4) A client must receive the professional program
237 services needed to implement the client's comprehensive
238 treatment plan.

239 (5) The licensee must employ qualified professional staff
240 to carry out and monitor the various professional interventions
241 in accordance with the stated goals and objectives of the
242 client's comprehensive treatment plan.

243 (6) A client must receive a continuous treatment program
244 that includes appropriate, consistent implementation of
245 specialized and general training, treatment, health services,
246 and related services and that is directed toward:

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247 (a) The acquisition of the behaviors and skills necessary
248 for the client to function with as much self-determination and
249 independence as possible.

250 (b) The prevention or deceleration of regression or loss
251 of current optimal functional status.

252 (c) The management of behavioral issues that preclude
253 independent functioning in the community.

254 400.9975 Licensee responsibilities.-

255 (1) The licensee shall ensure that each client:

256 (a) Lives in a safe environment free from abuse, neglect,
257 and exploitation.

258 (b) Is treated with consideration and respect and with due
259 recognition of personal dignity, individuality, and the need for
260 privacy.

261 (c) Retains and uses his or her own clothes and other
262 personal property in his or her immediate living quarters to
263 maintain individuality and personal dignity, except when the
264 licensee demonstrates that such retention and use would be
265 unsafe, impractical, or an infringement upon the rights of other
266 clients.

267 (d) Has unrestricted private communication, including
268 receiving and sending unopened correspondence, access to a
269 telephone, and visits with any person of his or her choice. Upon
270 request, the licensee shall modify visiting hours for caregivers
271 and guests. The facility shall restrict communication in
272 accordance with any court order or written instruction of a

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273 client's representative. Any restriction on a client's
274 communication for therapeutic reasons shall be documented and
275 reviewed at least weekly and shall be removed as soon as no
276 longer clinically indicated. The basis for the restriction shall
277 be explained to the client and, if applicable, the client's
278 representative. The client shall retain the right to call the
279 central abuse hotline, the agency, and Disability Rights Florida
280 at any time.

281 (e) Has the opportunity to participate in and benefit from
282 community services and activities to achieve the highest
283 possible level of independence, autonomy, and interaction within
284 the community.

285 (f) Has the opportunity to manage his or her financial
286 affairs unless the client or, if applicable, the client's
287 representative authorizes the administrator of the facility to
288 provide safekeeping for funds as provided under this part.

289 (g) Has reasonable opportunity for regular exercise more
290 than once per week and to be outdoors at regular and frequent
291 intervals except when prevented by inclement weather.

292 (h) Has the opportunity to exercise civil and religious
293 liberties, including the right to independent personal
294 decisions. However, a religious belief or practice, including
295 attendance at religious services, may not be imposed upon any
296 client.

297 (i) Has access to adequate and appropriate health care
298 consistent with established and recognized community standards.

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299 (j) Has the opportunity to present grievances and
300 recommend changes in policies, procedures, and services to the
301 staff of the licensee, governing officials, or any other person
302 without restraint, interference, coercion, discrimination, or
303 reprisal. A licensee shall establish a grievance procedure to
304 facilitate a client's ability to present grievances, including a
305 system for investigating, tracking, managing, and responding to
306 complaints by a client or, if applicable, the client's
307 representative and an appeals process. The appeals process must
308 include access to Disability Rights Florida and other advocates
309 and the right to be a member of, be active in, and associate
310 with advocacy or special interest groups.

311 (2) The licensee shall:

312 (a) Promote participation of the client's representative
13 in the process of providing treatment to the client unless the
314 representative's participation is unobtainable or inappropriate.

315 (b) Answer communications from the client's family,
316 guardians, and friends promptly and appropriately.

317 (c) Promote visits by persons with a relationship to the
318 client at any reasonable hour, without requiring prior notice,
319 in any area of the facility that provides direct care services
320 to the client, consistent with the client's and other clients'
321 privacy, unless the interdisciplinary team determines that such
322 a visit would not be appropriate.

323 (d) Promote opportunities for the client to leave the
324 facility for visits, trips, or vacations.

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325 (e) Promptly notify the client's representative of a
326 significant incident or change in the client's condition,
327 including, but not limited to, serious illness, accident, abuse,
328 unauthorized absence, or death.

329 (3) The administrator of a facility shall ensure that a
330 written notice of licensee responsibilities is posted in a
331 prominent place in each building where clients reside and is
332 read or explained to clients who cannot read. This notice shall
333 be provided to clients in a manner that is clearly legible,
334 shall include the statewide toll-free telephone number for
335 reporting complaints to the agency, and shall include the words:
336 "To report a complaint regarding the services you receive,
337 please call toll-free ... [telephone number]... or Disability
338 Rights Florida ... [telephone number]...." The statewide toll-
339 free telephone number for the central abuse hotline shall be
340 provided to clients in a manner that is clearly legible and
341 shall include the words: "To report abuse, neglect, or
342 exploitation, please call toll-free ... [telephone number]...."
343 The licensee shall ensure a client's access to a telephone where
344 telephone numbers are posted as required by this subsection.

345 (4) A licensee or employee of a facility may not serve
346 notice upon a client to leave the premises or take any other
347 retaliatory action against another person solely because of the
348 following:

349 (a) The client or other person files an internal or
350 external complaint or grievance regarding the facility.

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351 (b) The client or other person appears as a witness in a
352 hearing inside or outside the facility.

353 (5) Before or at the time of admission, the client and, if
354 applicable, the client's representative shall receive a copy of
355 the licensee's responsibilities, including grievance procedures
356 and telephone numbers, as provided in this section.

357 (6) The licensee must develop and implement policies and
358 procedures governing the release of client information,
359 including consent necessary from the client or, if applicable,
360 the client's representative.

361 400.9976 Administration of medication.-

362 (1) An individual medication administration record must be
363 maintained for each client. A dose of medication, including a
364 self-administered dose, shall be properly recorded in the
365 client's record. A client who self-administers medication shall
366 be given a pill organizer. Medication must be placed in the pill
367 organizer by a nurse. A nurse shall document the date and time
368 that medication is placed into each client's pill organizer. All
369 medications must be administered in compliance with orders of a
370 physician, physician assistant, or advanced registered nurse
371 practitioner.

372 (2) If an interdisciplinary team determines that self-
373 administration of medication is an appropriate objective, and if
374 the physician, physician assistant, or advanced registered nurse
375 practitioner does not specify otherwise, the client must be
376 instructed by the physician, physician assistant, or advanced

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377 registered nurse practitioner to self-administer his or her
378 medication without the assistance of a staff person. All forms
379 of self-administration of medication, including administration
380 orally, by injection, and by suppository, shall be included in
381 the training. The client's physician, physician assistant, or
382 advanced registered nurse practitioner must be informed of the
383 interdisciplinary team's decision that self-administration of
384 medication is an objective for the client. A client may not
385 self-administer medication until he or she demonstrates the
386 competency to take the correct medication in the correct dosage
387 at the correct time, to respond to missed doses, and to contact
388 the appropriate person with questions.

389 (3) Medication administration discrepancies and adverse
390 drug reactions must be recorded and reported immediately to a
391 physician, physician assistant, or advanced registered nurse
392 practitioner.

393 400.9977 Assistance with medication.-

394 (1) Notwithstanding any provision of part I of chapter
395 464, the Nurse Practice Act, unlicensed direct care services
396 staff who provide services to clients in a facility licensed
397 under this part may administer prescribed, prepackaged, and
398 premeasured medications after the completion of training in
399 medication administration and under the general supervision of a
400 registered nurse as provided under this section and applicable
401 rules.

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402 (2) Training required by this section and applicable rules
403 shall be conducted by a registered nurse licensed under chapter
404 464, a physician licensed under chapter 458 or chapter 459, or a
405 pharmacist licensed under chapter 465.

406 (3) A facility that allows unlicensed direct care service
407 staff to administer medications pursuant to this section shall:

408 (a) Develop and implement policies and procedures that
409 include a plan to ensure the safe handling, storage, and
410 administration of prescription medications.

411 (b) Maintain written evidence of the expressed and
412 informed consent for each client.

413 (c) Maintain a copy of the written prescription, including
414 the name of the medication, the dosage, and the administration
415 schedule and termination date.

16 (d) Maintain documentation of compliance with required
417 training.

418 (4) The agency shall adopt rules to implement this
419 section.

420 400.9978 Protection of clients from abuse, neglect,
421 mistreatment, and exploitation.—The licensee shall develop and
422 implement policies and procedures for the screening and training
423 of employees; the protection of clients; and the prevention,
424 identification, investigation, and reporting of abuse, neglect,
425 mistreatment, and exploitation. The licensee shall identify
426 clients whose personal histories render them at risk for abusing
427 other clients, develop intervention strategies to prevent

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428 occurrences of abuse, monitor clients for changes that would
429 trigger abusive behavior, and reassess the interventions on a
430 regular basis. A licensee shall:

431 (1) Screen each potential employee for a history of abuse,
432 neglect, mistreatment, or exploitation of clients. The screening
433 shall include an attempt to obtain information from previous and
434 current employers and verification of screening information by
435 the appropriate licensing boards.

436 (2) Train employees through orientation and ongoing
437 sessions regarding issues related to abuse prohibition
438 practices, including identification of abuse, neglect,
439 mistreatment, and exploitation; appropriate interventions to
440 address aggressive or catastrophic reactions of clients; the
441 process for reporting allegations without fear of reprisal; and
442 recognition of signs of frustration and stress that may lead to
443 abuse.

444 (3) Provide clients, families, and staff with information
445 regarding how and to whom they may report concerns, incidents,
446 and grievances without fear of retribution and provide feedback
447 regarding the concerns that are expressed. A licensee shall
448 identify, correct, and intervene in situations in which abuse,
449 neglect, mistreatment, or exploitation is likely to occur,
450 including:

451 (a) Evaluating the physical environment of the facility to
452 identify characteristics that may make abuse or neglect more
453 likely to occur, such as secluded areas.

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454 (b) Providing sufficient staff on each shift to meet the
455 needs of the clients and ensuring that the assigned staff have
456 knowledge of each client's care needs.

457 (c) Identifying inappropriate staff behaviors, such as
458 using derogatory language, rough handling of clients, ignoring
459 clients while giving care, and directing clients who need
460 toileting assistance to urinate or defecate in their beds.

461 (d) Assessing, monitoring, and planning care for clients
462 with needs and behaviors that might lead to conflict or neglect,
463 such as a history of aggressive behaviors including entering
464 other clients' rooms without permission, exhibiting self-
465 injurious behaviors or communication disorders, requiring
466 intensive nursing care, or being totally dependent on staff.

467 (4) Identify events, such as suspicious bruising of
468 clients, occurrences, patterns, and trends that may constitute
469 abuse and determine the direction of the investigation.

470 (5) Investigate alleged violations and different types of
471 incidents, identify the staff member responsible for initial
472 reporting, and report results to the proper authorities. The
473 licensee shall analyze the incidents to determine whether
474 policies and procedures need to be changed to prevent further
475 incidents and take necessary corrective actions.

476 (6) Protect clients from harm during an investigation.

477 (7) Report alleged violations and substantiated incidents,
478 as required under chapters 39 and 415, to the licensing
479 authorities and all other agencies, as required, and report any

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480 knowledge of actions by a court of law that would indicate an
481 employee is unfit for service.

482 400.9979 Restraint and seclusion; client safety.-

483 (1) A facility shall provide a therapeutic milieu that
484 supports a culture of individual empowerment and responsibility.
485 The health and safety of the client shall be the facility's
486 primary concern at all times.

487 (2) The use of physical restraints must be ordered and
488 documented by a physician, physician assistant, or advanced
489 registered nurse practitioner and must be consistent with the
490 policies and procedures adopted by the facility. The client or,
491 if applicable, the client's representative shall be informed of
492 the facility's physical restraint policies and procedures when
493 the client is admitted.

494 (3) The use of chemical restraints shall be limited to
495 prescribed dosages of medications as ordered by a physician,
496 physician assistant, or advanced registered nurse practitioner
497 and must be consistent with the client's diagnosis and the
498 policies and procedures adopted by the facility. The client and,
499 if applicable, the client's representative shall be informed of
500 the facility's chemical restraint policies and procedures when
501 the client is admitted.

502 (4) Based on the assessment by a physician, physician
503 assistant, or advanced registered nurse practitioner, if a
504 client exhibits symptoms that present an immediate risk of
505 injury or death to himself or herself or others, a physician,

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506 physician assistant, or advanced registered nurse practitioner
507 may issue an emergency treatment order to immediately administer
508 rapid-response psychotropic medications or other chemical
509 restraints. Each emergency treatment order must be documented
510 and maintained in the client's record.

511 (a) An emergency treatment order is not effective for more
512 than 24 hours.

513 (b) Whenever a client is medicated under this subsection,
514 the client's representative or a responsible party and the
515 client's physician, physician assistant, or advanced registered
516 nurse practitioner shall be notified as soon as practicable.

517 (5) A client who is prescribed and receives a medication
518 that can serve as a chemical restraint for a purpose other than
519 an emergency treatment order must be evaluated by his or her
20 physician, physician assistant, or advanced registered nurse
521 practitioner at least monthly to assess:

522 (a) The continued need for the medication.

523 (b) The level of the medication in the client's blood.

524 (c) The need for adjustments to the prescription.

525 (6) The licensee shall ensure that clients are free from
526 unnecessary drugs and physical restraints and are provided
527 treatment to reduce dependency on drugs and physical restraints.

528 (7) The licensee may only employ physical restraints and
529 seclusion as authorized by the facility's written policies,
530 which shall comply with this section and applicable rules.

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531 (8) Interventions to manage dangerous client behavior
532 shall be employed with sufficient safeguards and supervision to
533 ensure that the safety, welfare, and civil and human rights of a
534 client are adequately protected.

535 (9) A facility shall notify the parent, guardian, or, if
536 applicable, the client's representative when restraint or
537 seclusion is employed. The facility must provide the
538 notification within 24 hours after the restraint or seclusion is
539 employed. Reasonable efforts must be taken to notify the parent,
540 guardian, or, if applicable, the client's representative by
541 telephone or e-mail, or both, and these efforts must be
542 documented.

543 (10) The agency may adopt rules that establish standards
544 and procedures for the use of restraints, restraint positioning,
545 seclusion, and emergency treatment orders for psychotropic
546 medications, restraint, and seclusion. If rules are adopted, the
547 rules must include duration of restraint, staff training,
548 observation of the client during restraint, and documentation
549 and reporting standards.

550 400.998 Personnel background screening; administration and
551 management procedures.-

552 (1) The agency shall require level 2 background screening
553 for licensee personnel as required in s. 408.809(1)(e) and
554 pursuant to chapter 435 and s. 408.809.

555 (2) The licensee shall maintain personnel records for each
556 staff member that contain, at a minimum, documentation of

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557 background screening, a job description, documentation of
558 compliance with the training requirements of this part and
559 applicable rules, the employment application, references, a copy
560 of each job performance evaluation, and, for each staff member
561 who performs services for which licensure or certification is
562 required, a copy of all licenses or certification held by that
563 staff member.

564 (3) The licensee must:

565 (a) Develop and implement infection control policies and
566 procedures and include the policies and procedures in the
567 licensee's policy manual.

568 (b) Maintain liability insurance as defined in s.
569 624.605(1)(b).

570 (c) Designate one person as an administrator to be
71 responsible and accountable for the overall management of the
572 facility.

573 (d) Designate in writing a person to be responsible for
574 the facility when the administrator is absent from the facility
575 for more than 24 hours.

576 (e) Designate in writing a program director to be
577 responsible for supervising the therapeutic and behavioral
578 staff, determining the levels of supervision, and determining
579 room placement for each client.

580 (f) Designate in writing a person to be responsible when
581 the program director is absent from the facility for more than
582 24 hours.

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583 (g) Obtain approval of the comprehensive emergency
584 management plan, pursuant to s. 400.9982(2)(e), from the local
585 emergency management agency. Pending the approval of the plan,
586 the local emergency management agency shall ensure that the
587 following agencies, at a minimum, are given the opportunity to
588 review the plan: the Department of Health, the Agency for Health
589 Care Administration, and the Division of Emergency Management.
590 Appropriate volunteer organizations shall also be given the
591 opportunity to review the plan. The local emergency management
592 agency shall complete its review within 60 days after receipt of
593 the plan and either approve the plan or advise the licensee of
594 necessary revisions.

595 (h) Maintain written records in a form and system that
596 comply with medical and business practices and make the records
597 available by the facility for review or submission to the agency
598 upon request. The records shall include:

599 1. A daily census record that indicates the number of
600 clients currently receiving services in the facility, including
601 information regarding any public funding of such clients.

602 2. A record of each accident or unusual incident involving
603 a client or staff member that caused, or had the potential to
604 cause, injury or harm to any person or property within the
605 facility. The record shall contain a clear description of each
606 accident or incident; the names of the persons involved; a
607 description of medical or other services provided to these

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608 persons, including the provider of the services; and the steps
609 taken to prevent recurrence of such accident or incident.

610 3. A copy of current agreements with third-party
611 providers.

612 4. A copy of current agreements with each consultant
613 employed by the licensee and documentation of a consultant's
614 visits and required written and dated reports.

615 400.9981 Property and personal affairs of clients.-

616 (1) A client shall be given the option of using his or her
617 own belongings, as space permits; choosing a roommate if
618 practical and not clinically contraindicated; and, whenever
619 possible, unless the client is adjudicated incompetent or
620 incapacitated under state law, managing his or her own affairs.

621 (2) The admission of a client to a facility and his or her
22 presence therein does not confer on a licensee or administrator,
623 or an employee or representative thereof, any authority to
624 manage, use, or dispose of the property of the client, and the
625 admission or presence of a client does not confer on such person
626 any authority or responsibility for the personal affairs of the
627 client except that which may be necessary for the safe
628 management of the facility or for the safety of the client.

629 (3) A licensee or administrator, or an employee or
630 representative thereof, may:

631 (a) Not act as the guardian, trustee, or conservator for a
632 client or a client's property.

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633 (b) Act as a competent client's payee for social security,
634 veteran's, or railroad benefits if the client provides consent
635 and the licensee files a surety bond with the agency in an
636 amount equal to twice the average monthly aggregate income or
637 personal funds due to the client, or expendable for the client's
638 account, that are received by a licensee.

639 (c) Act as the attorney in fact for a client if the
640 licensee files a surety bond with the agency in an amount equal
641 to twice the average monthly income of the client, plus the
642 value of a client's property under the control of the attorney
643 in fact.

644
645 The surety bond required under paragraph (b) or paragraph (c)
646 shall be executed by the licensee as principal and a licensed
647 surety company. The bond shall be conditioned upon the faithful
648 compliance of the licensee with the requirements of licensure
649 and is payable to the agency for the benefit of a client who
650 suffers a financial loss as a result of the misuse or
651 misappropriation of funds held pursuant to this subsection. A
652 surety company that cancels or does not renew the bond of a
653 licensee shall notify the agency in writing at least 30 days
654 before the action, giving the reason for cancellation or
655 nonrenewal. A licensee or administrator, or an employee or
656 representative thereof, who is granted power of attorney for a
657 client of the facility shall, on a monthly basis, notify the
658 client in writing of any transaction made on behalf of the

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659 client pursuant to this subsection, and a copy of the
660 notification given to the client shall be retained in the
661 client's file and available for agency inspection.

662 (4) A licensee, with the consent of the client, shall
663 provide for safekeeping in the facility of the client's personal
664 effects of a value not in excess of \$1,000 and the client's
665 funds not in excess of \$500 cash and shall keep complete and
666 accurate records of the funds and personal effects received. If
667 a client is absent from a facility for 24 hours or more, the
668 licensee may provide for safekeeping of the client's personal
669 effects of a value in excess of \$1,000.

670 (5) Funds or other property belonging to or due to a
671 client or expendable for the client's account that are received
672 by a licensee shall be regarded as funds held in trust and shall
673 be kept separate from the funds and property of the licensee and
674 other clients or shall be specifically credited to the client.
675 The funds held in trust shall be used or otherwise expended only
676 for the account of the client. At least once every month, except
677 pursuant to an order of a court of competent jurisdiction, the
678 licensee shall furnish the client and, if applicable, the
679 client's representative with a complete and verified statement
680 of all funds and other property to which this subsection
681 applies, detailing the amount and items received, together with
682 their sources and disposition. The licensee shall furnish the
683 statement annually and upon discharge or transfer of a client. A
684 governmental agency or private charitable agency contributing

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685 funds or other property to the account of a client is also
686 entitled to receive a statement monthly and upon the discharge
687 or transfer of the client.

688 (6) (a) In addition to any damages or civil penalties to
689 which a person is subject, a person who:

690 1. Intentionally withholds a client's personal funds,
691 personal property, or personal needs allowance;

692 2. Demands, beneficially receives, or contracts for
693 payment of all or any part of a client's personal property or
694 personal needs allowance in satisfaction of the facility rate
695 for supplies and services; or

696 3. Borrows from or pledges any personal funds of a client,
697 other than the amount agreed to by written contract under s.
698 429.24,

699
700 commits a misdemeanor of the first degree, punishable as
701 provided in s. 775.082 or s. 775.083.

702 (b) A licensee or administrator, or an employee, or
703 representative thereof, who is granted power of attorney for a
704 client and who misuses or misappropriates funds obtained through
705 this power commits a felony of the third degree, punishable as
706 provided in s. 775.082, s. 775.083, or s. 775.084.

707 (7) In the event of the death of a client, a licensee
708 shall return all refunds, funds, and property held in trust to
709 the client's personal representative, if one has been appointed
710 at the time the licensee disburses such funds, or, if not, to

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711 the client's spouse or adult next of kin named in a beneficiary
712 designation form provided by the licensee to the client. If the
713 client does not have a spouse or adult next of kin or such
714 person cannot be located, funds due to be returned to the client
715 shall be placed in an interest-bearing account, and all property
716 held in trust by the licensee shall be safeguarded until such
717 time as the funds and property are disbursed pursuant to the
718 Florida Probate Code. The funds shall be kept separate from the
719 funds and property of the licensee and other clients of the
720 facility. If the funds of the deceased client are not disbursed
721 pursuant to the Florida Probate Code within 2 years after the
722 client's death, the funds shall be deposited in the Health Care
723 Trust Fund administered by the agency.

724 (8) The agency, by rule, may clarify terms and specify
725 procedures and documentation necessary to administer the
726 provisions of this section relating to the proper management of
727 clients' funds and personal property and the execution of surety
728 bonds.

729 400.9982 Rules establishing standards.-

730 (1) It is the intent of the Legislature that rules adopted
731 and enforced pursuant to this part and part II of chapter 408
732 include criteria to ensure reasonable and consistent quality of
733 care and client safety. The rules should make reasonable efforts
734 to accommodate the needs and preferences of the client to
735 enhance the client's quality of life while residing in a
736 transitional living facility.

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737 (2) The agency may adopt and enforce rules to implement
738 this part and part II of chapter 408, which may include
739 reasonable and fair criteria with respect to:

740 (a) The location of transitional living facilities.

741 (b) The qualifications of personnel, including management,
742 medical, nursing, and other professional personnel and nursing
743 assistants and support staff, who are responsible for client
744 care. The licensee must employ enough qualified professional
745 staff to carry out and monitor interventions in accordance with
746 the stated goals and objectives of each comprehensive treatment
747 plan.

748 (c) Requirements for personnel procedures, reporting
749 procedures, and documentation necessary to implement this part.

750 (d) Services provided to clients of transitional living
751 facilities.

752 (e) The preparation and annual update of a comprehensive
753 emergency management plan in consultation with the Division of
754 Emergency Management. At a minimum, the rules must provide for
755 plan components that address emergency evacuation
756 transportation; adequate sheltering arrangements; postdisaster
757 activities, including provision of emergency power, food, and
758 water; postdisaster transportation; supplies; staffing;
759 emergency equipment; individual identification of clients and
760 transfer of records; communication with families; and responses
761 to family inquiries.

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762 400.9983 Violations; penalties.—A violation of this part
763 or any rule adopted pursuant thereto shall be classified
764 according to the nature of the violation and the gravity of its
765 probable effect on facility clients. The agency shall indicate
766 the classification on the written notice of the violation as
767 follows:

768 (1) Class "I" violations are defined in s. 408.813. The
769 agency shall issue a citation regardless of correction and
770 impose an administrative fine of \$5,000 for an isolated
771 violation, \$7,500 for a patterned violation, or \$10,000 for a
772 widespread violation. Violations may be identified, and a fine
773 must be levied, notwithstanding the correction of the deficiency
774 giving rise to the violation.

775 (2) Class "II" violations are defined in s. 408.813. The
776 agency shall impose an administrative fine of \$1,000 for an
777 isolated violation, \$2,500 for a patterned violation, or \$5,000
778 for a widespread violation. A fine must be levied
779 notwithstanding the correction of the deficiency giving rise to
780 the violation.

781 (3) Class "III" violations are defined in s. 408.813. The
782 agency shall impose an administrative fine of \$500 for an
783 isolated violation, \$750 for a patterned violation, or \$1,000
784 for a widespread violation. If a deficiency giving rise to a
785 class III violation is corrected within the time specified by
786 the agency, the fine may not be imposed.

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787 (4) Class "IV" violations are defined in s. 408.813. The
788 agency shall impose for a cited class IV violation an
789 administrative fine of at least \$100 but not exceeding \$200 for
790 each violation. If a deficiency giving rise to a class IV
791 violation is corrected within the time specified by the agency,
792 the fine may not be imposed.

793 400.9984 Receivership proceedings.—The agency may apply s.
794 429.22 with regard to receivership proceedings for transitional
795 living facilities.

796 400.9985 Interagency communication.—The agency, the
797 department, the Agency for Persons with Disabilities, and the
798 Department of Children and Families shall develop electronic
799 systems to ensure that relevant information pertaining to the
800 regulation of transitional living facilities and clients is
801 timely and effectively communicated among agencies in order to
802 facilitate the protection of clients. Electronic sharing of
803 information shall include, at a minimum, a brain and spinal cord
804 injury registry and a client abuse registry.

805 Section 2. Section 400.805, Florida Statutes, is
806 transferred and renumbered as s. 400.9986, Florida Statutes.

807 Section 3. Effective July 1, 2016, s. 400.9986, Florida
808 Statutes, is repealed.

809 Section 4. The title of part V of chapter 400, Florida
810 Statutes, consisting of sections 400.701 and 400.801, is
811 redesignated as "INTERMEDIATE CARE FACILITIES."

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812 Section 5. Subsection (9) of section 381.745, Florida
813 Statutes, is amended to read:

814 381.745 Definitions; ss. 381.739-381.79.—As used in ss.
815 381.739-381.79, the term:

816 (9) "Transitional living facility" means a state-approved
817 facility, as defined and licensed under chapter 400 ~~or chapter~~
818 ~~429, or a facility approved by the brain and spinal cord injury~~
819 ~~program in accordance with this chapter.~~

820 Section 6. Section 381.75, Florida Statutes, is amended to
821 read:

822 381.75 Duties and responsibilities of the department, ~~of~~
823 ~~transitional living facilities, and of residents.~~ Consistent
824 with the mandate of s. 381.7395, the department shall develop
825 and administer a multilevel treatment program for individuals
826 who sustain brain or spinal cord injuries and who are referred
827 to the brain and spinal cord injury program.

828 (1) Within 15 days after any report of an individual who
829 has sustained a brain or spinal cord injury, the department
830 shall notify the individual or the most immediate available
831 family members of their right to assistance from the state, the
832 services available, and the eligibility requirements.

833 (2) The department shall refer individuals who have brain
834 or spinal cord injuries to other state agencies to ensure ~~assure~~
835 that rehabilitative services, if desired, are obtained by that
836 individual.

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837 (3) The department, in consultation with emergency medical
838 service, shall develop standards for an emergency medical
839 evacuation system that will ensure that all individuals who
840 sustain traumatic brain or spinal cord injuries are transported
841 to a department-approved trauma center that meets the standards
842 and criteria established by the emergency medical service and
843 the acute-care standards of the brain and spinal cord injury
844 program.

845 (4) The department shall develop standards for designation
846 of rehabilitation centers to provide rehabilitation services for
847 individuals who have brain or spinal cord injuries.

848 (5) The department shall determine the appropriate number
849 of designated acute-care facilities, inpatient rehabilitation
850 centers, and outpatient rehabilitation centers, needed based on
851 incidence, volume of admissions, and other appropriate criteria.

852 (6) The department shall develop standards for designation
853 of transitional living facilities to provide transitional living
854 services for individuals who participate in the brain and spinal
855 cord injury program ~~the opportunity to adjust to their~~
856 ~~disabilities and to develop physical and functional skills in a~~
857 ~~supported living environment.~~

858 ~~(a) The Agency for Health Care Administration, in~~
859 ~~consultation with the department, shall develop rules for the~~
860 ~~licensure of transitional living facilities for individuals who~~
861 ~~have brain or spinal cord injuries.~~

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862 ~~(b) The goal of a transitional living program for~~
863 ~~individuals who have brain or spinal cord injuries is to assist~~
864 ~~each individual who has such a disability to achieve a higher~~
865 ~~level of independent functioning and to enable that person to~~
866 ~~reenter the community. The program shall be focused on preparing~~
867 ~~participants to return to community living.~~

868 ~~(c) A transitional living facility for an individual who~~
869 ~~has a brain or spinal cord injury shall provide to such~~
870 ~~individual, in a residential setting, a goal oriented treatment~~
871 ~~program designed to improve the individual's physical,~~
872 ~~cognitive, communicative, behavioral, psychological, and social~~
873 ~~functioning, as well as to provide necessary support and~~
874 ~~supervision. A transitional living facility shall offer at least~~
875 ~~the following therapies: physical, occupational, speech,~~
876 ~~neuropsychology, independent living skills training, behavior~~
877 ~~analysis for programs serving brain injured individuals, health~~
878 ~~education, and recreation.~~

879 ~~(d) All residents shall use the transitional living~~
880 ~~facility as a temporary measure and not as a permanent home or~~
881 ~~domicile. The transitional living facility shall develop an~~
882 ~~initial treatment plan for each resident within 3 days after the~~
883 ~~resident's admission. The transitional living facility shall~~
884 ~~develop a comprehensive plan of treatment and a discharge plan~~
885 ~~for each resident as soon as practical, but no later than 30~~
886 ~~days after the resident's admission. Each comprehensive~~
887 ~~treatment plan and discharge plan must be reviewed and updated~~

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888 ~~as necessary, but no less often than quarterly. This subsection~~
889 ~~does not require the discharge of an individual who continues to~~
890 ~~require any of the specialized services described in paragraph~~
891 ~~(c) or who is making measurable progress in accordance with that~~
892 ~~individual's comprehensive treatment plan. The transitional~~
893 ~~living facility shall discharge any individual who has an~~
894 ~~appropriate discharge site and who has achieved the goals of his~~
895 ~~or her discharge plan or who is no longer making progress toward~~
896 ~~the goals established in the comprehensive treatment plan and~~
897 ~~the discharge plan. The discharge location must be the least~~
898 ~~restrictive environment in which an individual's health, well-~~
899 ~~being, and safety is preserved.~~

900 ~~(7) Recipients of services, under this section, from any~~
901 ~~of the facilities referred to in this section shall pay a fee~~
902 ~~based on ability to pay.~~

903 Section 7. Subsection (4) of section 381.78, Florida
904 Statutes, is amended to read:

905 381.78 Advisory council on brain and spinal cord
906 injuries.-

907 (4) The council shall+

908 ~~(a)~~ provide advice and expertise to the department in the
909 preparation, implementation, and periodic review of the brain
910 and spinal cord injury program.

911 ~~(b) Annually appoint a five member committee composed of~~
912 ~~one individual who has a brain injury or has a family member~~
913 ~~with a brain injury, one individual who has a spinal cord injury~~

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914 ~~or has a family member with a spinal cord injury, and three~~
915 ~~members who shall be chosen from among these representative~~
916 ~~groups: physicians, other allied health professionals,~~
917 ~~administrators of brain and spinal cord injury programs, and~~
918 ~~representatives from support groups with expertise in areas~~
919 ~~related to the rehabilitation of individuals who have brain or~~
920 ~~spinal cord injuries, except that one and only one member of the~~
921 ~~committee shall be an administrator of a transitional living~~
922 ~~facility. Membership on the council is not a prerequisite for~~
923 ~~membership on this committee.~~

924 ~~1. The committee shall perform onsite visits to those~~
925 ~~transitional living facilities identified by the Agency for~~
926 ~~Health Care Administration as being in possible violation of the~~
927 ~~statutes and rules regulating such facilities. The committee~~
928 ~~members have the same rights of entry and inspection granted~~
929 ~~under s. 400.805(4) to designated representatives of the agency.~~

930 ~~2. Factual findings of the committee resulting from an~~
931 ~~onsite investigation of a facility pursuant to subparagraph 1.~~
932 ~~shall be adopted by the agency in developing its administrative~~
933 ~~response regarding enforcement of statutes and rules regulating~~
934 ~~the operation of the facility.~~

935 ~~3. Onsite investigations by the committee shall be funded~~
936 ~~by the Health Care Trust Fund.~~

937 ~~4. Travel expenses for committee members shall be~~
938 ~~reimbursed in accordance with s. 112.061.~~

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939 ~~5. Members of the committee shall recuse themselves from~~
940 ~~participating in any investigation that would create a conflict~~
941 ~~of interest under state law, and the council shall replace the~~
942 ~~member, either temporarily or permanently.~~

943 Section 8. Subsection (5) of section 400.93, Florida
944 Statutes, is amended to read:

945 400.93 Licensure required; exemptions; unlawful acts;
946 penalties.-

947 (5) The following are exempt from home medical equipment
948 provider licensure, unless they have a separate company,
949 corporation, or division that is in the business of providing
950 home medical equipment and services for sale or rent to
951 consumers at their regular or temporary place of residence
952 pursuant to the provisions of this part:

953 (a) Providers operated by the Department of Health or
954 Federal Government.

955 (b) Nursing homes licensed under part II.

956 (c) Assisted living facilities licensed under chapter 429,
957 when serving their residents.

958 (d) Home health agencies licensed under part III.

959 (e) Hospices licensed under part IV.

960 (f) Intermediate care facilities and, homes for special
961 services, ~~and transitional living facilities~~ licensed under part
962 V.

963 (g) Transitional living facilities licensed under part XI.

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964 ~~(h)(g)~~ Hospitals and ambulatory surgical centers licensed
965 under chapter 395.

966 ~~(i)(h)~~ Manufacturers and wholesale distributors when not
967 selling directly to consumers.

968 ~~(j)(i)~~ Licensed health care practitioners who use ~~utilize~~
969 home medical equipment in the course of their practice, but do
970 not sell or rent home medical equipment to their patients.

971 ~~(k)(j)~~ Pharmacies licensed under chapter 465.

972 Section 9. Subsection (21) of section 408.802, Florida
973 Statutes, is amended to read:

974 408.802 Applicability.—The provisions of this part apply
975 to the provision of services that require licensure as defined
976 in this part and to the following entities licensed, registered,
977 or certified by the agency, as described in chapters 112, 383,
978 390, 394, 395, 400, 429, 440, 483, and 765:

979 (21) Transitional living facilities, as provided under
980 part XI ¶ of chapter 400.

981 Section 10. Subsection (20) of section 408.820, Florida
982 Statutes, is amended to read:

983 408.820 Exemptions.—Except as prescribed in authorizing
984 statutes, the following exemptions shall apply to specified
985 requirements of this part:

986 (20) Transitional living facilities, as provided under
987 part XI ¶ of chapter 400, are exempt from s. 408.810(10).

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988 Section 11. Subsection (1) of s. 381.79 is reenacted for
989 the purpose of incorporating the amendment made by this act to
990 s. 381.75, Florida Statutes, in a reference thereto.

991 Section 12. (1) A transitional living facility that is
992 licensed under s. 400.805, Florida Statutes, on June 30, 2015,
993 must be licensed under and in compliance with s. 400.9986,
994 Florida Statutes, until the licensee becomes licensed under and
995 in compliance with part XI of ch. 400, Florida Statutes, as
996 created by this act. Such licensees must be licensed under and
997 in compliance with part XI of chapter 400, Florida Statutes, as
998 created by this act, on or before July 1, 2016.

999 (2) A transitional living facility that is licensed on or
1000 after July 1, 2015, must be licensed under and in compliance
1001 with part XI of ch. 400, Florida Statutes, as created by this
1002 act.

1003 Section 13. Except as otherwise expressly provided in this
1004 act, this act shall take effect July 1, 2015.

1005
1006

1007 -----

1008 T I T L E A M E N D M E N T

1009 Remove everything before the enacting clause and insert:
1010 An act relating to transitional living facilities; creating part
1011 XI of ch. 400, F.S.; creating s. 400.997, F.S.; providing
1012 legislative intent; creating s. 400.9971, F.S.; providing
1013 definitions; creating s. 400.9972, F.S.; requiring the licensure

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1014 of transitional living facilities; providing license fees and
1015 application requirements; requiring accreditation of licensed
1016 facilities; creating s. 400.9973, F.S.; providing requirements
1017 for transitional living facility policies and procedures
1018 governing client admission, transfer, and discharge; creating s.
1019 400.9974, F.S.; requiring a comprehensive treatment plan to be
1020 developed for each client; providing plan and staffing
1021 requirements; requiring certain consent for continued treatment
1022 in a transitional living facility; creating s. 400.9975, F.S.;
1023 providing licensee responsibilities with respect to each client
1024 and specified others and requiring written notice of such
1025 responsibilities to be provided; prohibiting a licensee or
1026 employee of a facility from serving notice upon a client to
1027 leave the premises or taking other retaliatory action under
28 certain circumstances; requiring the client and client's
1029 representative to be provided with certain information;
1030 requiring the licensee to develop and implement certain policies
1031 and procedures governing the release of client information;
1032 creating s. 400.9976, F.S.; providing licensee requirements
1033 relating to administration of medication; requiring maintenance
1034 of medication administration records; providing requirements for
1035 the self-administration of medication by clients; creating s.
1036 400.9977, F.S.; providing training and supervision requirements
1037 for the administration of medications by unlicensed staff;
1038 specifying who may conduct the training; requiring licensees to
1039 adopt certain policies and procedures and maintain specified

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1040 records with respect to the administration of medications by
1041 unlicensed staff; requiring the Agency for Health Care
1042 Administration to adopt rules; creating s. 400.9978, F.S.;
1043 providing requirements for the screening of potential employees
1044 and training and monitoring of employees for the protection of
1045 clients; requiring licensees to implement certain policies and
1046 procedures to protect clients; providing conditions for
1047 investigating and reporting incidents of abuse, neglect,
1048 mistreatment, or exploitation of clients; creating s. 400.9979,
1049 F.S.; providing requirements and limitations for the use of
1050 physical restraints, seclusion, and chemical restraint
1051 medication on clients; providing a limitation on the duration of
1052 an emergency treatment order; requiring notification of certain
1053 persons when restraint or seclusion is imposed; authorizing the
1054 agency to adopt rules; creating s. 400.998, F.S.; providing
1055 background screening requirements for licensee personnel;
1056 requiring the licensee to maintain certain personnel records;
1057 providing administrative responsibilities for licensees;
1058 providing recordkeeping requirements; creating s. 400.9981,
1059 F.S.; providing licensee responsibilities with respect to the
1060 property and personal affairs of clients; providing requirements
1061 for a licensee with respect to obtaining surety bonds; providing
1062 recordkeeping requirements relating to the safekeeping of
1063 personal effects; providing requirements for trust funds or
1064 other property received by a licensee and credited to the
1065 client; providing a penalty for certain misuse of a client's

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 111 (2015)

Amendment No.

1066 personal funds, property, or personal needs allowance; providing
1067 criminal penalties for violations; providing for the disposition
1068 of property in the event of the death of a client; authorizing
1069 the agency to adopt rules; creating s. 400.9982, F.S.; providing
1070 legislative intent; authorizing the agency to adopt and enforce
1071 rules establishing specified standards for transitional living
1072 facilities and personnel thereof; creating s. 400.9983, F.S.;
1073 classifying certain violations and providing penalties therefor;
1074 providing administrative fines for specified classes of
1075 violations; creating s. 400.9984, F.S.; authorizing the agency
1076 to apply certain provisions with regard to receivership
1077 proceedings; creating s. 400.9985, F.S.; requiring the agency,
1078 the Department of Health, the Agency for Persons with
1079 Disabilities, and the Department of Children and Families to
80 develop electronic information systems for certain purposes;
1081 transferring and renumbering s. 400.805, F.S., as s. 400.9986,
1082 F.S.; repealing s. 400.9986, F.S., relating to transitional
1083 living facilities, on a specified date; revising the title of
1084 part V of ch. 400, F.S.; amending s. 381.745, F.S.; revising the
1085 definition of the term "transitional living facility," to
1086 conform to changes made by the act; amending s. 381.75, F.S.;
1087 revising the duties of the Department of Health and the agency
1088 relating to transitional living facilities; amending ss. 381.78,
1089 400.93, 408.802, and 408.820, F.S.; conforming provisions to
1090 changes made by the act; reenacting s. 381.79(1), F.S., to
1091 incorporate the amendment made by this act to s. 381.75, F.S.,

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 111 (2015)

Amendment No.

1092 | in a reference thereto; providing for the act's applicability to
1093 | licensed transitional living facilities licensed on specified
1094 | dates; providing effective dates.

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/9/2015 4:00:00PM

Location: 306 HOB

HB 161 : Responsibilities of Health Care Facilities

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Doug Broxson	X				
John Cortes	X				
Fred Costello	X				
Manny Diaz, Jr.			X		
Mia Jones			X		
Jose Oliva		X			
Ronald Renuart	X				
Hazelle Rogers		X			
Chris Sprowls	X				
Richard Stark	X				
W. Gregory Steube	X				
Jay Trumbull	X				
Kenneth Roberson (Chair)	X				
Total Yeas: 9		Total Nays: 2			

Appearances:

HB 161

Winn, Stephen (Lobbyist) - Waive In Support
Florida Osteopathic Medical Association
Executive Director
2007 Apalachee Pky.
Tallahassee FL 32301
Phone: (850) 878-7364

HB 161

Miller, Holly (Lobbyist) - Waive In Support
Florida Medical Association
Governmental Affairs Counsel
1430 E. Piedmont Drive
Tallahassee Florida 32308
Phone: (850) 224-6496

HB 161

Pitts, Brian (General Public) - Information Only
Justice-2-Jesus
Trustee
1119 Newton Avenue S.
St. Petersburg Florida 33705
Phone: (727) 897-9291

Committee meeting was reported out: Monday, February 09, 2015 5:09:58PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/9/2015 4:00:00PM

Location: 306 HOB

HB 411 : Vaccination of Nursing Home Residents

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Doug Broxson	X				
John Cortes	X				
Fred Costello	X				
Manny Diaz, Jr.			X		
Mia Jones			X		
Jose Oliva	X				
Ronald Renuart	X				
Hazelle Rogers	X				
Chris Sprowls	X				
Richard Stark	X				
W. Gregory Steube	X				
Jay Trumbull	X				
Kenneth Roberson (Chair)	X				
Total Yeas: 11		Total Nays: 0			

Appearances:

HB 411

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Florida Osteopathic Medical Association
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HB 411

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Committee meeting was reported out: Monday, February 09, 2015 5:09:58PM