Notice of Change

DEPARTMENT OF ELDER AFFAIRS
Federal Aging Programs

RULE NO.: RULE TITLE:

58A-5.0131: Definitions

58A-5.014: License Application, Change of Ownership, and Provisional Licenses

58A-5.016: License Requirements

58A-5.0181: Admission Procedures, Appropriateness of Placement and Continued Residency Criteria

58A-5.0182: Resident Care Standards

58A-5.0185: Medication Practices

58A-5.0186: Do Not Resuscitate Orders (DNROs)

58A-5.019: Staffing Standards

58A-5.0191: Staff Training Requirements and Competency Test

58A-5.0194: Alzheimer’s Disease or Related Disorders Training Provider and Curriculum Approval

58A-5.020: Food Service Standards

58A-5.021: Fiscal Standards

58A-5.023: Physical Plant Standards

58A-5.024: Records

58A-5.026: Emergency Management

58A-5.029: Limited Mental Health

58A-5.030: Extended Congregate Care Services

58A-5.033: Administrative Enforcement

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 38 No. 76, November 21, 2012 issue of the Florida Administrative Register. The changes are in response to input received at public hearings held on the proposed rules on November 28, 2012 in Tallahassee, Florida; on December 4, 2012 in Tampa, Florida; and on December 6, 2012, in Fort Lauderdale, Florida. No additional hearings were requested pursuant to Section 120.54(3)(c)1., F.S. The
Department considered the testimony of the parties at the hearings, as well as suggestions made by the Joint Administrative Procedures Committee, and determined that the following changes are appropriate.


58A-5.0131 Definitions

In addition to the terms defined in Section 429.02, F.S., the following definitions are applicable in this rule chapter:

(1) through (11) No change.

(12) “Direct care staff” means staff providing personal or nursing services to residents, including administrators and managers providing such services.

(13) through (16) No change.

(17) “Hold itself out” means making any personal, verbal, telephone, mail contact, or other communication to a person or any announcement, solicitation, display, or advertisement to inform the general public of the services provided by the facility.

(17)(18) “Licensed dietitian/nutritionist” means a dietitian or nutritionist licensed in accordance with Section 468.509, F.S.

(18)(19) “Long-term care ombudsman program (LTCOP)” means the long-term care ombudsman program established under Part I, Chapter 400, F.S.

(19)(20) “Manager” means an individual who is responsible for the operation and maintenance of an assisted living facility while under the supervision of the administrator of that facility.

(20)(21) “Mental illness”, for the purposes of identifying a mental health resident, means schizophrenia and other psychotic disorders; affective disorders; anxiety related disorders; and personality and dissociative disorders. However, mental illness does not include residents with a primary diagnosis of Alzheimer’s disease, other dementias, or mental retardation.

(21)(22) “Mental health care provider” means:

(a) An individual, agency, or organization providing mental health services to clients of the Department of Children and Families;

(b) An individual licensed by the state to provide mental health services; or
An entity agency or organization employing or contracting with individuals licensed by the state to provide mental health services.

“Mental health case manager” means a case manager employed by or under contract to a mental health care provider to assist mental health residents residing in a facility holding a limited mental health license. A private mental health care provider may serve as a resident’s mental health case manager.

“Newly licensed” means a new facility which is licensed for the first time. The term does not apply to an existing facility that has undergone a change of ownership.

“Nurse” means a licensed practical nurse (LPN), registered nurse (RN), or advanced registered nurse practitioner (ARNP) licensed under Chapter 464, F.S.

“Nursing assessment” means a written review of information collected from observation of and interaction with a resident, the resident’s record, and any other relevant sources; the analysis of the information; and recommendations for modification of the resident’s care, if warranted.

“Nursing progress notes” or “progress report” means a written record of nursing services, other than medication administration or the taking of vital signs, provided to each resident who receives such services pursuant to a limited nursing or extended congregate care license. The progress notes shall be completed by the nurse who delivered the service and shall describe the date, type, scope, amount, duration, and outcome of services that are rendered; the general status of the resident’s health; any deviations; any contact with the resident’s physician; and shall contain the signature and credential initials of the person rendering the service.

“Optional state supplementation (OSS)” means the state program providing monthly payments to eligible residents pursuant to Section 409.212, F.S., and Rule Chapter 65A-2, F.A.C.

“Owner” means the person, partnership, association, limited liability company, or corporation, which owns or leases the facility, and is licensed by the agency. The term does not include a person, partnership, association, limited liability company, or corporation which contracts only to manage or operate the facility.

“Physician” means an individual licensed under Chapter 458 or 459, F.S.

“Registered dietitian” means an individual registered with the Commission on Dietetic Registration, the accrediting body of the Academy of Nutrition and Dietetics.
“Renovation” means additions, repairs, restorations, or other improvements to the physical plant of the facility within a 5 year period that costs in excess of 50 percent of the value of the building as reported on the tax rolls, excluding land, before the renovation.

“Respite care” means facility-based supervision of an impaired adult for the purpose of relieving the primary caregiver.

“Significant change” means a sudden or major shift in behavior or mood, or a deterioration in health status such as unplanned weight change, stroke, heart condition, or stage 2, 3, or 4 pressure sore. Ordinary day-to-day fluctuations in functioning and behavior, a short-term illness such as a cold, or the gradual deterioration in the ability to carry out the activities of daily living that accompanies the aging process are not considered significant changes.

“Staff” means any individual employed by a facility; or contracting with a facility to provide direct or indirect services to residents; or employees of firms under contract to the facility to provide direct or indirect services to residents when present in the facility. The term includes volunteers performing any service which counts toward meeting any staffing requirement of this rule chapter.

“Staff in regular contact” means all staff who do not provide direct care to residents, but whose duties may take them into resident living areas and may require them to interact with, or have direct contact with, residents on a daily basis.

“Staff with incidental contact” means all staff who do not provide direct care to residents, and whose duties do not take them into resident living areas or require them to interact with residents on a daily basis.

“Third Party” means any individual or business entity providing services to residents who is not staff of the facility.

“Unscheduled service need” means a need for a personal service, nursing service, or mental health intervention which generally cannot be predicted in advance of the need for service, and which must be met promptly within a time frame which provides reasonable assurance that the health, safety, and welfare of all residents is preserved.

58A-5.014 Licensing and Change of Ownership

(1) through (4) No change.

Rulemaking Authority 429.17, 429.27, 429.275, 429.41 FS. Law Implemented 429.07, 429.12, 429.17, 429.20,
429.27, 429.275, 429.41 FS. History–New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.14,
Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.014, Amended 10-30-95, 4-20-98, 10-17-99, 7-30-
06, ________.

58A-5.016 License Requirements.

(1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides hold itself out to the
public as providing any service other than a service for which it is licensed to provide.

(2) through (6) No change.

Rulemaking Authority 429.41 FS. Law Implemented 429.41, 429.44, 429.445 FS. History–New 5-15-81, Amended
1-6-82, 9-17-84, Formerly 10A-5.16, Amended 6-21-88, 9-30-92, Formerly 10A-5.016, Amended 10-30-95, 10-17-
99, 7-30-06, 4-15-10, ________.


(1)(a) through (1)(i) No change.

(j) Not have any stage 3 or 4 pressure sores. A resident requiring care of a stage 2 pressure sore may be
admitted provided that:

1. Such resident either:
   a. Resides in a standard licensed facility and contracts directly with a licensed home health agency or a nurse to
      provide care, or
   
   b. Resides in a limited nursing services licensed facility and services are provided pursuant to a plan of care
      issued by a health care provider, or the resident contracts directly with a licensed home health agency or a nurse to
      provide care

   The facility has a limited nursing services license and services are provided pursuant to a plan of care issued by
   a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to
   facility provide care;

   (1)(jj)2. No change. 
3. If the resident’s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.

(1)(k) through (1)(o) No change.

(p) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable oxygen, assistance with routine colostomy care, or assistance and monitoring of the application of anti-embolism stockings or hosiery as prescribed by a health care provider in accordance with manufacturer’s guidelines, and who otherwise meets the admission criteria, may be admitted to a facility with a standard license as long as the facility has a registered nurse on staff or under contract to perform the services.

1. The facility must have a licensed nurse on staff or under contract to provide the ongoing assistance or to provide training to the resident to perform these functions.

2. Nursing staff may not provide training to unlicensed persons to perform skilled nursing services, and shall not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons as defined in Section 429.256(1)(b), F.S. Certified nursing assistants may not be delegated the nursing services described in this section, but may apply anti-embolism stockings or hosiery under the supervision of a nurse in accordance with Section 64B9-15.002(1)(e), F.A.C. This provision does not restrict a resident or a resident’s representative from contracting with a licensed third party to provide such ongoing assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license.

(q) An individual admitted to and receiving services from a hospice may be admitted to an assisted living facility as long as the individual otherwise meets resident admission criteria.

(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection.

(a) A medical examination completed within 60 calendar days prior to the individual’s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following:
(a)1. through (a)6. No change.

7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual’s needs can be met in an assisted living facility; and

8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.

(b) A medical examination completed after the resident’s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, October 2010. The form is hereby incorporated by reference. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at http://ahca.myflorida.com/mcha/long_term_care/assisted_living/pdf/ahca_form_1823.pdf

Fax or electronic copies of the completed form are acceptable. The form must be completed as follows:

1. The resident’s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.

a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.

b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider. A faxed copy of the completed form is acceptable.

c. Omitted information received verbally must be documented in the resident’s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.

2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:

(2)(b)2.a. No change.

b. Services under community living support plans in facilities holding limited mental health licenses; and

c. Medicaid assistive care services; and
(c) and (d) No change.

(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26 429.426, F.S., and this rule.

(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a do-not-resuscitate order for residents who do not wish cardiopulmonary resuscitation to be administered in the case of cardiac or respiratory arrest.

(g) A resident placed on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility’s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

(3) No change.

(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph.

(4)(a) No change.

(b) A resident requiring care of a stage 2 pressure sore may be retained provided that:

1. The facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care;
(4)(b)2. No change.

3. If the resident’s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.

(4)(c) through (4)(g) No change.

(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident’s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.


58A-5.0182 Resident Care Standards.

An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility.

(1) through (5) No change.

(6)(a) through (6)(d) No change.

(e) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage laws.

(6)(f) No change.

(g) In addition to the requirements of Section 429.41(1)(k), F.S., 429.41, F.S., the use of physical restraints by a facility shall be reviewed by the resident’s physician annually. Any device, including half-bed rails, which the resident chooses to use, and can remove or avoid without assistance, shall not be considered a physical restraint.

(7)(a) No change.

(b) In instances when residents require or arrange for services from a third party provider, the facility administrator or designee must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals, unless residents or their representatives decline the assistance.
declination of assistance must be reviewed at least annually. These actions must be documented in the resident’s record.

(c) In instances when residents or their representatives arrange for third party services, the facility administrator or designee, when requested by residents or representatives, must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals. These actions must be documented in the resident’s record.

(c) The facility’s facilitation and coordination as described under this subsection does not represent a guarantee that residents will receive third party services. If the facility’s efforts at facilitation and coordination are unsuccessful, the facility should include this documentation in the resident’s record, explaining the reason or reasons its efforts were unsuccessful, which will serve to demonstrate its compliance with this subsection.

(8)(a) and (8)(b) No change.

(c) Facility Resident Elopement Drills. The facility shall conduct and document resident elopement drills pursuant to Sections 429.41(1)(a)3. and 429.41(1)(l), F.S.

(9) No change.


58A-5.0185 Medication Practices.

Pursuant to Sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule.

(1) and (2) No change.

(3)(a) No change.

(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and reading aloud the medication label in the resident’s presence. Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.

(3)(c) through (3)(e) No change.
(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.

1. As used in Section 429.256(4)(h), F.S., the term “competent resident” means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.

2. As used in Section 429.256(4)(i), F.S., the terms “judgment” and “discretion” mean interpreting vital signs and evaluating or assessing a resident’s condition.

(f) Pursuant to Section 429.256(4)(h), F.S., the term “competent resident” means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.

(g) Pursuant to Section 429.256(4)(i), F.S., the terms “judgment” and “discretion” mean interpreting vital signs and evaluating or assessing a resident’s condition.

(4)(a) through (4)(c) No change.

(d) A facility which performs clinical laboratory tests for residents, including blood glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License, if required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves, or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents’ own equipment. Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500.

(5) and (6) No change.

(7)(a) through (7)(d) No change.

(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident’s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.

(7)(f) and (7)(g) No change.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident’s health care provider shall provide the resident with a written prescription, or a faxed or electronic fax copy of such order.

(8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, vitamins, nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription.

(8)(a) No change.

(b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident’s name and the manufacturer’s label with directions for use, or the licensed health care provider’s directions for use. No other labeling requirements are necessary nor should be required.

(8)(c) No change.

(d) A facility cannot require a licensed health care provider’s order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider’s order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required.

Rulemaking Authority 429.256, 429.41 FS. Law Implemented 429.255, 429.256, 429.41 FS. History—New 10-17-99, Amended 7-30-06, 4-15-10, 10-14-10,_______.

58A-5.0186 Do Not Resuscitate Orders (DNROs).

(1) POLICIES AND PROCEDURES

(a) Each assisted living facility must have written policies and procedures, which delineate its position with respect to state laws and rules relative to Do Not Resuscitate Orders (DNROs). The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a DNRO. The assisted living facility must provide the following to each resident, or resident’s representative, at the time of admission:

(1)(a)1. No change.

(1)(a)2. DH Form 1896, Florida Do Not Resuscitate Order Form, December, 2004, which is hereby incorporated by reference in Rule 64J-2.018, F.A.C., along with the DH informational pamphlet for DH Form 1896.
This form may be obtained online at:


(1)(b) and (1)(c) No change.

(2) No change.

(3) DNRO PROCEDURES. Pursuant to Section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows:

(a) In the event a resident experiences cardiopulmonary arrest, staff trained in cardiopulmonary resuscitation (CPR), or a licensed health care provider present in the facility, may withhold cardiopulmonary resuscitation.

(3)(b) No change.

(4) LIABILITY. Pursuant to Section 429.255, F.S., assisted living facility providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing cardiopulmonary resuscitation pursuant to a properly executed Do Not Resuscitate Order (DH Form 1896) and rules adopted by the department.

Rulemaking Authority 429.255 FS. Law Implemented 429.255 FS. History–New 4-15-10, _______.

58A-5.019 Staffing Standards.

(1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter.

(a) An administrator must:

(1)(a)1. No change.

2. If employed on or after October 30, 1995, have at a minimum, a high school diploma or G.E.D.;

(1)(a)3. No change.

(1)(a)4. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 30 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements prior to July 1, 2014 are not required to retake either the training or testing required unless specified elsewhere in this rule.
(1)(a)5. Satisfy the continuing education requirements pursuant to Rule 58A-5.0191, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect at the time of non-compliance.

(b) In the event of extenuating circumstances, such as the death of a facility administrator, the agency may permit an individual who otherwise has not satisfied the background screening or training requirements of subparagraphs (1)(a)4. (1)(a)3. and 4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:

1. Obtain compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.;

2. Complete the core training and competency test requirements pursuant to Rule 58A-5.0191, F.A.C.; and

3. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.

(c) Administrators may supervise a maximum of either three assisted living facilities, or a combination of housing and health care facilities or agencies on a single campus. Administrators who supervise more than one facility shall appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile radius of each other, is only required to appoint one manager to assist in the operation and maintenance of those facilities.

(d) An individual serving as a manager must satisfy the same qualifications, background screening, and core training and competency test requirements, and continuing education requirements of an administrator pursuant to paragraph (1)(a) of this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not simultaneously serve as an administrator of any other facility.

(e) Pursuant to Section 429.176, F.S., facility owners shall notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, October 2007 January 2006, which is incorporated by reference and available online at:

(2) STAFF.

(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have signs or symptoms of a communicable disease, including tuberculosis. The examination performed by the health care provider must have been conducted no earlier than 6 months prior to submission of the statement. Freedom from tuberculosis must be documented on an annual basis. A person with a positive tuberculosis test must submit a health care provider’s statement that the person does not constitute a risk of communicating tuberculosis. Newly hired staff does not include an employee transferring, without a break in service, from one facility to another when the facility is under the same management or ownership. If any staff member has, or is suspected of having, a communicable disease, such individual shall be immediately removed from duties until providing a written statement from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease.

(2)(b) through (2)(e) No change.

(f) Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents, pursuant to Sections 408.809 and 429.174, F.S.

(3) STAFFING STANDARDS.

(a) Minimum staffing:

(3)(a)1. No change.

2. Independent living residents, as referenced in Rule 58A-5.024(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility and who receive no personal, limited nursing, or extended congregate care services, shall not be counted as a resident for purposes of computing minimum staff hours.

(3)(a)3. and (3)(a)4. No change.

5. A staff member who has completed courses in First Aid and Cardiopulmonary Resuscitation (CPR), and who holds a currently valid card documenting completion of such courses, must be in the facility at all times.

(3)(a)5.a. No change.

b. A licensed nurse shall be considered as having met the course requirements for both First Aid and CPR. In addition, an emergency medical technician or paramedic currently certified under Part III, Chapter 401, F.S., shall be considered as having met the course requirements for both First Aid and CPR.

(3)(a)6. through (3)(a)9. No change.
(3)(b) and (3)(c) No change.

(3)(d) The facility shall be required to provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents’ contracts. The agency shall consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41(1)(a), F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.

1. When additional staff is required above the minimum, the agency shall may require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs met. The plan will be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.

(3)(d)2. No change.

3. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.

(3)(e) and (3)(f) No change.

Rulemaking Authority 429.275, 429.41, 429.52 FS. Law Implemented 429.174, 429.176, 429.275, 429.41, 429.52 FS. History–New 5-14-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.19, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.019, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 4-15-10, _______.

58A-5.0191 Administrator, Manager, and Staff Training Requirements.

Administrators, managers, and staff must satisfy the minimum training, testing, continuing education, and documentation requirements as specified in this rule.

(1) ALL FACILITY STAFF. All facility staff, regardless of responsibilities or duties, must satisfy the following requirements within 30 days of beginning employment:
(1)(a) and (1)(b) No change.

(1)(c) Completion of in-service training relating to at least 1 hour of training on the facility’s policies and procedures regarding Do Not Resuscitate Orders (DNROs).

(2) ADMINISTRATORS AND MANAGERS. Administrators and managers must satisfy the training requirements as stated below.

   (a) Core Training. Completion of a qualified an approved assisted living facility core training course consisting of a minimum of 40 hours of training. The course and the training provider must be approved by the department. Completion of a qualified an approved core training course is required before prior to registering for the core competency test. A listing of approved courses and training providers and qualified courses may be obtained from http://elderaffairs.state.fl.us/doea/alf.php or http://www.alf.usf.edu.

   (b) Core Competency Test. Successful passage of the core competency test no later than 30 days after becoming employed as a facility administrator or manager, and within 24 6 months of completing a qualified an approved core training course. The overall minimum passing score for each module of the competency test is 75%. Registration information for the core competency test may be obtained from the ALF Core Competency Testing Office at http://www.alf.usf.edu, or by calling (813) 974-2571.

1. Administrators and managers who fail to pass the core competency test after three attempts must retake a qualified an approved 40 hour core training course before prior to retaking the core competency test.

   (2)(b)2. No change.

3. Before July 1, 2014, any individual registering to take the core competency test must have completed a qualified 26 hour core training course, obtained from an approved training provider listed at http://elderaffairs.state.fl.us/doea/alf.php or http://www.alf.usf.edu. On or after July 1, 2014, any individual registering to take the core competency test must have completed a qualified 40 hour core training course, as provided above.

   (c) Initial Specialty License Training. Administrators and managers of facilities holding the following specialty licenses must satisfy the specific training identified below:

   (2)(c)1. No change.

   2. Limited Mental Health. Completion of a minimum of 6 hours of training in working with individuals with mental health diagnoses, and successful passage of a limited mental health competency test, within 6 months of the
facility’s receiving an initial limited mental health license, or within 30 days of beginning employment in a facility with an existing limited mental health license. The training course may be offered online by the Department of Children and Families or, if conducted in a group setting, must be provided by a registered trainer approved by the Department of Children and Families, or its designee. The minimum passing score for each module of the limited mental health competency test is 75%.

a. Beginning December 1, 2013, the training course will be offered online by the Department of Children and Families or, if conducted in a group setting, must be provided by a trainer approved by the Department of Children and Families, or its designee.

b. Passage of the limited mental health competency test is required beginning December 1, 2013, and the minimum passing score for each module of the test is 75%. Administrators and managers who begin employment at a facility with a limited mental health license before December 1, 2013 and who have completed a minimum of 6 hours of training in working with individuals with mental health diagnoses are not required to pass the limited mental health competency test.

(d) Continuing Education. Completion of 18 hours of continuing education every 2 years in topics related to the core training curriculum as specified in DOEA Form ALFCT-001, Assisted Living Facility Minimum Core Training Curriculum, June 2009, incorporated in Rule 58T-1.205, F.A.C., or other topics relating to the operation and maintenance of an assisted living facility and the care of residents residing in assisted living facilities. Continuing education must be obtained from courses or workshops offered by providers as specified below.

1. Continuing Education Providers. Continuing education hours must be obtained from any of the following providers:

   (2)(d)1.a. and (2)(d)1.b. No change.

   c. Providers and courses registered within the continuing education tracking databases maintained by the department, the agency, or the Department of Health;

   (2)(d)1.d. No change.

   e. Courses and workshops approved by the department and offered by associations representing assisting living facilities.
f. For training related to food services, continuing education may be obtained from a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian; or

g. For training related to nutrition, continuing education may be obtained from a certified food manager, certified dietary manager, registered or licensed dietitian, or dietetic registered technician.

(2)(d)2. through (2)(d)4. No change.

(3) STAFF INTERACTING WITH RESIDENTS. Direct care staff, other than administrators and managers who have satisfied the training requirements of subsection (2) of this rule, must satisfy the training requirements as stated below. Additionally, staff in regular contact with residents must satisfy the limited mental health training specified in subparagraph (3)(c)2. below.

(a) Pre-Service Training. Facility administrators or managers must provide or arrange through approved providers as set forth in subparagraph (2)(d)1. of this rule, a minimum of 1 hour of training for direct care staff relating to infection control, universal precautions, and facility sanitation procedures.

(3)(a)1. No change.


(3)(a)3. No change.

(3)(b) No change.

(3)(c) Specialty License Training.

1. Extended Congregate Care. All direct care staff providing care to residents receiving in an extended congregate care services program must complete at least 2 hours of in-service training, provided by the facility administrator or manager, within 30 days of beginning employment in the facility. The training must address extended congregate care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility.

2. Limited Mental Health. Direct care staff and staff in regular contact with mental health residents must complete a minimum of 6 hours of training in working with individuals with mental health diagnoses, and must
successfully pass a limited mental health competency test, within 6 months of the facility’s receiving an initial limited mental health license, or within 30 days of beginning employment in a facility with an existing limited mental health license. The training course may be offered online by the Department of Children and Families or, if conducted in a group setting, must be provided by a registered trainer approved by the Department of Children and Families, or its designee. The minimum passing score for each module of the limited mental health competency test is 75%.

a. Beginning December 1, 2013, the training course will be offered online by the Department of Children and Families or, if conducted in a group setting, must be provided by a trainer approved by the Department of Children and Families, or its designee.

b. Passage of the limited mental health competency test is required beginning December 1, 2013, and the minimum passing score for each module of the test is 75%. Direct care staff and staff in regular contact with mental health residents who begin employment at a facility with a limited mental health license before December 1, 2013 and who have completed a minimum of 6 hours of training in working with individuals with mental health diagnoses are not required to pass the limited mental health competency test.

(3)(d) No change.

(4) ADDITIONAL TRAINING REQUIREMENTS FOR ADMINISTRATORS, MANAGERS AND STAFF.

Additional training requirements for administrators, managers, and staff are specified below.

(a) Alzheimer’s Disease or Related Disorders (“ADRD”) Training. Facilities advertised as providing special care for persons with ADRD, or which maintain secured areas as described in Chapter 4, Section 434.4.6 of the Florida Building Code, as adopted in Rule 61G20-1.001, F.A.C., must ensure that facility staff receive the following training.

1. Individuals other than direct care staff or staff in regular contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents within 3 months of beginning employment.

(b) Assistance With Self-Administered Medication Training. Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must complete 6 hours of training provided by a registered nurse, licensed pharmacist, or department staff.
prior to assuming this responsibility. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises. Unlicensed persons who have received a training certificate demonstrating successful completion of a 4 hour course before the effective date of this rule are not required to retake the initial 6 hour training.

1. Courses provided in fulfillment of this requirement must address the following subject areas:
   a. State law and rule requirements with respect to recognizing the differences between providing assistance with the self-administration of medications and the supervision, assistance, administration, and management of medications in assisted living facilities;
   (4)(b)1.b. through (4)(b)1.h. No change.

2. A training certificate will be issued to a trainee after successfully demonstrating the ability to provide assistance with self-administration, including the ability to:
   (4)(b)2.a. No change.
   b. Assist with oral dosage forms, topical dosage forms, and topical ophthalmic, otic, and nasal dosage forms, including solutions, suspensions, sprays, and inhalers;
   (4)(b)2.c. through (4)(b)2.h. No change.

3. Continuing education. Unlicensed persons who provide assistance with self-administered medications, and who have successfully completed the initial 6 hour training, must obtain annually a minimum of 2 hours of continuing education in topics relating to providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education may only be provided by a registered nurse, licensed pharmacist, or department staff.
   (4)(c) No change.
   (5) No change.

Rulemaking Authority 429.178, 429.41, 429.52 FS. Law Implemented 429.07, 429.075, 429.178, 429.256, 429.28, 429.41, 429.52 FS. History–New 9-30-92, Formerly 10A-5.0191, Amended 10-30-95, 6-2-96, 4-20-98, 11-2-98, 10-17-99, 7-5-05, 7-30-06, 10-9-06, 7-1-08, 4-15-10, _______.

58A-5.0194 Alzheimer’s Disease or Related Disorders Training Provider and Curriculum Approval.

(1) The Alzheimer’s Disease or Related Disorders (“ADRD”) training provider and curriculum shall be approved by the department or its designee prior to commencing training activities. The department or its designee
shall maintain a list of approved ADRD training providers and curricula, which may be obtained from 
http://trainingonaging.usf.edu/products/atc/.

(a) ADRD Training Providers.

(1)(a)1. and (1)(a)1.a. No Change.

b. A Bachelor’s degree from an accredited college or university, or licensure as a registered nurse, and:

(1)(a)1.b.(i) through (1)(a)1.b.(iii) No change.

(1)(a)1.c. No change.

(1)(a)2. No change.

(1)(b) No change.

(2) through (5) No change.


58A-5.020 Food Service Standards.

(1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or an individual designated in writing by the administrator must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply:

(1)(a) and (1)(b) No change.

(c) An administrator, manager, or designee must perform his or her duties in a safe and sanitary manner.

(d) An administrator, manager, or designee must provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident’s health care provider for residents who require special diets.

(1)(e) No change.

(2) DIETARY STANDARDS.

(a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at:
(2)(b) through (2)(h) No change.

(3) and (4) No change.

Rulemaking Authority 429.41 FS. Law Implemented 429.41, 429.52 FS. History–New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.20, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.020, Amended 10-30-95, 6-2-96, 10-17-99, _______.

58A-5.021 Fiscal Standards.

(1) and (2) No change.

(3) SURETY BONDS. In addition Pursuant to the requirements of Section 429.27(2), F.S.:

(a) For entities corporations which own more than one facility in the state, one surety bond may be purchased to cover the needs of all residents served by the entity corporation.

1. If serving as representative payee for residents who receive OSS, the minimum bond proceeds shall equal twice the supplemental security income or social security disability income plus the OSS payments, including the personal needs allowance.

2. If holding a power of attorney for residents who receive OSS, the minimum bond proceeds shall equal twice the supplemental security income or social security disability income; the OSS payments, including the personal allowance; plus the value of any resident property held at the facility.

(b) The following additional bonding requirements apply to facilities serving residents receiving OSS:

1. If serving as representative payee for a resident receiving OSS, the minimum bond proceeds shall equal twice the supplemental security income or social security disability income plus the OSS payments, including the personal needs allowance.

2. If holding a power of attorney for a resident receiving OSS, the minimum bond proceeds shall equal twice the supplemental security income or social security disability income; the OSS payments, including the personal allowance; plus the value of any resident property held at the facility.

(c) Upon the annual issuance of a new bond or continuation bond, the facility must file a copy of the bond with the Agency Central Office.
(4) No change.

Rulemaking Authority 429.24, 429.27, 429.275, 429.41 FS. Law Implemented 429.24, 429.27, 429.275 FS.

History–New 5-14-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.21, Amended 6-21-88, 8-15-90, 9-30-92,
Formerly 10A-5.021, Amended 10-30-95, 6-2-96, 10-17-99, _______.

58A-5.023 Physical Plant Standards.

(1) NEW FACILITIES. Newly constructed facilities that are to be licensed as assisted living facilities, and
existing structures not previously licensed as assisted living facilities that are to be converted to assisted living
facilities, as well as any subsequent additions, modifications, alterations, renovations or refurbishing of such
facilities, should be aware of the following standards:

(a) Chapter 4, Section 434, of the Florida Building Code, as adopted in Rule 61G20-1.001, F.A.C., Florida
Building Code Adopted; and

(b) Section 633.022, F.S., Uniform Firesafety Standards, and Rule Chapter 69A-40, F.A.C., The Uniform Fire
Safety Standards for Assisted Living Facilities, except for the specific National Fire Protection Association codes
described in Section 429.41, F.S.

(c) The National Fire Protection Association codes described in Section 429.41, F.S.

(2) EXISTING FACILITIES.

(a) An assisted living facility must comply with the rule or building code in effect at the time of initial licensure,
as well as the rule or building code in effect at the time of any and any part of the facility included in
additions, modifications, alterations, refurbishing, renovations or reconstruction of an existing facility must comply with the
codes and standards referenced in subsection (1) of this rule. Determination of the installation of a fire sprinkler
system in an existing facility must comply with the requirements described in Section 429.41, F.S.

(2)(b) No change.

(3) No change.

(4) FACILITIES WITH 16 OR FEWER RESIDENTS: Pursuant to Section 429.41, F.S., facilities with 16 or
fewer residents are not required to maintain an accessible telephone in each building where residents reside,
maintain written staff job descriptions, have awake night staff, or maintain standardized recipes as provided in Rules
58A-5.024 Records.

The facility must maintain required records in a manner that makes such records readily available at the licensee’s physical address for review by a legally authorized entity. For purposes of this section, “readily available” means the ability to produce documents, records, or other such data, either by electronic or paper format, upon request. If records are maintained in an electronic format, facility staff must be able to access the data and produce requested information.

(1) and (2) No change.

(3) RESIDENT RECORDS. Resident records must be maintained on the premises, and include:

(3)(a) No change.

(b) A copy of the Resident Health Assessment form, AHCA Form 1823, described in Rule 58A-5.0181, F.A.C.

(3)(c) No change.

(d) Documentation relating to The signed statement from a resident’s refusal of resident who refuses a therapeutic diet pursuant to Rule 58A-5.020, F.A.C., if applicable.

(3)(e) through (3)(k) No change.

(l) If the resident is an OSS recipient, a copy of Alternate Care Certification for Optional State Supplementation (OSS) Form, CF-ES 1006, October 2005, which is hereby incorporated by reference and available for review at: www.dcf.state.fl.us/DCFForms/Search/OpenDCFForm.aspx?FormId=72 if the resident is an OSS recipient. The absence of this form shall not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.

(3)(m) through (3)(o) No change.

(p) For beds included within the licensed capacity of an assisted living facility, but which are occupied by independent living residents receiving meals, but who are not receiving any personal, limited nursing, or extended congregate care services, certain record keeping may be limited. Such record keeping for these independent living residents who receive meals may be limited to the following at the discretion of the facility:

(1) No change.

(2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency.

(a) If the local emergency management agency requires revisions to the emergency management plan, such has 60 days in which to review and approve the plan or advise the facility of necessary revisions. Any revisions must be made, and the plan resubmitted to the local office of emergency management within 30 days of receiving notification from the local agency that the plan must be revised.

(2)(b) through (2)(e)

(3) PLAN IMPLEMENTATION. In the event of an internal or external disaster, the facility must implement the facility’s emergency management plan in accordance with Part I, Chapter 252, F.S.

(3)(a) and (3)(b) No change.

(4) and (5) No change.

Rulemaking Authority 429.41 FS. Law Implemented 429.41 FS. History–New 10-17-99, Amended 7-30-06, _______.

58A-5.029 Limited Mental Health.

(1) No Change.

(2)(a) and (2)(b) No change.

(c) Resident records must include:
1. Documentation, provided by a mental health care provider within 30 days of the resident’s admission to the facility, that the resident is a mental health resident as defined in s. 394.4574, F.S., and that the resident is receiving social security disability or supplemental security income and optional state supplementation as follows:

   a. An affirmative statement on the Alternate Care Certification for Optional State Supplementation (OSS) Form, CF-ES 1006, October 2005, which is hereby incorporated by reference and available for review at:
   www.dcf.state.fl.us/DCFForms/Search/OpenDCFForm.aspx?FormId=72 from http://www.dcf.state.fl.us, that the resident is receiving SSI or SSDI due to a psychiatric disorder;

   b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental illness. Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information to the Department of Children and Families; or

(2)(c)1.c. No change.

2. An appropriate placement assessment provided by the resident’s mental health care provider within 30 days of admission to the facility, that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment must be conducted by a psychiatrist, clinical psychologist, clinical social worker, psychiatric nurse, or person supervised by one of these professionals.

   a. Any of the following documentation which contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, shall meet this requirement:

      (i) Completed Alternate Care Certification for Optional State Supplementation (OSS) Form, CF-ES Form 1006, October 2005 available from www.dcf.state.fl.us/DCFForms/Search/OpenDCFForm.aspx?FormId=72

      (2)(c)2.a.(ii) and (2)(c)2.a.(iii) No change.

      (2)(c)2.b. No change.

      (2)(c)3. and (2)(c)4. No change.

(3) RESPONSIBILITIES OF FACILITY. In addition to the staffing and care standards of this rule chapter to provide for the welfare of residents in an assisted living facility, a facility holding a limited mental health license must:
(a) Ensure that the residents who meet the criteria as a mental health resident are referred for case management and other mental health services as needed from either a public or private agency. If a resident refuses services, the facility must document the refusal and must request such refusal in writing;

(b) Meet the facility’s obligation to assist the resident in carrying out the activities identified in the Community Living Support Plan;

(c) Provide an opportunity for private face-to-face contact between the mental health resident and the resident’s mental health case manager or other treatment personnel of the resident’s mental health care provider;

(d) Observe resident behavior and functioning in the facility, and record and communicate observations to the resident’s mental health case manager or mental health care provider regarding any significant behavioral or situational changes which may signify the need for a change in the resident’s professional mental health services, supports, and services described in the community living support plan, or that the resident is no longer appropriate for residency in the facility;

(e) If the facility initiates an involuntary mental health examination pursuant to Section 394.463, F.S., the facility must document the circumstances giving rise to the initiation of the examination all actions taken in the effort to avert such action;

(f) Ensure that designated staff have completed limited mental health training as required by Rule 58A-5.0191, F.A.C.; and

(g) Maintain facility, staff, and resident records in accordance with the requirements of this rule chapter.


58A-5.030 Extended Congregate Care Services.

(1) LICENSING.

(a) Any facility intending to establish an extended congregate care services program must obtain a license from the agency prior to accepting extended congregate care residents.

(b) No change.

(2) EXTENDED CONGREGATE CARE POLICIES. Policies and procedures established through an extended congregate care services program must promote resident independence, dignity, choice, and decision-making. The services program must develop and implement specific written policies and procedures which address:
(2)(a) through (2)(f) No change.

(g) How to involve residents in decisions concerning the resident. The services program must provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions, a family member or other resident representative shall be consulted. Choices shall include at a minimum whether:

(2)(g)1. No change.

2. To remain in the same room in the facility, except that a current resident transferring into an extended congregate care services program may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed;

(2)(g)3. through (2)(g)5. No change.

(3) No change.

(4) STAFFING REQUIREMENTS. The following staffing requirements apply for each extended congregate care services program:

(4)(a) through (4)(f) No change.

(5) ADMISSION AND CONTINUED RESIDENCY.

(a) An individual must meet the following minimum criteria in order to receive be admitted to an extended congregate care services program.

(5)(a)1. to (5)(a)9. No change.

(b) Criteria for continued residency in an extended congregate care services program shall be the same as the criteria for admission, except as specified below.

(5)(b)1. and (5)(b)2. No change.

3. The extended congregate care administrator or manager is responsible for monitoring the continued appropriateness of placement of a resident in an extended congregate care services program at all times.

(5)(b)4. and (5)(b)5. No change.

(6) HEALTH ASSESSMENT. Prior to receiving admission to an extended congregate care services program, all persons, including residents transferring within the same facility to that portion of the facility licensed to provide extended congregate care services, must be examined by a health care provider physician or advanced registered nurse practitioner pursuant to Rule 58A-5.0181, F.A.C. A health assessment conducted within 60 days prior to
receiving admission to the extended congregate care services program shall meet this requirement. Once receiving services admitted, a new health assessment must be obtained at least annually.

(7) SERVICE PLANS.

(a) Prior to receiving services admission the extended congregate care administrator or manager must develop a preliminary service plan which includes an assessment of whether the resident meets the facility’s residency criteria, an appraisal of the resident’s unique physical, psychological and social needs and preferences, and an evaluation of the facility’s ability to meet the resident’s needs.

(b) Within 14 days of receiving services admission the extended congregate care administrator or manager must coordinate the development of a written service plan which takes into account the resident’s health assessment obtained pursuant to subsection (6); the resident’s unique physical, psychological and social needs and preferences; and how the facility will meet the resident’s needs including the following if required:

(7)(b)1. through (7)(b)8. No change.

(7)(c) and (7)(d) No change.

(8) EXTENDED CONGREGATE CARE SERVICES. All services must be provided in the least restrictive environment, and in a manner which respects the resident’s independence, privacy, and dignity.

(a) A facility providing an extended congregate care services program may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends shall be encouraged to provide supportive services for residents. The facility must provide training for family or friends to enable them to provide supportive services in accordance with the resident’s service plan.

(b) A facility providing an extended congregate care services program must make available the following additional services if required by the resident’s service plan:

(8)(b)1. through (8)(b)9. No change.

(c) Licensed nursing staff providing in an extended congregate care services program may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility’s written policies and procedures, provided the nursing services are:

(8)(c)1. through (8)(c)6. No change.
(8)(d) No change.

(9) RECORDS. In addition to the records required under Rule 58A-5.024, F.A.C., a facility providing an extended congregate care services program must maintain the following:

(9)(a) through (9)(d) No change.

(10) No change.

Rulemaking Authority 429.07, 429.41 FS. Law Implemented 429.07, 429.255, 429.26, 429.28, 429.41 FS. History—New 9-30-92, Formerly 10A-5.030, Amended 10-30-95, 6-2-96, 4-20-98, 11-17-99, 7-30-06, _______.

58A-5.033 Administrative Enforcement.

Facility staff shall cooperate with agency personnel during surveys, complaint investigations, monitoring visits, license application and renewal procedures and other activities necessary to ensure compliance with Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter.

(1)(a) through (1)(c) No change.

(2) SURVEY DEFICIENCY.

(a) Prior to or in conjunction with a notice of violation issued pursuant to Part II, Chapter 408, F.S., and Section 429.19, F.S., the agency shall issue a statement of deficiency for Class I, II, III, and IV violations which are observed by agency personnel during any inspection of the facility. The deficiency statement must be issued within 10 working days of the agency’s inspection and must include:

(2)(a)1. through (2)(a)3. No change.

(2)(b) No change.

(3) EMPLOYMENT OF A CONSULTANT.

(a) Medication Deficiencies.

1. If a Class I, Class II, or uncorrected Class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency personnel pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ, on staff or by contract, the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse, as determined by the agency.

2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice identification of the a Class I or
Class II deficiency or and within 14 working days of the notice identification of an uncorrected Class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse pharmacist’s or registered nurse’s license and the consultant’s a signed and dated review of the recommended corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.

(3)(a)3. No change.

(b) Dietary Deficiencies.

1. If a Class I, Class II, or uncorrected Class III deficiency directly related to dietary standards as established in Rule 58A-5.020, F.A.C., is documented by the agency personnel pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ, on staff or by contract, the services of a registered or licensed dietitian, or a licensed nutritionist.

2. The initial on-site consultant visit must take place within 7 working days of the notice identification of a Class I or Class II deficiency or and within 14 working days of the notice identification of an uncorrected Class III deficiency. The facility must have available for review by the agency a copy of the license or registration of the consultant dietitian or nutritionist and the consultant’s a signed and dated review of the facility’s dietary consultant’s recommended corrective action plan, if a plan is required by the agency, no later than 10 working days subsequent to the initial on-site consultant visit.

3. If a corrective action plan is required, the facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the dietary consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper dietary standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination.

Rulemaking Authority 429.41, 429.42 FS. Law Implemented 429.07, 429.08, 429.14, 429.19, 429.28, 429.34, 429.41, 429.42 FS. History–New 9-30-92, Formerly 10A-5.033, Amended 10-30-95, 10-17-99, 1-9-02, 7-30-06, 4-15-10, ______.