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58A-6.002 Definitions.
(1) The following terms are defined in Section 429.901, F.S., and are applicable to this rule chapter: adult day care center or center, agency, basic services, department, multiple or repeated violations, operator, owner, participant, and supportive and optional services.
(2) Additional definitions applicable in this rule chapter are as follows:
(a) “Activities of Daily Living” or “ADL” shall mean the functions or tasks for self-care and shall include: ambulation, bathing, dressing, eating, grooming, transferring, and toileting, self-administration of medications, and other personal hygiene activities.
(b) “Adult” shall mean any person 18 years of age or older.
(c) “Applicant for licensure” shall mean the owner or operator of a center or, if the owner is a business entity, the person (i.e., corporate officer, general or limited partner) acting in behalf of the entity.
(d) “Assistant operator” shall mean an individual designated in writing by the owner or operator as having full responsibility and authority for the daily operation of the facility when the owner or operator is not on site. The assistant operator shall meet the same minimum qualifications as the operator.
(ed) “By-laws” shall mean a set of rules adopted by the center for governing its operation. A charter, articles of incorporation, or a statement of policies, procedures and objectives shall be acceptable equivalents.
(e) “Capacity” shall mean the number of participants for which a center has been licensed to provide care at any given time and shall be based upon required net floor space.
(f) “Comprehensive Emergency Management Plan” shall mean a plan developed by the adult day care center describing how the center will prepare for and respond in an emergency, pursuant to subsection 58A-6.011(10), F.A.C.
(hg) “Daily Attendance” shall mean the number of participants who, during a 12 hour period of the day, any one calendar business day, attend the center. This count is not dependent upon, nor does it include, the number of types of services a participant receives, but is an actual, individual unduplicated census count.
(h) “Full-time” shall mean a time period of not less than 35 hours, established as a full working week by the center.
(i) “Functional impairment” means a physical, mental, or social condition or cognitive deficit which restricts an individual’s ability to perform the tasks and activities of daily living and which impedes the individual’s capability for self-care and independent living without assistance or supervision from others on a recurring or continuous basis for extended periods of time.
(k) “Governing Authority” shall mean the organization, person, or persons designated to assume full legal responsibility for the determination of policy, management, operation, and financial viability of the center.
(lk) “Holding Itself Out to the Public” shall mean making any announcement, solicitation, display or advertisement to inform the general public of services provided by the center designed to attract new or additional participants to a center providing adult day care services.
“Major Incident” shall mean any incident for which the Agency, center, employee or other person associated with the center may be liable, or which has resulted in serious injury, death or extensive property damage. Major incidents shall include:

1. Death of a participant from other than natural causes while in the care of the center.
2. Threats or occurrences of riots, bombings, or other extreme violence.
3. Disappearance from the center of a participant.
4. Assaults resulting in severe injury or death, sexual assaults or rape, on or by a participant.
5. Property damage from any cause that would interrupt routine operations or disrupt service delivery.
6. Auto accidents with injuries involving participants.
7. Involuntary center closure.
8. Incidents of abuse, neglect, exploitation or fraud.
9. Employee work conduct which results in a criminal law violation.
10. Attempted suicide by a participant while under center supervision.

“Net Floor Space” shall mean the actual climatically controlled occupied area, not including accessory unoccupied areas such as hallways, stairs, closets, storage areas, bathrooms, kitchen or thickness of walls, set aside for the use of the day care center participants.

“Operator” shall mean an individual who has daily administrative charge of an adult day care center and who shall be designated in writing as such by the owner or governing authority. This person must be at least 21 years of age and hold a high school diploma or its equivalency diploma (G.E.D). An operator of a Specialized Alzheimer’s Services Adult Day Care Center must meet the educational or experiential requirements in section 429.918(5), Florida Statutes.

“Orientation and Training Plan” shall mean a written plan developed and reviewed at least annually and implemented throughout the year which describes a coordinated program for staff training for each service and for orientation of each new staff member on center policies, procedures, assigned duties and responsibilities, and which shall begin no later than the first day of employment.

“Participant File” shall mean a written record, prepared and kept by the center which shall include a care plan; medical and social history or copies of an examination completed by a physician; diagnosis; disabilities and limitations; rehabilitation potential, short and long-term goals, and recommended activities; orders for medication or modified diet; such as supervision of self-administered medication; special needs for health or safety; permitted levels of physical activity; frequency of attendance at the day care center; and notes as required in this rule chapter.

“Participant Space” shall mean the required net floor space per participant. Maximum participant capacity shall refer to the licensed capacity.

“Personal Supervision of a Participant” shall mean observation of the participant to maintain safety and well-being, including supervision of self-administered medications.

“Preventive Service” shall mean that service which precludes or deters development of disabilities including nutritional counseling, leisure activities, in-facility respite care and social and health activities and services.

“Respite Care” or “Respite” in an adult day care center is defined as a service provided to relieve the caregiver.

“Significant Change” shall mean a deterioration or improvement in ability to carry out activities of daily living; a deterioration in behavior or mood to the point where daily problems arise or relations become problematic or an improvement to the point that these problems are eliminated; or a substantial deterioration in health status or reversal of such condition. Ordinary day-to-day fluctuations in functioning and behavior and acute short-term illness such as a cold are not considered significant changes unless such fluctuations persist to the extent that a trend is established.

“Staff” shall mean any person employed by a center who provides direct or indirect services to the participants and volunteers who are included in the minimum staff ratio.

“Supervision of self-administered medication” shall mean reminding participants to take medication at the time indicated on the prescription; opening or closing medication container(s) or assisting in the opening of prepackaged medication; reading the medication label to participants; observing participants while they take medication; checking the self-administered dosage against the label of the container; reassuring participants that they have obtained and are taking the dosage as prescribed; keeping daily records of when participants received supervision pursuant to this subsection; and immediately reporting apparent adverse effects on a participant’s condition to the participant’s physician and responsible person.
Supervision of self-administered medication shall not be construed to mean that a center shall provide such supervision to participants who are capable of administering their own medication.

(ys) “Supervision of staff” shall mean guidance by a qualified person for a staff member’s performance of job-related functions and activities, with initial direction and periodic on site inspection of the performance. Supervision of participants shall mean guidance and care necessary for the health, safety and well-being of participants.

(zs) “Termination Summary” shall mean a written summary prepared by the center staff at the time of participant termination and documenting services which the participant has received, and which includes any treatment provided, results, reasons for termination and recommendations for the participant’s continued care.

(aa) “Transportation Services” shall mean the conveying of participants between the center and a designated location, as well as to and from services provided directly or indirectly by the facility. No participant’s transportation to and from a designated location and the center shall exceed two (2) 1/2 hours if the transportation is provided or arranged by the center.

(bb) “Volunteer” shall mean an individual not on the payroll of the adult day care center, whose qualifications shall be determined by the center, for whom a written job description, plan of orientation and training shall be provided and implemented.


58A-6.003 Licensure Application Procedures.

(1) All adult day care centers, as defined in Section 429.901, F.S., shall be licensed by the Agency for Health Care Administration (AHCA), unless otherwise exempt as provided in Section 429.905, F.S., as listed below:

(a) Any facility, institution, or other place that is operated by the federal government or any agency thereof.
(b) A licensed assisted living facility, licensed hospital, or licensed nursing home facility which does not hold itself out to the public as an-adult day care center.
(2) In accordance with Section 429.907(4), F.S., county-operated or municipally operated centers applying for licensure under this part shall be exempt from the payment of license fees.
(3) The Agency shall grant a biennial license to an applicant center in compliance with the minimum standards set forth in this rule.
(4) A license issued for the operation of a center, unless sooner suspended or revoked, shall expire two years from the date of issuance.
(5) Owners or operators of adult day care centers subject to licensure shall submit a completed application for a license through the Agency for Health Care Administration, 2727 Mahan Dr., Tallahassee, FL 32308. The Health Care Licensing Application, Adult Day Care Center, AHCA Form 3180-1004 Licensure Application for Adult Day Care Center, ADCC Form 1, dated December 2003, and Health Care Licensing Addendum, AHCA Form 3110-1024, Rev August 2010, which is incorporated by reference, may be obtained from the Agency for Health Care Administration, Adult Day Care Program, 2727 Mahan Drive, Tallahassee, Florida 32308. The application package may be also obtained from the AHCA Website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Registration/Assisted_Living/adcc.shtml. Attached to the application shall be:

(a) A check or money order made payable to the AHCA for payment of the licensure fee. The biennial licensure fee shall be $150 per center. Each separate premise shall be licensed as a separate facility.
(b) For centers with seven or more participants, proof of liability insurance coverage of $100,000 per participant for bodily injury and $300,000 per occurrence for the center, and proof of liability insurance coverage of $100,000 per participant for bodily injury and $300,000 per occurrence for the vehicle if transportation services are provided by the center. For centers with six or less participants, proof of liability insurance coverage of $50,000 per participant for bodily injury and $150,000 per occurrence for the center, and proof of liability insurance coverage of $50,000 per participant for bodily injury and $150,000 per occurrence for the vehicle(s) if transportation services are provided by the center.
(c) Proof of compliance with background screening requirements pursuant to Sections 408.809 and 429.919, F.S.
(d) The agency shall notify a licensee electronically or by mail delivery at least 120 days before the expiration date of the center’s license. Applications for relicensure must be submitted to the agency at least
90 days before the expiration date of the existing license. Failure to file a timely renewal application will result in a fine of $75.00 pursuant to Section 429.913(1)(b), F.S., being assessed against the center.

(7) The AHCA shall schedule and conduct an assessment and evaluation inspection survey of the applicant center, in accordance with this rule chapter.


58A-6.004 Unlicensed Centers.


58A-6.0051 Change of Owner or Operator; Marketing.

**Rulemaking Authority 429.929, 408.831 FS. Law Implemented 429.925, 408.831(2) FS. History–New 11-9-95, Amended 3-29-98, 2-19-04, Repealed 11-29-11.**

58A-6.006 Governing Authority, Administration and Staffing.

(1) The center shall have a governing authority which shall establish policies in compliance with this rule chapter. Governing Authority, as defined in this rule chapter, may consist of as few as one person, and designation of its membership or composition shall be determined by the owner or operator. The governing authority shall be responsible for ensuring compliance with standards requiring that:

(a) Admission criteria shall be determined by the owner, operator or governing authority and may limit participant eligibility to adults with functional impairments, in need of a protective environment or a program of therapeutic social and health activities and services as defined in this rule chapter. The owner or operator will assure that the admission of each participant shall be made reviewed under the supervision of the owner or operator within the confines of specific requirements set forth below:

1. Within forty-five days prior to admission to the center, each person applying to be a participant shall provide a statement signed within said forty-five days by a Florida licensed health care provider under the direct supervision of a physician, physician or a county public health unit documenting freedom from tuberculosis in the communicable form and documenting freedom from signs and symptoms of other communicable disease. Any participant who is diagnosed as having a communicable disease shall be excluded from participation until deemed non-infectious. However, participants who have Human Immunodeficiency Virus (HIV) infection may be admitted to the center, provided that they would otherwise be eligible according to this rule.

2. No participant shall be admitted or retained in a center if the required services from the center are beyond those that the center is licensed to provide.

3. No participant who requires medication during the time spent at the center and who is incapable of self-administration of medications shall be admitted or retained unless there is a person licensed according to Florida law to administer medications who will provide this service. A person licensed according to Florida law includes a physician licensed under Chapters 458 and 459, F.S., an advanced registered nurse practitioner, a dentist, a registered nurse, licensed practical nurse, or a physician’s assistant.

(b) Provision is made for a safe physical plant equipped and staffed to maintain the center and services provided as defined in this rule chapter.

(2) The governing authority shall ascertain that the owner or operator or the designated responsible person shall be on the premises during the center’s hours of operation.

(3) Each center shall comply with all standards, rules and regulations and shall be under the control of the licensed owner or operator or an agent designated in writing by the owner or operator as having full responsibility and authority for the daily operation of the facility. The owner or operator may supervise operate a maximum of five adult day care centers, more than one center, provided that a qualified, responsible assistant operator, duly appointed in writing, and is in charge of each facility during the owner or operator’s absence.

(4) The center shall employ qualified staff to provide the services, personal assistance and safety measures required by the participants.

(5) The owner or operator shall:

(a) Develop a written job description for each center staff member containing a list of qualifications, duties, responsibilities and accountability required of each staff member.

(b) Establish and maintain a personnel file for each staff to include:
1. Name, home address, phone number;
2. Name, address and phone number of physician(s) to be contacted in case of emergency;
3. Name, address and phone number of person(s) to be contacted in case of emergency;
4. Education and experience;
5. A job assignment and salary description, which includes salary and which is signed by the owner or operator, and the employee.
6. Evaluation of performance at least yearly;
7. Dates of employment and termination;
8. Character references which include former employers and supervisors;
9. A statement from a Florida licensed health care provider under the direct supervision of a physician, physician or a county public health unit that the employee is free from tuberculosis in a communicable form and apparent signs and symptoms of other communicable diseases within 45 days prior to beginning work in the center. In accordance with Section 760.50, F.S., a center shall not exclude a potential employee who is infected with human immunodeficiency virus who would otherwise meet the conditions of employment.

(6) The owner or operator also shall be responsible for the administration of all components of the facility and accountable for the implementation and enforcement of all policies and procedures, standards of care, and program development in accordance with the social, physical and mental capabilities and needs of the participants served and six hours of annual training and education for staff. One of the six hours must include a topic on abuse, neglect exploitation, and fraud and one hour of disaster preparedness.

(7) The owner or operator shall assure that each employee shall:
(a) Maintain personal cleanliness and hygiene;
(b) Refrain from abusive, immoral or other unacceptable conduct such as use of alcohol, illegal use of narcotics or other impairing drugs, and behavior or language which may be injurious to participants;
(c) Any employee who is diagnosed as having a communicable disease after beginning work in the center shall be excluded from working until deemed non-infectious in the work setting.

(8) The owner or operator or designated administrator shall be responsible for enforcing the following minimum personnel staffing for adult day care centers and shall designate substitute staff to be available in emergencies.
(a) A minimum staff ratio of one staff member who provides direct services for every 6 participants shall be present in the center at all times.
(b) No less than 2 staff, one of whom has a certification in an approved first aid course and CPR, shall be present in the center at all times.
(c) At all times staffing shall be maintained to meet the needs of the participants as required by the participant file, including centers which serve persons with Alzheimer’s disease and related dementias, persons with physical handicaps, or other special target populations.
(d) The owner or operator may serve in dual capacity as a registered nurse, occupational therapist, physical therapist, speech-language pathologist, or social worker, if licensed as required by Florida law and qualified to provide such services.
(e) The owner or operator may be counted as one of the required staff members provided the owner or operator provides direct services and is included in the work schedule for the center. However, the owner or operator shall not be counted more than once in the staff/participant ratio, calculated on the basis of daily census.

(9) Center staff whose conduct constitutes abuse, neglect, or exploitation of a participant shall immediately be terminated from employment and shall be reported to the Department of Children and Family Services in accordance with Section 415.103, F.S.

(10) No administrator who has been terminated pursuant to the provisions of subsection (9) shall accept employment in an adult day care center and no owner or operator of a center shall knowingly employ any person who has been terminated pursuant to subsection (9).

(11) The governing authority shall establish policies and procedures to facilitate reporting of abuse, neglect or exploitation as defined in Section 415.102, F.S., and in accordance with Section 415.103, F.S., and shall insure that the statewide toll free telephone number of the Central Abuse Registry, accompanied by the words “To Report the Abuse, Neglect, or Exploitation of an Elderly or Disabled Person, Please Call the Toll Free Number 1(800)96-ABUSE” is posted in a prominent place in the center and made clearly visible.

58A-6.007 Participant Care Standards.

(1) The center shall make a statement or summary statement of policies and procedures for participant care available to participants, to the responsible person, to the public, and to each member of the center staff. The statement or summary statement shall be displayed in a conspicuous place in the facility.

(2) The center staff shall be trained to implement these policies and procedures, as specified in the staff orientation and training plan.

(3) Participant care, policies, and procedures shall ensure that, as a minimum, all participants admitted to the center:

(a) Are informed of provisions for service as evidenced by written acknowledgment from the participant or responsible party prior to or at the time of admission, and given a statement or summary statement of the center policies and procedures, and an explanation of the participant’s responsibility to comply with these policies and procedures and to respect the personal rights and private property of other participants;

(b) Are informed, and are given a written statement prior to or at the time of admission and during stay, of services available at the center and for any related charges including those for services not provided free or not covered by sources of third party payments or not covered by the facility’s basic per diem rate. This statement shall include the payment, fee, deposit, and refund policy of the center;

(c) Are promptly informed of substantive changes in policies, procedures, services, and rates;

(d) Are informed during the intake admission process, in writing, of the center’s Emergency Management Plan;

(e) Are informed during the intake admission process of the local emergency management agency’s registry of disabled persons who need assistance during evacuations or when in shelters because of physical or mental handicaps and the assistance provided by center staff to register such persons with the local emergency management agency;

(f) Are allowed to retain the services of their personal physician at their own expense or under a health care plan; are assured of services provided, and are offered the opportunity to participate in the planning of their care;

(g) Are assured of remaining free from abuse, neglect, and exploitation as defined in Section 415.102, F.S., and free from chemical and physical restraints. Drugs and other medications shall not be used for punishment, for convenience of center personnel, or in quantities that interfere with a participant’s rehabilitation or activities of daily living;

(h) Are assured privacy in treatment of their personal and medical records;

(i) Are treated with consideration, respect, and full recognition of their dignity, individuality, and right to privacy;

(j) Are not required to perform services for the center;

(k) Are permitted to associate and communicate privately with persons of their choice, join with other participants or individuals within or outside the center to work for improvements in participant care, and, upon their request, shall be given assistance in the reading and writing of correspondence;

(l) Are permitted to participate in center activities, and meet with and participate in activities of or social, religious and community groups of their choice while at the center at their discretion.

(m) Are assured of the opportunity to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any participant. The center shall encourage and assist in the exercise of these rights;

(n) Are not the object of discrimination with respect to participation in activities which include recreation, meals, leisure, other social activities because of age, race, religion, sex, or nationality as defined in Title VI of the Civil Rights Act of 1964, or Americans with Disabilities Act of 1990;

(o) Are not deprived of any constitutional, civil, or legal right solely by reason of admission to the center;

(p) For protection of the participants, are allowed to discharge themselves from the center upon presentation of a request, preferably in writing; or, if the participant is an adjudicated mental incompetent, upon the written consent of his next of kin, or sponsor or guardian or responsible person. However, if assessed by social workers, center staff, responsible persons at the time of intake as confused, the participant shall not be allowed to discharge himself until after the center notifies the participant’s guardian, spouse, or person having durable power of attorney;

(q) Are informed of the right to report abusive, neglectful, or exploitative or fraudulent practices.

(4) The center shall not be required to accept or retain any applicant or participant whose behavior and physical limitations are deemed hazardous to the safety of the individual or other participants. Such
conditions shall constitute a basis for termination of center participation. Participation may be terminated after reasonable alternatives have failed, upon written notification of the participant, guardian and responsible person. Fifteen calendar days shall be allowed for arranging for alternative services for the participant except in cases of emergency as determined by the governing authority of the center. Participant discharge procedures shall ensure that, at a minimum, all participants involuntarily discharged from the center and their caregivers are:

(a) Informed of a significant change in the participant’s condition such as a deterioration or improvement in ability to carry out activities of daily living; a deterioration in behavior or mood to the point where daily problems arise or relations become problematic or an improvement to the point that these problems are eliminated; or a substantial deterioration in health status or reversal of such condition, as documented in the participant’s case file notes;

(b) Informed of monthly health assessments and monthly updates in each ADRD participant’s file regarding the ADRD participant’s status or progress toward meeting the goals indicated on the individualized plan of care.

(c) Informed that the center is unable to meet the participant’s needs, as determined by a licensed physician, licensed physician assistant, or a licensed advanced registered nurse practitioner;

(d) Informed within 45 days of the planned discharge of transition options for the participant to facilitate and ensure continuity of care, and provide appropriate referrals to include a discharge plan. Forty-five (45) calendar days shall be allowed for arranging for alternative services for the participant except in cases of emergency as determined by the governing authority of the center.

58A-6.008 Program Requirements.

(1) Each center shall offer a planned program of varied activities and services promoting and maintaining the health of participants and encouraging leisure activities, interaction and communication among participants shall be available on a daily basis at each center in order to enhance the participant’s well-being and to maximize individual functioning. Such activities and services shall be available during at least 60 percent of the time the center is open to participants and shall be documented in accordance with subsection (5).

(2) The center shall make available basic services as defined in Section 429.901(3), F.S., and Rule 58A-6.009, F.A.C., and may make available other supportive and optional supportive services.

(3) The center shall provide for family consultation or referral service to community agencies, clinics, or physicians when the participant or family is observed to be in need of counseling, health, or mental health services.

(4) There shall be a written description of the range of services to be provided to participants.

(5) A monthly schedule of daily activities shall be maintained on a current basis and displayed in a conspicuous place.

(6) The center shall provide programs and information to increase the participant’s awareness of the following factors related to emergency preparedness and emergency management:

(a) The registration process for persons who need assistance during evacuations or when in shelter;

(b) The center’s activities and staff available to assist in participant’s registration efforts; and

(c) The implications of having a functional limitation in a disaster.

(7) If a participant needs assistance when evacuating or when in an emergency shelter, the center shall register the person with the local emergency management agency as a person with special needs.

58A-6.009 Basic Services.

(1) To be licensed as an Adult Day Care Center, the following minimum basic services shall be provided:

(a) A protective environment that promotes a non-institutional atmosphere where supervision for the health, safety and well-being of adults who have functional impairments is provided;

(b) A variety of therapeutic, social and health activities and services which help to restore, remediate, or maintain optimal functioning of the participants and to increase interaction with others. Examples of such
programs include exercise, health screening, health education, interpersonal communication, and behavior modification;
(c) Leisure-time activities or spectator or participant programs designed to assist participants’ self-expression, enhance self-esteem and provide mental stimulation or social participation. Examples of such programs include opportunities for arts and crafts; daily exercise as can be tolerated by the participant or as prescribed by the participant’s physician; development of hobbies; excursions or outings to points of interest to the participants; and other outside activities which may include picnics, cookouts;
(d) Self-care training activities designed to assist functionally impaired adults to restore or maintain the ability to perform activities of daily living;
(e) Rest or period of relaxation or inactivity during the day, that meets the needs of the individual participants;
(f) Nutritional services or food provided or prepared in a central location in a center or by formal agreement with a third party; the activities performed and the resources utilized in the planning, processing, preparing, and serving of meals or snacks; nutritional education; and nutritional counseling; and
(g) In-facility respite care for a functionally impaired adult for the purpose of relieving the primary caregiver.
(h) The center shall conduct and document a count of all ADRD participants present in the center a minimum of every three hours throughout each day. The count must be reconciled against the participants’ attendance record to ensure participants are not missing. The center is responsible for the personal supervision of all participants to ensure the participants’ safety and welfare.
(2) To be licensed as an Adult Day Care Center, the following nutrition services shall be provided:
(a) Participants attending or in transit to the center for four or more hours daily shall be served a meal which provides at least one-third of the current Recommended Dietary Allowances (RDA), of the Food and Nutrition Board, National Academy of Sciences, National Research Council, adjusted for age, sex and activity. Modified diets, if required, shall meet these nutritional standards to the extent medically possible. Menus approved and provided by Title III-C of the Older Americans Act or the Adult Care Food Program of USDA shall be evidence of meeting the one-third of the RDA requirement.
(b) The dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences, and physical abilities of the participants and prepared by the use of standardized recipes. A copy of the Recommended Dietary Allowances interpreted by a daily food guide shall be available at no cost by writing to the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 or the local county public health unit.
(c) Participants in the center 3 hours before the noon meal or 2 hours after the noon meal must be provided a snack consisting of at least 2 servings from the following four food groups: milk, bread or bread alternate, meat or meat alternate, and vegetables or fruits.
(d) When food service is provided by the center, the following requirements shall be met:
1. The owner or operator or person designated by the owner or operator shall be responsible for the total food service and the day-to-day supervision of food services staff.
2. The designated person shall be responsible for: coordinating food services with other services; developing work assignments; purchasing food; and orienting, training and supervising food service employees.
3. The person designated by the owner or operator as responsible for food service shall perform their duties in a safe and sanitary manner, be knowledgeable of foods that meet regular diet requirements, participate in on-going orientation and training, and participate in biennial in-service provided by a Registered Dietitian.
4. Menus not approved by or meeting the requirements of Title III-C of the Older Americans Act or the Adult Care Food Program of USDA shall be reviewed by a Registered or Florida Licensed Dietitian or a Dietetic Technician supervised by a Registered or Florida Licensed Dietitian to ensure that the menus are commensurate with the current Recommended Dietary Allowances established by the Food and Nutrition Board National Research Council, adjusted for age, sex and activity. Documentation of review of the menus shall be maintained in the center files and shall include the signature and registration or license number of the reviewer and date reviewed. Menus shall be kept on file for one year and shall be accessible to participants and families of participants.
(e) In centers with 17 or more participants, all matters pertaining to food service shall comply with the provisions of Chapter 64E-11, F.A.C.
(f) In centers with 16 or less participants, the owner or operator shall ensure that food preparation is accomplished in a safe and sanitary manner in accordance with Rules 64E-11.002, Definitions; 64E-11.003,
Food Supplies; 64E-11.004, Food Protection; 64E-11.005, Personnel; and 64E-13.007, F.A.C. Sanitary Facilities and Controls; and that the following minimum conditions shall be met:

1. The floor surfaces in kitchens, all rooms and areas in which food is stored or prepared and in which utensils are washed or stored shall be of smooth nonabsorbent material and constructed so it can be easily cleaned and shall be washable up to the highest level reached by splash or spray.

2. The walls and ceilings of all food preparation, utensil washing and hand washing rooms or areas shall have smooth, easily cleanable surfaces. Walls shall be washable up to the highest level reached by splash or spray.

3. Hot and cold running water under pressure shall be easily accessible to all rooms where food is prepared or utensils are washed.

4. Hand washing facilities, provided with hot and cold running water, shall be located within the food preparation area in new adult day care facilities and adult day care facilities which are extensively altered.

5. Multi-use equipment and utensils shall be constructed and repaired with materials that are non-toxic, corrosion resistant and nonabsorbent; and shall be smooth, easily cleanable and durable under conditions of normal use; and shall not impart odors, color or taste nor contribute to the contamination of food.

6. All multi-use eating and drinking utensils shall be thoroughly cleansed with hot water and an effective detergent, then shall be rinsed free of such solution, then shall be sanitized as defined in Chapter 64E-11, F.A.C.

7. A three compartment sink or a two compartment sink and a dishwasher with an effective, automatic sanitizing cycle, shall be provided. Machine sanitization may be accomplished by the use of chemical solutions, hot water or hot air. After sanitizing, utensils shall be air dried and properly stored.

8. Refrigeration units and hot food storage units used for the storage of potentially hazardous foods shall be provided with a numerically scaled indicating thermometer accurate to plus or minus 3 degrees Fahrenheit. The thermometer shall be located in the warmest or coldest part of the units and of such type and so situated that the temperature can be easily and readily observed.

9. No live animals or fowl shall be kept or allowed in the kitchen or in the dining areas where food is being served, with the exception of dogs assisting persons with disabilities, which are permitted in the dining area.

(g) If food is catered from outside sources, the catered meals must be prepared in an approved food establishment. No warewashing may take place onsite. Catered food, once delivered to an adult day care facility, must be adequately protected. A copy of the formal contract between licensee and provider containing assurances that the provider will meet all food service and dietary standards should be kept on file.

(h) Duty Assignments for person responsible for food service shall be posted in the kitchen area in centers having five or more food service staff.


58A-6.010 Optional Supportive Services.

In addition to the minimum basic services, the center may choose to provide optional supportive services. If provided, such services must be administered by staff qualified to provide such services and within the criteria established by relevant Florida Statutes. The following are examples of such services:

(1) Health or social services such as assessment, counseling, treatment and referral.

(2) Speech therapy provided by or under the supervision of an individual licensed under Chapter 468, Part I, F.S., who has certification of clinical competence from American Speech and Hearing Association, and who has completed the equivalent education requirements and work experience necessary for certification, or who has completed the academic program and is acquiring supervised work experience to qualify for the certificate. Progress notes shall be maintained and must be written in the client’s record and signed by the speech therapist as services are provided.

(3) Physical therapy as an adjunct to treatment of persons with physical and mental limitations must be provided by, or under the supervision of, an individual who is a graduate of a program of physical therapy approved by both the Council on Medical Education of the American Medical Association and the American Therapy Association, or the equivalent, and licensed by the State. Progress notes shall be maintained and must be written in the client’s record and signed by the physical therapist as services are provided.

(4) Occupational therapy as an adjunct to treatment of persons with physical and mental limitations must be provided by, or under the supervision of, an individual who is registered by the American Occupational
Therapy Association; or a graduate of a program approved by the Council on Medical Education of the American Medical Association and engaged in the supplemental clinical experience required before registration by the American Occupational Therapy Association. Progress notes shall be written in the client’s record and signed by the occupational therapist as services are provided.

(5) Modified diets or diets based on the normal diet and designed to meet the requirements of a given situation such as altering individual nutrients, caloric values, consistency, flavor, techniques of service or preparation, content of specific foods, or a combination of these factors, may be provided as an optional service. When modified diets are provided, a physician’s written or documented oral order for each participant receiving a modified diet shall be on file. A menu including types and amounts of food to serve will be on file in the food service area. Diets shall be prepared and served as ordered by the physician.

(6) Adult day health care services for disabled adults or aged persons, provided the center complies with the following:

(a) Make services available for a minimum of 5 hours per day 5 days per week, excluding legal holidays as posted by the facility;

(b) Provide or coordinate, in addition to the basic services specified in Rule 58A-6.009, F.A.C., and optional services pursuant to subsections (1), (2), (3), (4) and (5), the following:

1. Medical screening emphasizing prevention and continuity of care which include routine blood pressure checks or blood glucose diabetic maintenance checks;

2. Nursing services including a configuration of services at different levels of intensity as determined by the nursing assessment, participant care plan, and physician’s orders. Services shall include:

   a. Health education and counseling including nutritional advice, liaison with the participant’s personal physician, and notification of physician as well as the caregiver or family of any changes in the participant’s health status;

   b. Coordination of the provision of other health services provided outside the center;

   c. Supervision of health services provided by program aides.

3. Social services including counseling for participants families and caregivers; compilation of a social history and psychosocial assessment of formal and informal support systems, mental and emotional status, caregiver data, and information on planning for discharge; and referral for persons not appropriate for adult day care.

4. Additional medical services such as dental, ophthalmology, optometric, hearing aid, or laboratory services.

5. Transportation to and from the adult day health care services.

(c) In addition to the minimum staffing required in Chapter 58A-6, F.A.C., provide the following staff:

1. The operator shall have a minimum of a Bachelor’s degree in a health or social services or related field with one year of supervisory experience in a social or health service setting or hold a registered nurse license with one year of supervisory experience or have 5 years of supervisory experience in a social or health service setting.

2. A registered nurse (RN) or licensed practical nurse (LPN) shall be on site during the primary hours of program operation and on call during all hours the center is open. Arrangements shall be formalized for obtaining the services of an LPN or RN in anticipation of potential absences, planned and unplanned, of the regular nursing staff. All LPNs must be supervised in accordance with Chapter 464, F.S.

3. A social worker with a minimum of a Bachelor’s degree in social work or a case worker with a minimum of a Bachelor’s degree in sociology, psychology, or nursing, or gerontology or a Bachelor’s degree with at least 2 years of experience in a human service field. Services provided by program aides in this service area must be provided under the direct supervision of a social worker or of a case manager who meets or exceeds these standards (e.g., a Master’s degree in a related field).

4. An activity director or a Recreational Therapist with a Bachelor’s degree in a social or health service field or an activity coordinator with a Bachelor’s degree or an Associate’s degree in a related field plus 2 years of experience or 5 years experience in a long term care or health-related field. All services provided by program aides must be provided under the direct supervision of the activity coordinator, owner or operator, director or recreation therapist. The certified recreation therapist may be retained as a consultant.

(d) Documentation of services provided under this section must be in the participant’s files. Participant care plans must be reviewed at least quarterly by a multidisciplinary team. At a minimum, narrative nursing, social work, and activity notes must be entered in the participant’s record quarterly indicating the participant’s progress toward achieving health goals. More frequent notes are required if indicated by the participant’s condition.
(e) Centers providing adult day care or adult day health care services to Medicaid clients through a Medicaid waiver must also comply with the following:
1. Be enrolled as a Medicaid provider through the Agency for Health Care Administration’s Medicaid office.
2. Have a current authorization for services from an enrolled Medicaid waiver case manager. Case managers in a specific waiver program will authorize ADHC services for enrolled waiver recipients. Those ADHC providers must also be enrolled in the same waiver as those for whom services are authorized.
3. Comply with all provisions of the program and Medicaid waiver requirements.

Rulemaking Authority 429.929 FS. Law Implemented 429.929 FS. History–New 7-8-81, Formerly 10A-6.10, 10A-6.010, 59A-16.010, Amended 11-9-95, 3-29-98. 11 58A-6 August 2012

(1) The owner or operator shall establish, maintain and make available and ready for immediate use to the AHCA, complete and accurate social, medical and fiscal records which fully disclose the extent of services to be maintained by the center and for the periods of time required by State and Federal law.
(2) The Participant File shall include a Participant Data Sheet which shall be completed for each participant within forty-five days prior to or twenty-four hours after admission to the center and which shall include:
(a) Full name, birthday, address;
(b) Date admitted as a participant and services to be provided;
(c) Social security number;
(d) Next of kin, address and phone number;
(e) Guardian or responsible person and address and phone number. Responsible Person shall mean any person who has assumed the responsibility to manage the affairs and protect the rights of any participant of the center. The responsible person is not a legal entity, but may be a caregiver or friend and shall in no case be affiliated with the facility, its operations, or its personnel, unless so ordered by the court;
(f) Medicaid and Medicare identification and other health insurance numbers;
(g) Emergency contact person, home or office address and phone numbers;
(h) Name and telephone number of attending physician to be contacted when there appears to be significant deviation from normal appearance or state of well-being of a participant; and physician’s or hospital discharge statement no older than forty-five days indicating prescribed medications and dosage and updated as changes are made by physicians or, until a statement is received, a dated and signed statement by the participant or guardian or responsible person stating that specific medication may be given as ordered by the attending physician; notation of physical and emotional conditions requiring care and of medications administered; diet and mobility restrictions; and a statement that the participant is free from tuberculosis in a communicable form;
(i) The Participant File shall be updated when there is a significant change in the participant, or at least quarterly;
(j) A current photograph of each ADRD participant that is no more than seven months old or that accurately depicts the participant’s current appearance.
(k) The owner or operator or staff designated by the owner or operator shall review and approve each participant care plan.
(3) The operator shall be responsible for the recording, reporting and availability of participant data or those records required for each center participant and program data or those records required for services made available to and provided to participants by the adult day care center which shall include:
(a) Number of participants enrolled to current date;
(b) Average daily attendance as defined in this rule chapter, based upon attendance through the end of the preceding month;
(c) Hours of travel time current through the previous month, if the transportation, as defined in this rule chapter, is provided or arranged by the center. Hours of daily attendance shall include exclude transportation time to and from the center; unless the transportation is being provided or paid for by an outside source. If transportation is being provided by the center or being paid for by the center, daily attendance shall include the time to and from the center.
(d) Business hours of operation shall be posted in a conspicuous place. Business hours shall mean a time period established by the center, as defined in its policies, and shall be no less than five hours per day on week days of center operation and may include a reduced schedule of weekend hours.
(4) Documentation shall be made of services, medication and special diets provided or administered and shall be kept current in the participant’s record. Documentation shall mean a written, signed and dated notati
(5) A record shall be kept of staff assignments.
(6) If the center accepts fee-for-service participants, there shall be a signed agreement documenting the amount of fee, hours and days of attendance, services to be provided, and frequency of payment. This agreement shall be signed by the center owner or operator or designee, the participant or responsible person, recorded in the participant’s record. Financial records shall be maintained and current through the last payment period.
(7) A written record shall be kept of major incidents affecting participants, employees, volunteers or the program of the center.
(8) Major incidents, as defined in this rule chapter shall be reported to the AHCA immediately. Reports shall be made by the individual having first-hand knowledge of the incident and performing functions and responsibilities as an authorized agency and may include paid, emergency and temporary staff, volunteers and student interns.
(9) In case of emergency, such as acute illness, if family or responsible person cannot be reached, a signed release shall be on file stating that the participant may be sent to the nearest hospital emergency room for treatment.
(10) Pursuant to Section 429.929(1)(g), F.S., as a part of the licensure process, each center shall develop and follow a written Comprehensive Emergency Management Plan for emergency care during an internal or external disaster in accordance with Emergency Management Planning Criteria for Adult Day Care Facilities, dated July 2001, incorporated by reference.
(a) The Emergency Management Plan shall include the following:
1. Provisions for both internal and external disasters and emergencies which could include hurricanes, tornadoes, fires, power outages, floods, bomb threats, acts of terrorism, bio-terrorism, hazardous materials and nuclear disasters.
2. Provisions for care and services to participants during the emergency including pre-disaster or preparation, notification of family members or responsible parties, securing the center, supplies, staffing and emergency equipment.
3. Provisions for care and services to participants who must remain in the center and who must evacuate during the emergency including emergency evacuation transportation.
4. Identification of staff position responsible for implementing each aspect of the plan.
5. Identification of and coordination with designated agencies including Red Cross and the county emergency management office.
6. Post-disaster activities including responding to family inquiries, obtaining necessary emergency medical attention or intervention for participants, transportation and re-entry to the center.
(b) The plan shall be available for immediate access by center staff.
(c) The initial Plan shall be reviewed by the local Emergency Management Agency to ensure compliance with the Emergency Management Planning Criteria for Adult Day Care Facilities, dated July 2001.
(d) The county emergency management agency has 60 days in which to review and determine if the plan satisfies the Emergency Management Planning Criteria or advise the center of necessary revisions. Any revisions must be made and resubmitted to the county emergency management agency within 30 days of receiving notification from the county agency the plan must be revised.
(e) The center shall review and update its Plan on an annual basis. The Plan shall be submitted annually, or more often if needed, to the local Emergency Management Agency.
(11) Fire safety protection shall be governed by the local fire code applicable to day care centers. In areas where no local fire code applies, the standards contained in Chapter 69A-40, F.A.C., Uniform Fire Safety Standards for Assisted Living Facilities, may be used to determine compliance with fire safety standards. In every instance, a center shall comply with local and state standards before a license may be issued.
(a) A fire evacuation drill shall be conducted once a month for the center staff and once every three months for participants;
(b) A written record of each fire drill, indicating the date, hour and general description of each drill, the extent of staff involvement, and the name of the person in charge shall be maintained and available for review;
(c) Evacuation routes shall be posted conspicuously in the center.
58A-6.012 Fiscal Standards.
(1) The center shall establish and maintain a record of all funds held in trust, if any, and the participant funds shall be kept separate from the center funds. Such funds shall be used or expended only at the request of the participant, the participant’s representative, designee, surrogate, guardian, or attorney-in-fact, if applicable.
(2) The center shall furnish at least annually, a complete verified statement of such funds or property to the participant or to the guardian or responsible person, detailing the amount and items received with sources and disposition. Such a report also shall be made at termination or transfer from the center.
(3) Any agency, governmental or private, contributing funds or property to the account of a participant, shall, upon request, be entitled to receive such a statement annually and upon termination or transfer.
(4) Centers shall maintain liability insurance coverage in force at all times. On the renewal date of the center’s policy or whenever a center changes policies, the center shall file documentation with the AHCA, ADC Program, 2727 Mahan Drive, Tallahassee, FL 32308. Such documentation shall be issued by the insurance company, shall include the name of the center, dates of coverage and shall meet the criteria of this chapter.

(1) The center shall provide adequate, safe and sanitary facilities appropriate for the services provided by the center and for the needs of the participants. All centers receiving federal funds shall meet regulations for access to the handicapped in compliance with Americans With Disabilities Act of 1990.
(2) The participant capacity shall be determined by the total amount of net floor space available for all of the participants. Centers licensed prior to the effective date of this rule shall provide 30 square feet of net floor area per participant. For centers initially licensed after November 9, 1995, there shall be not less than 45 square feet of net floor area per participant. Centers shall be required to provide additional floor space for special target populations to accommodate activities required by participant care plans.
(3) Facilities exempt pursuant to Section 429.905, F.S., shall utilize separate space over and above the minimum requirement needed to meet their own licensure certification approval requirements. Only congregate space shall be included in determining minimum space. For purposes of this rule, congregate space shall mean climatically controlled living room, dining room, specialized activity rooms, or other rooms to be commonly used by all participants.
(4) The center shall have available and shall make accessible to the AHCA written policies and procedures for the cleaning of the physical plant and equipment and for its maintenance.
(5) Center facilities shall consist of, but not be limited to, the following:
   (a) Bathrooms;
   (b) Dining areas;
   (c) Kitchen areas;
   (d) Rest areas;
   (e) Recreation and leisure time areas.
(6) A private area shall be available for the provision of first aid, special care and counseling services when provided, or as necessary for other services required by participants. This area shall be appropriately furnished and equipped.
(7) Each participant shall be provided with adequately padded, clean, comfortable seating, with support meeting the needs of each participant. Rest areas shall be provided for at least one-fourth of the participants who are present for four or more hours a day or additional as needed by the participants:
   (a) Bed and mattress, or
   (b) Recliner, or
   (c) Sofa, or
   (d) Chair with back and arm support.
(8) Bathrooms shall be ventilated and have hot and cold running water, supplying hot water at a minimum of 105 degrees Fahrenheit and a maximum of 115 degrees Fahrenheit. Facilities licensed prior to the effective date of this rule are exempt from the requirement for hot running water only.
(9) Recreation and leisure time areas shall be provided where a participant may read, engage in socialization or other leisure time activities. The recreation areas also may be utilized for dining areas.

(10) All areas used by participants shall be suitably lighted and ventilated and maintained at a minimal inside temperature of 72 degrees F. when outside temperatures are 65 degrees F. or below, and all areas used by participants must not exceed 90 degrees F. Mechanical cooling devices must be provided when indoor temperatures exceed 84 degrees F. The facility shall have a thermometer which accurately identifies the temperature.

(11) The kitchen or food preparation areas shall comply with subsection 58A-6.009(2), F.A.C.

(12) Medicines, cleaning supplies, flammables and other potentially poisonous or dangerous supplies shall be stored out of the participant’s reach, and in such manner as to ensure the safety of participants.

(a) No prescription drug shall be brought into the center unless it has been legally dispensed and labeled by a licensed pharmacist for the person for whom it is prescribed.

(b) Participants who can self-administer medications may bring and be responsible for their own medications.

(c) Medications shall be centrally stored when:
1. The preservation of medicines requires refrigeration;
2. Medication is determined, and documented by the physician, to be hazardous if kept in the personal possession of the person for whom it was prescribed;
3. Because of physical arrangements and the conditions or habits of other persons in the center, the medications are determined by the operator or physician to be a safety hazard to others.

(d) Centrally stored medications shall be:
1. Kept in a locked cabinet or container; and refrigerated, if required;
2. Accessible only to the authorized staff responsible for distribution of medication;
3. Located in an area free from dampness and abnormal temperatures.

(e) Each container of medication shall be labeled according to state law, and shall include the name of the person for whom it is prescribed, the name of the drug, and instructions for use.

(f) No person other than the dispensing pharmacist shall:
1. Alter the prescription label;
2. Transfer medication from one storage container to another.

(g) Prescription medications which are not taken with the person upon discharge shall be destroyed or disposed of by the center operator or designee in the presence of one other staff member. If the disposal is to be transported to an authorized location, such as the police, sheriff or pharmacy, a written verification shall be obtained from that entity and kept on file to verify the medication has been relinquished to their possession. Both shall verify in the participant’s record, listing the prescription number, the name of the pharmacy, the drug name, strength and quantity destroyed and the date destroyed. Such records shall be maintained by the center for at least three years.

(h) There shall be a staff person available at all times who has access to and is responsible for distribution of centrally stored medications.

(i) The container of centrally stored medication shall be given to the person for whom it is prescribed, at the time indicated by the prescription, for the participant to take as prescribed.

(j) In no instance shall a medication prescribed for one person be taken by any other person.

(k) In no instance shall medication, be administered by a person other than one licensed, according to Florida law, to administer medication including a physician, a dentist, a nurse, or a physician’s assistant.

(l) 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.

1. A stock supply of OTC products for multiple participant use is not permitted in any center.
2. OTC products, including those prescribed by a licensed health care provider, must be labeled with the participant’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.
3. Participants or their representatives may purchase OTC products from an establishment of their choice.

(13) Centers that provide their own laundry services shall have a sufficient area and the appropriate equipment for the laundry to be processed by the center.

(14) Furniture to be used by participants shall be sturdy, clean, comfortable and in good repair designed for participant use.
(15) Every center shall be maintained for the comfort and safety of the participant. Centers providing their own maintenance shall have an effective written maintenance plan which will assure preventive maintenance as well as immediate attention to and correction of hazardous or potentially hazardous conditions. The plan shall provide for:
(a) Keeping the building in good repair and free of hazards such as cracks in floors, walls, or ceiling; warped or loose boards, tile, linoleum, handrails or railings, broken window panes, and any similar hazards.
(b) Keeping all heating, air conditioning, electrical, mechanical, water supply, fire protection and sewage disposal systems in a safe and functioning condition. Electrical wiring cords and appliances shall be maintained in a safe condition. Emergency generators, where existing, shall be tested monthly.
(c) Keeping all plumbing fixtures in good repair, properly functioning and satisfactorily provided with protection to prevent contamination from entering the water supply.
(d) Painting the interior and exterior of the building as needed to keep it reasonably attractive. Loose, cracked or peeling wallpaper or paint shall be promptly replaced or repaired to provide a satisfactory finish.
(e) Keeping all furniture and furnishings clean and in good repair.
(f) Keeping the grounds and buildings in a safe, sanitary and presentable condition. Grounds and buildings shall be kept free from refuse, litter, and insect and rodent breeding areas.

(16) A space use change that increases or decreases the center’s participant capacity shall not be made without prior approval from the AHCA central office, which shall ensure that such space use change would not place a center out of compliance with standards contained in this chapter.


58A-6.014 Administrative Enforcement.
Rulemaking Authority 429.929 FS. Law Implemented 429.929 FS. History – New 11-9-95, Amended 3-29-98, Repealed 11-29-11.

58A-6.015 Adult Day Care Center Employee Training Requirements.
(1) Each adult day care center licensed under Part III of Chapter 429, Florida Statutes, shall provide that adult day care center employees receive the following training.
(a) Completion of the required initial one hour of training after June 30, 2004, shall satisfy the requirement referenced in subsection 429.917(1)(b), F.S. Initial one-hour training shall address the following subject areas:
1. Understanding Alzheimer’s Disease and Related Disorders;
2. Characteristics of Alzheimer’s Disease and Related Disorders; and
3. Communicating with participants with Alzheimer’s Disease or Related Disorders.
(b) Completion of the required three hours of training after June 30, 2004, shall satisfy the requirement referenced in subsection 429.917(1)(c), F.S. The three hours of training must address the following subject areas as they apply to Alzheimer’s Disease and Related Disorders:
1. Behavior management;
2. Assistance with activities of daily life to promote the patient’s independence;
3. Activities for participants;
4. Stress management for the caregiver;
5. Family issues;
6. Participant environment; and
7. Ethical issues.
(c) A detailed description of the subject areas that shall be included in a curriculum which meets the requirements of paragraphs (a) and (b) of this subsection can be found in the document Training Guidelines for the Special Care of Adult Day Care Center Participants with Alzheimer’s Disease or Related Disorders, September 2003, incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.
(d) Persons who seek to provide Alzheimer’s Disease or Related Disorders training in accordance with this subsection shall provide the Department of Elder Affairs or its designee documentation that they hold a Bachelor’s degree in a health-care, human service, or gerontology related field from an accredited college or university or hold a license as a registered nurse, and:
1. Possess teaching or training experience as an educator of care givers for persons with Alzheimer’s Disease or Related Disorders; or
2. Have one year of practical experience in a program providing care to persons with Alzheimer’s Disease or Related Disorders; or
3. Have completed a specialized training program in Alzheimer’s Disease or Related Disorders from a university or an accredited health care or human service or gerontology continuing education provider.

With reference to requirements in paragraph (d), years of teaching experience or training as an educator of caregivers for persons with Alzheimer’s Disease or Related Disorders may substitute on a year-by-year basis for the required Bachelor’s degree. A Master’s degree from an accredited college or university in a subject related to health-care, human service, or gerontology can substitute for the teaching or training experience referenced in paragraph (d).

(2) An adult day care center employee who has successfully completed training and continuing education consistent with the requirements of Section 429.178, F.S., or completed training consistent with the requirements of Section 400.1755 or 400.6045, F.S., shall be considered as having met the training requirements of this rule.

(3) All training required by this rule and Section 429.917, F.S., must be completed only once for each applicable employee.

58A-6.0151 Specialized Alzheimer’s Adult Day Care Center Employee Training Requirements.

(1) Center staff hired on or after July 1, 2012, who have direct contact with or provide direct care to participants with ADRD, must obtain the 4-hours of ADRD training pursuant to Rule 58A-6.015(1)(a) and (b) F.A.C., within 3 months of employment.

(2) Center staff hired on or after July 1, 2012, who provide direct care to residents with ADRD must obtain within 6 months of employment an additional 4-hours of dementia-specific training approved by the Department of Elder Affairs. Completion of the required 4-hours of training must address the following subject areas as they apply to Alzheimer’s Disease and Related Disorders:

a. Understanding Brain Disease
b. Normal Brain Functions and Normal Aging
c. Understanding Treatable and Irreversible Dementia
d. Mental Status Tests
e. Communication and the Effects of Damage to Brain Cells
f. Influences on Behavior and Brain Deterioration
g. Interventions
h. Physical Causes and Pain Indications
i. Common ADRD Medications & Side Effects
j. Malnutrition & Dehydration
k. Activities of Daily Living - A Purposeful Life; Routines and Schedules
l. Validation Therapy
m. Safety - New and Proven Technologies
n. Caregiver Stress Management - Physical, Emotional, and Financial; Burden Tests

(3) Direct care center staff shall participate in four hours of continuing education annually in ADRD-related topics.

Rulemaking Authority 429.917(1) FS. Law Implemented 429.917(1) FS. History–New 1-1-04.

58A-6.016 Adult Day Care Center Training Provider and Curriculum Approval.

(1) Persons seeking approval as an Alzheimer’s Disease or Related Disorders training provider shall complete DOE form ADC/ADRD-001, Application for Alzheimer’s Disease or Related Disorders Training Provider Certification, dated September 2003, which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. Persons seeking to obtain approval of the Alzheimer’s Disease or Related Disorder curriculum shall complete DOE form ADC/ADRD-002, Application for Alzheimer’s Disease or Related Disorders Training Three-Year Curriculum Certification, dated September 2003, which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. Approval must be obtained from the Department or its designee for the training provider and the training curriculum prior to commencing training activities. Approval of the training curriculum shall be granted for 3 years, whereupon the training curriculum must be re-submitted to the Department or its designee for re-approval.

(2) Persons seeking to obtain approval of the Specialized Alzheimer’s Adult Day Care Alzheimer’s Disease or Related Disorders curriculum shall complete DOE form SAADC/ADRD-003, Application for
Specialized Alzheimer’s Adult Day Care Three-Year Curriculum Certification, dated April 2014. Approval of the Specialized Alzheimer’s training curriculum shall be granted for 3 years, whereupon the training curriculum must be re-submitted to the Department or its designee for re-approval.

(32) Upon receipt of the training provider’s or the training curriculum application, the Department or its designee shall respond in writing within 30 calendar days in one of the following three ways:
(a) Notify the applicant that the application is approved or not approved. If an application is not approved, the Department or its designee shall respond in writing indicating the reasons for not approving the application and information or documentation needed for approval;
(b) Request additional information from the applicant in order to make a determination. Requested information omitted from an application shall be filed with the Department or its designee within 90 days of the Department’s or its designee’s request for omitted information, or the application shall be deemed incomplete, and shall be withdrawn from further consideration. Once the additional information has been received by the Department or its designee the Department or its designee will have 30 calendar days to make a determination; or
(c) Notify the applicant that an additional 30 calendar days is needed to review the application and make a determination. Upon notice of approval from the Department or its designee, the applicant may be identified as an approved training provider or as having an approved training curriculum as indicated by the Department or its designee. The Department or its designee shall maintain a list of approved training providers and training curriculum and provide a list of approved training providers to all interested parties upon request.

(43) Upon successful completion of training, the trainee shall be issued a certificate by the approved training provider. The certificate shall include the title of the training and the Department of Elder Affairs curriculum approval number, the number of hours of training, the participant’s name, dates of attendance, location, the training provider’s name and the Department of Elder Affairs training provider’s approval number, and dated signature. The training provider’s signature on the certificate shall serve as documentation that the training provider has verified that the trainee has completed the required training pursuant to Section 429.917, F.S., and Rule 58A-6.015, F.A.C.

(54) The Department reserves the right to attend and monitor training courses, review records and course materials approved pursuant to this rule, and revoke approved training provider status on the basis of non-adherence to approved curricula, the provider’s failure to maintain required training credentials, or circumstances in which the provider is found to knowingly disseminate any false or misleading information.

(65) Training providers and training curricula which are approved consistent with the provisions of Sections 429.178, 400.1755 and 400.6045, F.S., shall be considered as having met the requirements of this rule.

(76) Certificates or copies of certificates of any training required by this rule shall be documented in the facility’s personnel files.

Rulemaking Authority 429.917(1) FS. Law Implemented 429.917(1) FS. History–New 1-1-04.