



## APPLICATION INFORMATION AND INSTRUCTIONS

Dear Assisted Living Facility Applicant:

Attached please find information for applying for an assisted living facility (ALF) license. Enclosed are copies of :

- Part II, Chapter 408, Florida Statutes, (F.S.),
- Part I, Chapter 429, F.S., and,
- Rule Chapter 58A-5, Florida Administrative Code (F.A.C.),
- Assisted Living Facility Application Package (including Health Care Licensing Application and Addendum),
- Background Screening Package.

Additional information on ALF law and regulation may be obtained from the Department of Elder Affairs' web site at [www.elderaffairs.state.fl.us](http://www.elderaffairs.state.fl.us) . Pursuant Chapter 429.52(1) and (9) assisted living facility administrator training is required and only those individuals registered by the Department of Elder Affairs are qualified to provide the training. To obtain a list of approved trainers, select "ALF Training Providers & Test Fees" from the above link.

All forms must be accurately completed before an application can be processed and a survey of your facility scheduled. Fees for the license and conducting background screening must be submitted with the application. Payment must be in the form of a check or money order made payable to the State of Florida. Incomplete forms or forms received without the fees attached will be returned.

When the application is complete you will be contacted by the Agency for Health Care Administration Field Office to schedule a survey of your facility. During the survey, agency staff will inspect your facility to make sure you meet the requirements of ALF law and rule. Failure to be present at your facility at the scheduled survey date and time will result in your application being denied. You must start the licensing process over and pay another fee.

Please be advised that a fraudulent statement or omission of any material fact on the license application or any other document required by the Agency for Health Care Administration (Agency) may result in license denial. See § 408.815 (1)(a)F.S.

The following information and instructions are to assist you in understanding the forms as well as requirements for you to obtain an ALF license and begin operation of your facility.

## **1. HEALTH CARE LICENSING APPLICATION**

Please complete the enclosed Health Care Licensing Application to comply with the reporting requirements pursuant to Chapter 408, Part II, F.S.

Section 1. – Provider Information. Provide the type, name and street address as it will appear on the license.

Section 2. – Controlling Interests of Licensee. In each section provide information regarding individuals, board members/officers and voluntary board members and officers of licensee.

Section 3. – Management Company Controlling Interests. In each section provide information regarding individuals, board members or voluntary board members if a company other than the licensee manages the licensee/provider.

Please complete and submit the enclosed Voluntary Board Member Affidavit for each of your voluntary members to comply with the reporting requirements pursuant to Chapter 408, Part II, F.S. to this Agency.

Section 4. – Provider Fines and Financial Information. Complete this section regarding outstanding fines.

Section 5. – Affidavit. The Health Care Licensing Application must be notarized.

## **2. HEALTH CARE LICENSING APPLICATION ADDENDUM**

Please complete the enclosed Health Care Licensing Application Addendum to comply with the reporting requirements pursuant to Chapter 408, Part II, F.S.

1. Provider Information. Provide the type, name and street address as it will appear on the license.

Section 2. – Controlling Interests of Licensee. These sections are specific to persons and board members with 5% or greater ownership interest in the licensee/provider.

Section 3. – Management Company Controlling Interests. These sections are specific to individuals or board members with 5% or greater ownership interest in the management company if a company other than the licensee manages the licensee/provider.

Section 4. – Affidavit. The Health Care Licensing Application Addendum must be notarized.

## **3. Assisted Living Facilities Application, AHCA Form 3110-1008.**

Section I - FACILITY INFORMATION. Provide the name and street address of the facility that will appear on the license. Provide the mailing address if different from the street address. If

you are changing your facility's name check the appropriate box and list the facility's current name as it now appears on the license.

**Section II - TYPE OF APPLICATION & LICENSE.** Check all appropriate boxes for each type of action you are requesting.

**Section III - LICENSE & BED FEES.** Compute the amount of the license and bed fees to be included with the completed application. License fees are non-refundable and must accompany the application. Be sure to designate the number of OSS beds and private pay beds, as well as the total number of beds. See attached schedule for current fees.

**Section IV - SPECIALTY LICENSES.** This section is to provide information regarding application for a specialty license (i.e., LMH, LNS, ECC). All applicants for specialty licenses must concurrently apply for or hold a Standard license. Applicants for an LNS or ECC license must not have been subject to certain administrative sanctions during the previous 2 years or since initial licensure if licensed for less than 2 years.

See § 429.07, F.S. Applicants for a LMH license must not have any current uncorrected violations or deficiencies. See § 429.075, F.S.

**Section V - INCREASE/DECREASE IN BED CAPACITY.** This section is to be completed only when a licensed facility is requesting an increase or decrease in the number of beds. Information on additional bed fees accompanying a bed increase in a facility with a Standard and/or LNS license can be found in Section III.

**Section VI – APPLICANT/OWNER INFORMATION.** Specify if the facility is owned by an individual or individuals, limited partnership, general partnership, corporation, or other arrangement. Corporations and limited partnerships may attach a current Certificate of Status from the Florida Secretary of State, Division of Corporations. Information on whether the facility property is leased or rented and the management of the facility is also requested. Certain information must be provided for each individual owner; member of a firm, partnership, or association; officer, director, and 5% or greater owner of a corporation; and financial officer. You must also list all affiliations through ownership or employment within the last 5 years with other facilities or entities to provide health or residential care, and adverse actions against those facilities or entities; ownership interest in any professional service, firm, association, partnership, or corporation providing goods, leases, or services to the facility; Medicare or Medicaid terminations, suspensions, or exclusions; disqualifying background screening convictions; and references. Make as many copies of this section as necessary and submit with the completed application.

**Section VII – ADMINISTRATOR INFORMATION.** This section refers to the facility's administrator.

**Section VIII – SURETY BOND.** An owner, administrator or staff member who serves as a representative payee or attorney-in-fact for residents must maintain a surety bond, a copy of which must be attached to the application. Upon the annual issuance of a new bond or

continuation bond the facility must file a copy with the Agency's central office in Tallahassee. See § 429.27(2), F.S., and rule 58A-5.021(6), F.A.C., regarding surety bond amounts.

**Note:** Representative payee is an individual or entity who receives payments on behalf of a resident (i.e. social security benefits, supplemental social security or optional state supplementation). A resident must give consent for an owner, administrator or facility representative to act as their representative payee or power of attorney.

Section IX – CONTINUING CARE AGREEMENTS. If the facility is part of a continuing care retirement community (CCRC), a copy of the Certificate of Authority issued pursuant to Chapter 651, F.S., must be submitted with this application. The Certificate of Authority may be used in lieu of the assets and liabilities statement and statement of operations.

Section X - AFFIDAVIT. The application must be signed and notarized. When completing this section be sure to list your title (owner, administrator, corporate officer, or authorized agent designated by the owner or corporate officer). Failure to complete this section properly will result in the application being returned, and may result in additional fines or penalties, as appropriate.

**4. ALF Licensure Application Addendum, AHCA Form 3110-1016.**

The Agency for Health Care Administration is required to obtain your social security number pursuant to section 429.11(1)(c)Florida Statutes. Disclosure of your social security number is mandatory. Your social security number will be used to secure the proper identification of persons listed on this application for licensure.

If the applicant is a corporation, please enter the name and social security number (SSN) for each officer, director, and person having at least a 5 percent or greater ownership interest; enter the name and SSN for each member of a firm, partnership, or association; enter the name and SSN for each individual owner, administrator, and person having responsibility for the facility's financial operation.

**5. Change of Ownership/Incorporation.**

Any proposed change of ownership during the period covered by a license will require the new owners to file a new application. Owners cannot be added nor can individual or partners incorporate without submitting a new application. Failure to do so will result in a fine and referral to the state attorney in the buyer's circuit. An application must be completed and submitted to the Agency at least 60 days prior to the actual change of ownership. See §408.807, F.S., 429.12, F.S., and rule 58A-5.014(2), F.A.C.

**6. Assets & Liabilities, AHCA Form 3180-1003.**

This form is to show the total amount of the applicant's assets, liabilities and equities. Financial ability to operate your facility both now and in the future must be demonstrated. Total assets must equal total liabilities and equity. Additional instructions can be found on the form.

**7. Statement of Operations, AHCA Form 3180-1002.**

This is a projection of expected income and expenditures. Be sure to use the correct OSS payment amount if you intend to accept OSS residents. Contact your local Department of Children & Families, Economic Self-Sufficiency Office for information on the Optional State Supplementation program. Columns should total across and down. Project the number of residents you will have and how long it will take to reach your allowed capacity. There are additional instructions on the back of the form.

**8. Certificate of Authority.**

If the ALF will be part of a CCRC licensed under chapter 651, a copy of its Certificate of Authority must be attached. This form may substitute for the Assets & Liabilities Form (#7 above) and Statement of Operations Form (#8 above). For more information contact the Florida Department of Financial Services, Specialty Insurers, 200 East Gaines Street, Larson Bldg., Tallahassee, FL 32399-0300; Telephone (850) 413-3144.

**9. Liability Insurance.**

Proof of current business liability insurance coverage for the operation of the ALF must be submitted and kept in force by the facility. See §408.810(7), F. S., 429.275(3), F.S., and rule 58A-5.021(8), F.A.C. A certificate of insurance form from your agent or a copy of the policy declaration page, with dates of coverage, is acceptable; binders are not acceptable. Insurance documentation must include the name and street address of the facility, that it is an assisted living facility, its licensed capacity, and the dates of coverage. At the time of renewal or whenever a facility changes policies, documentation of continued coverage must be filed with the Agency for Health Care Administration (Agency).

**10. Local Zoning, AHCA Form 3180-1021.**

Local Zoning Form, AHCA Form 3180-1021, must be completed to demonstrate compliance with local zoning requirements. This form must also be completed if the applicant is requesting a licensed resident capacity increase. In lieu of Local Zoning Form, AHCA Form 3180-1021, the applicant may submit a letter from the local zoning authority, signed by the county zoning official, which states that the applicant is in compliance with local zoning requirements. This statement should state the maximum number of residents allowed in the facility or contain a statement that they leave the capacity determination to the Agency. See Chapter 58A-5.014(1)(a)6, F.A.C.

**11. Community Residential Home.**

An applicant requesting a licensed capacity of 1 – 14 residents located in an area zoned community residential, single-family or multi-family must contact the Agency for Health Care Administration, Agency for Persons with Disabilities and the Department of Children and Families for a list of Community Residential Homes located within 1,000 feet of a proposed

home for 1 to 6 residents and within 1, 200 feet for a proposed home of 7 to 14 residents. The zoning requirements are included in this package for your use.

Please visit Florida Health Stat at: [www.floridahealthfinder.com](http://www.floridahealthfinder.com) to find information about homes licensed by the Agency for Health Care Administration.

The provider must contact the Department of Children & Families licensing unit in which the proposed site is to be located. From that licensing unit the provider will obtain a list of all community residential homes licensed by DCF in the area of zoning jurisdiction. To locate the licensing unit, please go to the DCF website at: <http://www.dcf.state.fl.us/admin/dcfcontacts.shtml> and select **County** . Call the main telephone number for the region/circuit office and ask for the licensing unit.

The provider must contact the Agency for Persons with Disabilities, in the district in which the home is located, and obtain a list of all Community residential homes licensed by that agency. Please go to the APD website at: <http://apd.myflorida.com/area/> to locate staff in the appropriate district.

## **12. Proof of Right to Occupy the Property.**

For initial and change of ownership applications, provide proof of ownership or other proof of your legal right to occupy the property. This proof can include a copy of the recorded warranty deed, lease or rental agreement, contract for deed, quitclaim deed, or other such documentation.

NOTE: A change of ownership application must be filed at least 60 days prior to the actual date of transfer. Therefore, proof of ownership will not be expected until 60 days after a change of ownership application has been received by the Agency.

## **13. Fire Safety Inspection.**

For an initial application, the applicant must submit proof of a satisfactory fire safety inspection by the local fire safety authority. Proof of a satisfactory inspection must be submitted to the AHCA central office in Tallahassee before an on-site survey can be scheduled with the local agency office. See § 429.41(1)(a), F.S., and chapter 69A-40, F.A.C., for ALF fire code standards.

## **14. Department of Health Sanitation/Food Hygiene Inspection.**

For an initial application, a copy of the Residential Group Care Inspection Report, DH Form 4029 (September 2005), demonstrating compliance with state sanitation/food hygiene standards must be submitted with the completed application. See Department of Health's rule chapter 64E-12. To obtain an inspection, the applicant must submit a written request to the local county health department. Please note that some county health departments may charge a fee for this service. For more information on the Department of Health, including a list of local county health departments, areas of jurisdiction, and copies of applicable rules visit the Department's web site at [www.doh.state.fl.us](http://www.doh.state.fl.us) .

Facilities with 25 or more residents must also submit Food Service Inspection Report, DH Form 4023 (January 2005). For information on the Department of Health's food hygiene standards see the department's rule chapter 64E-11.

Private residences with septic tanks should have their septic systems inspected by the health department prior to applying for a license. Some private septic systems require expensive capacity conversions.

**15. Background Screening.**

Owners, administrators, fiscal officers, and certain employees must submit to background screening. Refer to the attached ALF background screening forms and instructions package for detailed information regarding screening requirements and instructions on completing the forms.

**16. Surety Bond.**

An owner, administrator or staff member who serves as a representative payee or attorney-in-fact for residents must maintain a surety bond, a copy of which must be attached to the application. Upon the annual issuance of a new bond or continuation bond the facility must file a copy with the Agency's central office in Tallahassee. See § 429.27(2), F.S., and rule 58A-5.021(6), F.A.C., regarding surety bond amounts.

**Note:** Representative payee is an individual or entity who receives payments on behalf of a resident (i.e. social security benefits, supplemental social security or optional state supplementation). A resident must give consent for an owner, administrator or facility representative to act as their representative payee or power of attorney.

**17. Facility Floor Plan.**

A copy of the facility floor plan indicating those areas to be licensed as an ALF must be submitted with the application. Those areas that will be licensed for ECC residents must be designated separately if the entire ALF is not going to be licensed as an ECC facility. The floor plan may be on 8½" x 11" paper, not drawn to scale. Do not send blueprints.

**18. Certificates of Occupancy.**

For new buildings or facilities undergoing renovation, Certificates of Occupancy, demonstrating compliance with existing building codes, must be provided at the time of the agency on-site survey.

**19. Comprehensive Emergency Management Plan.**

All ALFs must have a written comprehensive emergency management plan (CEMP) describing emergency procedures during an internal or external disaster. The plan must be submitted to your local emergency management agency for approval within 30 days of licensing. See §

429.41(1) 3. (b), F.S., and rule 58A-5.026, F.A.C. Following licensing, surveyors will request to see a copy of the approved plan upon subsequent visits to the facility.

**20. Training Requirements.**

Facility staff must receive certain training upon employment in an ALF. See § 429.52, F.S., and rule 58A-5.0191, F.A.C. Compliance with training requirements will be verified at the time of agency surveys.

Upon licensing, at least one staff member who holds a valid card documenting completion of courses in First Aid and cardiopulmonary resuscitation (CPR) must be on duty at all times when residents are in the facility. Administrators and staff must meet minimum training and education requirements established by the Department of Elder Affairs.

There is no deadline to complete and return an initial application. Once the application is complete you will be contacted by the local agency office to schedule a survey of your facility. Failure to be present at your facility site at the designated survey date and time will result in your application being denied. You will have to start the licensing process over again and pay another fee. During the survey, agency staff will inspect your facility to make sure you meet the requirements of the Health Care Licensing Procedures Act, ALF law and rule.

Mail or submit the completed application package to:

**Agency for Health Care Administration  
Bureau of Long Term Care Services  
Long Term Care Unit  
2727 Mahan Drive, Mail Stop #30  
Tallahassee, FL 32308-5403**

**It is your responsibility to maintain a copy of all the information submitted to the Agency for your records.** Some of this information must be available for inspection at the time of the Agency survey. If you have any questions regarding anything in the application package, please contact this office at (850) 487-2515.

Sincerely,

The Agency for Health Care Administration  
Division of Health Quality Assurance  
Bureau of Long Term Care Services  
Long Term Care Unit