

## AL WORKGROUP ACTIVITIES

The Agency for Health Care Administration hosted the first statewide meeting on August 8, 2011 in Tallahassee, Florida.

Members heard presentations from AHCA staff on The Sunshine Law and the AL Workgroup Charter.

Specific information is below:

**Richard Shoop**, AHCA Agency Clerk, gave a presentation of the Sunshine Law. He stated the Assisted Living Workgroup is subject to the Sunshine Law and explained the definition and history of what the Sunshine Law means. Mr. Shoop discussed basic requirements, how meetings are conducted and noticed, meeting minutes, public records and confidential information. He stated that meetings are open to the public, and reasonable notice must be given. Any gathering of two or more Assisted Living Workgroup members to discuss business of the workgroup constitutes a public meeting that must be properly noticed.

**Molly McKinstry**, Deputy Secretary, HQA, provided a review of the AL Workgroup Charter and priorities. State agency representatives are resources to the Assisted Living Workgroup, the term of the Assisted Living Workgroup is one year and a quorum is eight members. The duties of the Assisted Living Workgroup are to research and evaluate and make recommendations. There is no compensation for travel. The Assisted Living Workgroup will operate under Roberts Rules of Order.

Members heard the following stakeholder presentations with suggested recommendations:

**American Association of Retired Persons (AARP)**. Mr. Jack McRay, Advocacy Manager, presented by telephone. Ms. Laura Cantwell represented AARP at the Assisted Living Workgroup. AARP is interested in a viable Assisted Living Facility community and the best place for consumers. These same problems existed 30 years ago and statutes are adequate but reality is different. AARP believes we need stronger credentials for owners, managers and controlling interests, and those consumers must have reliable and transparent information for good decision-making. Florida consumers also need more ombudsmen and better training for the volunteers. Disturbing trends, AARP noted, are tort reform that threatens consumer protections, and remedies and inappropriate assessments and placements. AARP supports greater use of Home and Community Based Services, but only if consumers are getting the care they need in those facilities.

AARP recommends:

- The Ombudsmen should be independent and not regulators,
- Focus should be on “early intervention” for problem assisted living facilities,
- The Legislature should consider establishing local or regionally-based rapid-response teams,

- Provide strong punitive actions for egregious and preventable harm to Assisted Living Facility residents and,
- S. 429.11(2) and 429.275(3), F. S., be amended to establish a minimum amount of liability insurance and, State attorneys need to be aware of elder abuse.

**Disability Rights Florida**, Dana Farmer, Director of Public Policy for Disability Rights. Ms. Farmer made a presentation on Residential Options for People with Disabilities, and stated that the organization's work is focused on assisted living facilities with a limited mental health license. Integrated and segregated settings were discussed, and information was provided on interviews with Assisted Living Facility/Limited Mental Health residents, residential options and informed choice and discharges from state mental health facilities.

Disability Rights Florida suggests the following recommendations:

- Develop an accurate count of people with mental illnesses with SSI/Medicaid/OSS (Optional State Supplementation) who reside in Assisted Living Facilities with Limited Mental Health,
- Move funds from the Florida Department of Children and Families (DCF) institutional budgets to follow the people being discharged into integrated residential options,
- Allow OSS funds now used in facility settings to follow the person into integrated settings,
- Permit AHCA to use the Money Follows the Person grant it was awarded and,
- Hedge the depletion of the Affordable Housing Trust Fund.

**Florida Assisted Living Association (FALA)**. Alberta Granger, Assisted Living Specialist, presented information on fragmented regulations, flaws in the initial survey process, survey inconsistencies and problems with core training and trainers. Emphasis was on licensure requirements that are disseminated among various departments and agencies, such as, AHCA, DOH (Department of Health), DOEA, the local fire marshal and local zoning, and that providers are confused.

FALA recommends:

- Appropriately return place the Assisted Living Facility licensure and regulatory provisions to Part I, Chapter 429, F.S.,
- Make the Assisted Living Facility website more provider-friendly,
- Develop a financial statement that is appropriate for a residential program,
- Utilize the provisional license criteria in Part I, Chapter 429, F.S.,
- Require assisted living facility surveyors to take core training and the required 12 hours of continuing education,
- Re-evaluate the Assisted Living Facility training requirements for administrators and caregivers,
- Properly vet on-line training with DOEA, trainers and other stakeholders,
- Develop language in rule which will give enforcement authority to deal with non-compliant trainers and,

- Require trainers to meet a minimum number of trainings per year, as required by rule, and include in rule provisions that non-compliant trainers will be decertified.

**Florida Association of Homes and Services for the Aging (FAHSA).** Carol Berkowitz, Esq., Sr. Director of Compliance and Legal Affairs presented the following recommendations on behalf of FAHSA:

- Survey Process: Improve survey consistency; implement joint training for providers and surveyors, focus on Assisted Living Facilities with serious regulatory problems and implement an abbreviated survey process for better than average Assisted Living Facilities
- Consumer information: Strengthen information available to the public to allow informed decision making when selecting an Assisted Living Facility.
- Regulations while providing Quality of Care: Retain provider flexibility to offer diverse service packages and set residency criteria within parameters established by law, recognize that Assisted Living Facilities are not homogeneous, avoid increased regulations, focus on early detection of serious regulatory problems, evaluate current public policy to determine if Assisted Living Facilities should be given authority to provide services, eliminate LNS and allow Assisted Living Facilities with a nurse on staff to provide the same services, encourage coordinated communications among state agencies regarding resident care, increase communication between case managers to coordinate care and require Medicaid case managers to immediately report Assisted Living Facility quality of care problems to AHCA.

**Florida Council for Community Mental Health.** Dr. Jay Reeve, CEO, Apalachee Center and Chair, Florida Council for Community Mental Health, presented. There is concern about individuals with severe mental illnesses being warehoused in Assisted Living Facilities with limited mental health licenses that provide inadequate care. These individuals lack purposeful, daily activities.

The Florida Council for Community Mental Health recommends:

- Regulation of the Assisted Living Facility industry must be aggressive and by-the-book, and failure should result in fines and moratoriums. Repeated evidence of facility deficiencies should result in the loss of its license,
- Explore alternative mixed-housing models that take advantage of economies of scale, while diminishing the segregation and isolation of older adults and disabled individuals in separate housing,
- Study those facilities that provide excellent care with no more per-resident-revenues than those that provide substandard care,
- Identify and visit successful housing models in Florida and other areas of the country,
- Broaden the housing choices for people with mental illnesses, letting them choose how to use their housing and economic assistance supports,
- Challenge communities and the private housing sector to develop attractive and affordable housing alternatives (e.g., New Orleans new low-income and mixed housing communities) and,

- Revisit the level of OSS or other forms of subsidy needed for decent housing.

**Florida Health Care Association (FHCA).** Marilyn Wood, President and CEO, Opis Management Resources and FHCA Board of Directors, presented. Factors to consider are: concerns over quality; regulatory requirements and public expectations of long term care; the increasing complexities of residential long term care; consideration of boomers’ needs versus available resources; access to services; differences in assisted living services throughout the state; concern that Assisted Living Facilities do not become poorly-resourced nursing home; Medicaid waivers; Florida’s managed long term care system; Optional State Supplementation and, Medicaid funding for limited mental health assisted living facilities.

FHCA recommends:

- Consider the possible elimination of multiple licenses, except limited mental health,
- Work together to develop an improved oversight system that focuses the state surveyors’ work on the more troubled facilities rather than those Assisted Living Facilities with a history of providing good care and with satisfied residents and staff,
- The Assisted Living Facility “Residents’ Bill of Rights” and the decision-making of “appropriate placement” are the hallmarks of the discussion of good care and,
- There is an important need for more data on resident characteristics, services provided, quality of care and costs.

**Florida Long Term Care Ombudsman.** Colonel Don Herring presented. Colonel Herring offered that problems identified could have been avoided if providers were properly trained, specifically regarding medication administration and the Baker Act. He further stated that many residents are borderline nursing home residents.

Solutions:

- Design a program of instruction using the mental health field as a model,
- Raise the minimum passing score for core training to 80,
- Provide more mental health training.
- Administrators should be responsible for all situations in an Assisted Living Facility,
- Residents should be given appeal rights for terminations,
- All new Assisted Living Facility providers should be required to receive 40 hours of training including a component on culture change,
- License Assisted Living Facility administrators like nursing home administrators and,
- Provide more staff to AHCA to increase the number of surveyors

**Florida Peer Network,** Lin Rayner, Policy Director for Florida Peer Network, presented Rose Delaney’s paper, as Ms. Delaney was unable to attend. Ms. Delaney is a consumer advocate, a peer specialist and has personal experience with the issues.

Ms. Delaney suggests the following recommendations:

- Add consumers and family members to the workgroup. Specifically, four (4) members representing assisted living facilities need to step down and,

- Florida has over 1,000 peer specialists and they should monitor facilities on a monthly basis.
- Peer specialists indicate that peers are afraid to speak up for fear of retaliation.

**Joan Andrade**, mental health professional and consumer advocate presented on behalf of residents of assisted living facilities. Ms. Andrade's presentation focused on advocacy, safety and well-being of residents, coordination with state advisory council members and ombudsmen, increased training requirements for assisted living facility staff and administrators, specifically relating to limited mental health facilities, residents receiving OSS, assisted living facility administrators as representative payees, residents' fear of speaking out, residents being hungry and dietary issues in assisted living facilities, resident rights and strengthening and enforcing regulations.

**National Association of Mental Illness, Florida** (NAMI, Florida). Judi Evans, Executive Director, presented. Ms. Evans encouraged the workgroup to speak to Assisted Living Facility residents and look at their quality of life. She provided information on a NAMI pilot program, Personal Outcome Measures, funded by the Department of Children and Families. The findings of the pilot were that assisted living facility staff who had direct contact with persons who had a mental illness were not educated on the illness. They lacked empathy, communication skills, and an understanding of the biology of the illness. There was a lack of understanding that persons with a diagnosis were not in control of their behavior. This often results in frustration and anger. NAMI Florida would like to see better mental health education for Assisted Living Facilities.

**Sean Cononie, Director, COSAC Homeless Shelter.** Mr. Cononie's presentation focused on homelessness and the needs of homeless people. Some of the issues in homeless shelters include: medication administration, the roles of the Attorney General's Office and of Adult Protective Services investigators, fees paid by residents, health care surrogates and power of attorney.

Mr. Cononie suggests the following recommendations:

- License homeless shelters as Assisted Living Facilities,
- Develop a task force on homeless shelters and,
- Provide training on services provided in homeless shelters.

**Florida Life Care Resident's Association** (FLiCRA), Charles Polk, President, Florida Life Care Residents Association, presented. FLiCRA has over 13,000 members, living in 53 community care retirement centers throughout the state.

FLiCRA suggests the following:

- Allow the provision of adequate floor plans that will allow an independent living spouse to reside in a living unit with their Assisted Living Facility qualified spouse,
- Consider adding a provision to the Assisted Living Facility statute that establishes a family/resident council similar to what is found in s.651, F.S.,
- Provide transparency of state monitoring reports and,
- Provide transparency of financial reports of provider organizations that own or operate the Assisted Living Facility.

The University of South Florida, Gibbons Alumni Center, Tampa, Florida, hosted the second statewide meeting on September 23, 2011.

The following presentations and public comment were made:

**Doug Adkins**, Administrator, Dayspring Village provided a presentation on Frontline Forecaster, a joint venture project to bring intuitive technologies to the frontline of care and to use the data to help forecast future trends in assisted living facilities.

Mr. Adkins provided testimony about ALFs with limited mental health specialty licenses. He described the cooperative agreements; the relationship between residents and staff; the use of technology; systems of care; supervision of clinical needs; real time training; identification of best standards/practices; competent qualified administrators; and suggested the workgroup look at other states for a quality regulatory model.

**Austin Curry**, Resident. Mr. Curry testified that he places the highest value on human life and is repelled by the horrible conditions of some assisted living facilities. He believes licenses should be revoked for a minimum of five years and that facilities and persons responsible for abuse and neglect should be incarcerated.

**Susanne Matthiesen**, Managing Director of Aging Services, Commission on Accreditation of Rehabilitation Facilities (CARF). Ms. Matthiesen provided a presentation on CARF, an international accreditation organization. She testified that providers that work toward accreditation implement standards within their organizations that address quality of care and good business practices with the goal of improving quality. Almost 800 providers are accredited in Florida in the areas of behavioral health, assisted living, continuing care retirement communities, home and community based services, rehabilitation and employment and community services. CARF is willing to work with the Assisted Living Workgroup, AHCA and all stakeholders to develop approaches that strongly prompt providers in Florida to achieve CARF accreditation as a way to improve the field in the short term and elevate it through performance improvement over the long term.

**Henry Parra**, Owner, Genesis Care Centers and founder, Assisted Living Member Association (ALMA). Mr. Parra described AHCA as being in disarray and stated ALMA was founded to cover the gaps in AHCA. He stated that Hispanic residents and providers of ALFs have needs that people don't understand. He stated there is a disconnect between providers and further described difficulties he has as a provider working with hospitals that are discharging residents back to the ALF. Mr. Parra appreciates that the next AL Workgroup meeting will be in Miami/Dade. He believes ALFs have been tarnished by the Miami Herald and all providers are not like what was described in the articles.

**Lyn Dos Santos**, previous volunteer, Long Term Care Ombudsman Council. Ms. Dos Santos testified that conditions in ALFs are deplorable and that the frequency of inspections should be increased. She urged the workgroup to read the Administration on Aging's compliance review

of the State of Florida Long-Term Care Ombudsman Program. She believes the ombudsmen should be autonomous and that ombudsmen are afraid to do their jobs.

**Brian Lee**, former Ombudsman and current director of Families for Better Care. Mr. Lee testified that the Miami Herald did a comprehensive investigation of ALFs and that there are many good, decent facilities but regulators have looked the other way. He believes that bad providers have soiled the good providers and that there needs to be increased scrutiny of a broken industry. He rejects the notion of an abbreviated survey and questioned the criteria used for determining which facilities are eligible. Mr. Lee testified that sanctions need to be paid within 30 days. He encouraged DOEA to finalize the rule regarding the Ombudsman assessment and recommends there be an assisted living facility guide.

**Gloria Smith**, Florida Gulf Coast Chapter of the Alzheimer's Association. Ms. Smith provided testimony about Alzheimer's disease and the impact on residents in ALFs. She stated that one in ten people develop Alzheimer's disease and that 50% of residents in ALFs. She provided examples of residents with Alzheimer's disease specifically with wandering, hiding and residents not answering to their names. She stated that training can prevent and solve many problems.

**Roy Gifford**, former ALF resident from Tampa, currently in supported living. Mr. Gifford testified that he has been in a number of ALFs through-out his life and he is currently 40 years old. There were a number of issues and some facilities were good and were not. He has also been in adult foster care. He wants his message to be that there needs to be more structured activities and things to do in ALFs. He believes that AHCA should check out facilities more frequently. He lived in an ALF in Dunedin and had a positive experience and believes that there should be a council to look over facilities more often. He is here to share his experience and hopes with ALFs.

**Damon Thomas**, Senior Regional Director, Emeritus Senior Living and VP Florida Assisted Living Association. Mr. Thomas provided background on Emeritus Senior Living and his personal background with aging family members, specifically his grandfather. He testified that he believes taking care of the elderly is why all stakeholders are here today at the workgroup meeting and he is disheartened to hear of the recent problems in ALFs. He believes better collaboration between all agencies is necessary as well as better enforcement of the regulations.

**Charlie Paulk**, Florida Life Care Residents Association (FLiCRA). Mr. Paulk testified that he is a resident of The Carpenters in Lakeland and he is president of FLiCRA, a continuing care advisory council. He stated that we need to protect seniors from providers that do not provide good service and the average age of a resident is 85. He urged the AL Workgroup not to make any recommendations that would duplicate s. 651, F.S. He further stated consumer choice is important in deciding where to live.

**Krone Weidler**, President, Florida Assisted Living Association (FALA) and owner, Royal Sun Park. Ms. Weidler testified that FALA is committed to cooperate. She stated that ALFs are in higher demand than in the past which has resulted in greater scrutiny and that the Miami Herald focused on atrocities and cases of abuse and neglect are unacceptable. She referenced the 84,000 residents in ALFs and the media focused on less than 1/2 of 1% of all facilities. Ms. Weidler

testified that the media coverage is unjust and offensive and that FALA has aggressively sought mechanisms to advocate for residents. She believes FALA has been misrepresented and referenced the medical review team legislation. She testified that Ombudsman think they are surveyors and regulators and she supports ombudsman as resident advocates. FALA does not support facilities that don't offer high quality of care.

**Judith Turnbaugh**, advocate. Ms. Turnbaugh testified from three perspectives; as a family member, advocate and provider of services. She has a brother with schizophrenia and additional family members with mental illness. She is a two term president of NAMI Pinellas County and has a passion for people who cannot represent themselves. She described ALFs as homes for individuals with mental and physical disabilities and that these individuals need a safe, clean home whether they are small ALFs or very elegant senior living facilities. Some residents require more care than others and many ALFs provide excellent care. Threatening residents not to speak up victimizes residents. It is difficult for small ALFs to stay in business and constant education is needed. Staff turnover is high. She recommends that the Ombudsman and Local Advocacy Council be cross trained to do regular inspections. She stated that NAMI could provide training to staff members at the ALFs.

**Rose Delaney**, advocate. Ms. Delaney began her testimony by stating that she is passionate about advocating for individuals with mental illness and feels like pounding her fists. She has lived with her mental illness her adult life and believes she had it since early childhood. She has heard some hurtful remarks about individuals with mental illness and believes they are thought of as cast offs. Ms. Delaney believes there should be a consumer representative on the workgroup and she asked workgroup members if any of them had every had a psychological breakdown, attempted suicide, been arrested, baker acted, homeless or have lost custody of their children because of a mental illness. She stated people with mental illness are human beings and need to be treated equally.

**Alvin Dozier**, former ALF resident. Mr. Dozier testified that he lived in ALFs all his life and in 2006 was in an ALF in Tampa. He got into an argument with one of the staff and was stabbed in the head with a pen and was Baker Acted. He testified that the facility stated the argument was his fault. He left the facility due to health reasons and is currently living independently and enjoys his freedom.

**Jose Dunasso**. Mr. Dunasso has lived in retirement homes and has found some conditions to be appalling. He testified that he could not place loved ones there and believes that AHCA fails to enforce regulations. He provided information about an administrator he believed ruled with an iron hand. He stated that the well-being of residents is his priority and advocates for more funding for the nursing home diversion and frail elder programs. He believes that a limited mental health waiver should be created.

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**Richard Durestein**, professional guardian. Mr. Durstein has 60 wards and he provides independent oversight. He expressed the need for the local advocacy council to coordinate with a statewide council. He believes that ALFs were shut down because of his work as a professional guardian. He described ALFs with roaches throughout and testified that ombudsmen are the answer. He recommends having an ombudsmen council specific to mental health.

**Ben Caretenuto**. Mr. Caretenuto represents 53 facilities in Florida. He recommends better training and specifically Alzheimer's disease training. He testified that monetary damage is not the answer and that there have been massive cuts to the nursing home industry. He stated it is easy to point fingers unless someone has been where he has worked. He believes in taking care of people.

**Anna Small**, Assistant General Counsel, Regulatory Care, LaVie Care Center. Ms. Small commented on AHCA's administrative process and she believes the process is fair and that there is a check and balance in the system. She stated all providers that are regulated have the right to challenge any action AHCA takes. She is concerned that we may see the Agency's discretion taken away.

**William Teague**, former Ombudsman. Mr. Teague believes the vast majority of facilities are helping residents and a minority of facilities has damaged the image of ALFs. He focused on the following issues: lack of training; ALFs having residents that should be in a nursing home and problems with medication administration. He testified that limited mental health residents would historically be in a state hospital.

**Sandra Hall**. Ms. Hall testified that she owns two ALFs in the Florida Panhandle. She referenced current administrator requirements of being 21 years of age and believes that work experience should be able to substitute. She spoke of Ombudsmen needing to talk to residents

instead of reviewing paperwork and believes the cost of care in an ALF should be higher. She testified that residents pay approximately \$9 a day and \$1000 per month is the poverty level. She has had residents since 1999 and many have mental health problems. She currently has 75 residents and stated she cannot group everyone together as they are all different. She is currently awaiting approval from AHCA for additional beds.

**Susan Lang**, advocate. Ms. Lang is working on a system of care and has a mental illness. She has training and expertise in helping mental health residents and believes being a provider is more than being able to just pass a test and that life experience is needed.

**Dr. Kathryn Hyer**, Director of the Florida Policy Exchange Center on Aging, University of South Florida (USF). Dr. Hyer made a presentation on the University of South Florida's role in long term care and aging studies. She distributed a packet containing abstracts of different studies and policy briefs and stated that USF has the oldest program in the state for long term care administration. The program has been training nursing home administrators since 1983.

Dr. Hyer recommended expanding the jurisdiction and membership of the Board of Nursing Home Administrators to include establishing and enforcing new standards for Assisted Living Facilities.

She described various studies including:

- The type of individuals in nursing homes and,
- The mental health needs of residents, numbers and risk factors for unnecessary hospitalizations in ALFs and nursing homes as well as services needed.

She stated the needs of individuals in ALFs are greater than the number of staff hours required. Dr. Hyer urged the committee to provide consumers with information about making informed choices and to develop a web-site similar to the federal nursing home compare website. She also recommended that during the inspections AHCA collect information that helps consumers such as: name, age, payment source and diagnosis or information on ADL needs. Further, Dr. Hyer stated that Florida needs a minimum standard of ALF care and enough information routinely reported that consumers can use to make the market for assisted living work. She asked that the workgroup create better information, improve the inspections, consider increasing staffing levels, and improve staff training and make administrators more professional.

**Douglas Coffee**, owner Dunedin ALF/LMH. This facility was previously Rosalie Manor, a limited mental health facility. He testified that providing services to elders and individuals with mental health problems is like comparing apples to oranges. He stated that more focus needs to be on education and support for limited mental health. Mr. Coffee testified that he has received good support from AHCA.

**Mr. Valdez**, State Fire Marshal's Office, Regional Supervisor, SW Region. The local fire marshal testified that the current standards follow the 1994 code and 69A-40, Florida Administrative Code.

**Brad Lamb**, ALF resident. Mr. Lamb testified that he has been attending mental health programs for 16 years and he receives treatment for a bi-polar disorder. He currently resides at Castle Court ALF and has been “stuck” there for years. He stated that he would like to get involved with classes at USF and attend work programs.

**Benjamin Voss**, resident, Shady Oaks ALF. Mr. Voss has lived at Shady Oaks ALF for 3 years and stated he is satisfied he has had a hard time adjusting. He heard of a case in Plant City where a developmentally disabled person stepped in a pile of ants and they “came down” on him.

**Terrence Dixon**, ALF resident. Mr. Dixon has resided at Castle Court ALF for 8 years and he is satisfied with it. He would like to receive all of his personal needs allowance at one time so that he can purchase items such as soap, towels and rags.

**Rosie Adams**, ALF resident. Ms. Adams lives at Shady Oaks ALF and has been out of the hospital for 10 years and is proud of it. Her husband died a few years ago and they provided her a place to stay. She has seizures but helps the staff out when they need it. She spends a lot of time in her room alone.

**Deon Crouch**, resident. Ms. Crouch lives at Jeannette Boston ALF in Tampa and testified that she had a horrible experience this morning. Ms. Crouch receives medications that every four hours as needed. She took her 6:00 am medications and asked the med tech for them at 10:00 and the response was that she did not need it. The med tech looked in the med book and told Ms. Crouch to do it herself and threw the med card at her.

She testified that she called DCF and stated the woman that answered the phone did not take her seriously and did not take the report. She then called AHCA to file the report and to report that the facility does not have a resident phone, only a business phone. She told the staff she was talking with a state agency and the staff member unplugged the phone. Ms. Crouch came from an ALF in Plant City where she was given a 45 day discharge notice. She has been out of one of her medications for 5 days and staff at the ALF failed to notice. Her diagnosis is major depression.

**Molly McKinstry**, Deputy Secretary, Health Quality Assurance. Ms. McKinstry provided a presentation on AHCA’s ALF regulatory and licensure process. She described the state and local government responsibilities and introduced other state agency representatives: Susan Rice, DOEA, Robert Anderson, DCF, Betty Zahcam, AG’s Office, Tom Rice, APD and, Polly Weaver, AHCA.

The presentation included information about:

Assisted Living Growth,  
AHCA Inspections,  
Regulatory Oversight Revisions,  
The revised Assisted Living Survey,  
The Abbreviated Survey,  
Regulatory Violations and Deficiencies  
Regulatory Sanctions

Consumer Information and Outreach and,  
Outreach Activities.

Ms. McKinstry also made a Medicaid presentation for Darcy Abbott who was not in attendance. The presentation included information about Medicaid Reimbursements in Assisted Living Facilities, specifically:

Assistive Care Services,  
The Assisted Living Waiver and,  
The Nursing Home Diversion Waiver.

**Robert Anderson**, Deputy Secretary, Department of Children and Families, Adult Protective Services. Mr. Anderson provided a high level presentation of the adult protective services law, s. 415, F.S. and the APS system and how it interfaces with AHCA and ALFs.

**David Sofferin**, Deputy Secretary, Department of Children and Families, Substance Abuse and Mental Health. Mr. Sofferin provided a high level overview of DCFs role in the ALF process. He spoke of the interagency agreement between DCF and AHCA. He stated that housing for individuals with behavioral health issues is the next initiative for the Substance Abuse and Mental Health Program and the goal is community inclusion.

Florida International University (FIU), Miami, Florida, hosted the third AL Workgroup meeting at the Stadium Club at Alfonso Field, November 7-8, 2011.

Public testimony from the following individuals was heard:

**Dr. Bill Lanpher**, Dr. Lanpher is a resident at Shell Point ALF in Ft. Myers, Florida. Shell Point is a Continuing Care Retirement Community and is the home of twenty-three hundred residents. He reports that he and his wife enjoy high quality of care and he is astonished at the findings in the newspaper articles. Shell Point ALF is a full service retirement community and he has a right to transfer or leave at any time.

**Mrs. Jean Field**, Mrs. Field has lived the last one and one-half years at Shell Point ALF in Ft. Myers, Florida. She is a Registered Nurse with a Master's Degree and receives great care at the ALF. Mrs. Field works in the store at Shell Point and all of her customers are satisfied. She is "shocked" at the recent press reports. She believes the facilities providing good care should not be tarnished by those that provide poor care.

**Jerome Silverberg**, Mr. Silverberg is a professional guardian and a second generation Floridian. He believes people in Florida should be protected and that professional guardians need to be in a number of facilities.

**Pam Ford**, Ms. Ford is a peer services coordinator and works with severely and persistently mentally ill persons. She reports that private providers, not community mental health services, are billing Medicaid for services they have not provided.

**Linda McClamma**, Ms. McClamma oversees an 83 unit assisted living facility and stressed the importance of the social model, allowing a flexible management process. She spoke of the minimum staffing hours per resident for direct care, nursing services coverage, increased educational requirements for ALF administrators and the bed hold policy.

**Stacy Daniels-Dattilo , RN Manager of The Arbor at Shell Point Retirement Community in Ft. Myers, Florida**, Ms. Dattilo and supports stronger educational requirements of ALF administrators. She believes nurses should be able to work to the fullest extent of their licenses in a standard ALF.

**Jose Duasso**, owner and operator, Assisted Living Retirement Homes I, II, II and Cutler Bay Village, ALF. Mr. Duasso's facilities total 68 beds and he has been in industry for 19 years. Mr. Duasso has concerns about surveyors and believes he should be in partnership with AHCA. He expressed that the Ombudsman Program was created for resident advocacy and the volunteers should not act as surveyors. He further expressed concern with funding and the need to have better training.

**Marlene Hunter, M.S., CHCRM**, ALF Trainer, Consultant and Risk Management Expert. Ms. Hunter advocated strengthening ALF administrator training and staff in-service training.

**Carol Berkowitz**, Florida Association of Homes and Services for the Aging (FAHSA). FAHSA stresses the importance of social model of care for ALFs and the establishment of residency criteria within the law. There is concern about access to care and case management coordination between waivers. ALF provider qualifications should be strengthened and surveyors should be more efficient.

**Conchy Bretos, Former Assistant Secretary for Aging and Adult Services**. Ms. Bretos represents Mia Senior Living Solutions, providing low income seniors public housing in assisted living facilities. Ms. Bretos recommends centralizing all operations to one agency, giving AHCA the power to act and revoke licenses accordingly and increasing Medicaid reimbursement rates.

**Greg Hopcroft, ALF Owner**. Mr. Hopcroft advocated for small ALFs that are successful. He believes that life experience should count toward qualifications for an ALF administrator.

**Olga Golik**. Ms. Golik testified that more housing options are needed for individuals with mental illness and that ALFs are not always appropriate. People need to be offered more choices and conditions need to be improved with provision of necessary services and increased funding. The OSS personal needs allowance of \$54 per month is not sufficient.

**Scott Eller**. Mr. Eller is the owner of Renaissance Manor ALF/LMH in Sarasota. He testified that funding is low and he believes that residents are living at the federal poverty level. He believes providers have been set up to fail and a system should be designed for quality assurance.

**Don Herring, Ombudsman Program.** Mr. Herring provided testimony about adult family care homes and does not believe that model is the answer. He believes rules must be flexible and minimal.

**Berta Jaffee.** Ms. Jaffee owns a six bed ALF and advocates for small ALFs that are successful. She receives \$670 per month for her residents and states it is difficult to make ends meet with that amount of money.

**Jeffery Fenster.** Mr. Fenster is a private attorney who represents residents injured in ALFs. He provided testimony that an ALF owner was fraudulent and neglectful and he believes this is a statewide problem.

**Artinais Alarcom** is an ALF administrator and is very worried about the future of ALFs as they are underfunded.

**Henry Parra, owner, Genesis ALF.** Mr. Parra testified about patient brokering and how difficult it is for him to obtain residents for his six bed ALF. He stated about the black market in South Florida of receiving residents. Mr. Parra is the founder of an organization that represents small facilities in Miami/Dade with English as a second language. He believes the provider industry needs to be better educated and appropriate information needs to be available for success.

**Bill Hearn, Ombudsman Program.** Mr. Hearn does not agree with the new Ombudsman assessment forms.

**Brian Lee, Families for Better Care.** Mr. Lee is a former Ombudsman and provided testimony supporting a more stringent survey and inspection process for facilities.

**Soul Chaprich, Century ALF.** Mr. Chaprich testified that problems in ALFs are because of lack of vision and foresight to provide a safety net.

**Linda Cole.** Ms. Cole is the owner of a six bed facility in Central Florida. She testified that ALF owners are under tremendous pressure and have a responsibility to run facilities well. She spoke of the difficulty facilities have keeping residents and she is aware that some companies charge up to \$2,000 to place residents. Her facility is CARF certified.

**Amerillis Isque,** owner of a small 6 bed facility in Miami/Dade. She has difficulty with family members who refuse to pay for her residents.

**Ms. Montero.** Ms. Montero provided testimony in support of the former owner of Grand Court Village, Mr. Arturo Godinez.

**Judy Rosenbaum.** Ms. Rosenbaum is a retired AHCA employee and became an ombudsman. She saw gross negligence in ALFs when she was a volunteer.

**Axel Mercado.** Mr. Mercado is a physician assistant, wound clinician. He provided testimony in support of ALFs accepting residents with stage III or IV pressure ulcers.

**Adine Kaufman.** Mr. Kaufman is the administrator of Anchin Pavilion in Sarasota. Anchin Pavilion has an excellent reputation and is always full. He does not believe there should be an appeal process for discharges and the notice of relocation should be 30 days.

**Ralph Garcia.** Mr. Garcia owns a six bed ALF and disputed earlier testimony that ALFs are not required to have liability insurance. Liability insurance is required for licensure.