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**Aspen State Regulation Set: F 2.03 ADULT FAMILY CARE HOME**

**ST - F0000 - INITIAL COMMENTS**

**Title** INITIAL COMMENTS

**Type** Memo Tag

**Regulation Definition**

**Interpretive Guideline**

These guidelines are meant solely to provide guidance to surveyors in the survey process.

**ST - F0001 - GENERAL LIC STANDARD and Licensee Conditions**

**Title** GENERAL LIC STANDARD and Licensee Conditions

**Type** Rule

429.67(9), 59A-37.003(2)

**Regulation Definition**

**Interpretive Guideline**

429.67(9), F.S.

In addition to the license categories available in s. 408.808, the agency may issue a conditional license to a provider for the purpose of bringing the adult family-care home into compliance with licensure requirements. A conditional license must be limited to a specific period, not exceeding 6 months. The agency shall, by rule, establish criteria for issuing conditional licenses.

59A-37.003, F.A.C.

(2) LICENSE CONDITIONS. A license to operate an AFCH is not transferable and is valid only for the provider named, the capacity stated, and the premises described on the license. A change of ownership is prohibited.

The AFCH license shall be maintained in the AFCH and available for inspection upon request.

Is the provider, address, and capacity as listed on the license consistent with the most recent AFCH application and facility record?

Verify that the AFCH license correctly lists the provider's name, address, and capacity.

Ensure the provider listed on the license is the person residing at the location and responsible for resident care.

If the AFCH provider or address on the license is different from the actual provider or premises, the license is not valid.

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**ST - F0002 - GENERAL LICENSURE STANDARD - Residency Requir**

**Title** GENERAL LICENSURE STANDARD - Residency Requir

**Type** Rule

429.67(2)

**Regulation Definition**

A person who intends to be an adult family-care home provider must own or rent the adult family-care home that is to be licensed and reside therein.

**Interpretive Guideline**

Inspect the provider's living area for presence of clothing and personal items.  
Ask residents and others if the provider lives in the home with them.  
Ask for documentation of the provider's right to the property, such as a lease or mortgage or driver's license.

**ST - F0003 - GENERAL LICENSURE STANDARD - Capacity**

**Title** GENERAL LICENSURE STANDARD - Capacity

**Type** Rule

59A-37.003(4)(a)

**Regulation Definition**

(4) LICENSED CAPACITY.  
(a) There shall be no more than 5 residents in any AFCH. The number of residents permitted in a particular adult family-care home will be determined by the agency based upon the fire safety standards provided under rule 59A-37.010, F.A.C., and compliance with physical site standards established in rule 59A-37.009, F.A.C. An increase in capacity may not be made without the prior approval of the agency.

**Interpretive Guideline**

- Does the number of residents exceed its licensed capacity?  
- Survey living areas such as bedrooms and review records to verify the number of individuals living in the AFCH.  
Count the number of beds in the home and address any discrepancies in resident capacity.

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**ST - F0004 - GENERAL LICENSURE STANDARD - Relatives**

**Title** GENERAL LICENSURE STANDARD - Relatives

**Type** Rule

59A-37.003(4)(b)

**Regulation Definition**

- (4) LICENSED CAPACITY.  
(b) Adult relatives of the provider who require personal care and supervision and reside in the home for more than 30 days shall be considered residents only for the purposes of determining capacity.

**Interpretive Guideline**

- Refer to tag 0016 for definition of relative.

**ST - F0005 - GENERAL LICENSURE STANDARD - Agency Access**

**Title** GENERAL LICENSURE STANDARD - Agency Access

**Type** Rule

59A-37.011(1)(a-b) & (2)(c)

**Regulation Definition**

- (1) GENERAL REQUIREMENTS.  
(a) The provider shall cooperate with agency personnel during surveys or inspections, complaint investigations, implementation of correction plans, license application and renewal procedures, and other activities necessary to ensure compliance with chapter 429, part II, F.S., and this rule chapter.  
(b) In addition to agency personnel, reasonable access to enter and inspect a licensed AFCH must be provided to any designated agent of the department, the Department of Health, the local authority with jurisdiction over fire safety, the Department of Children and Family Services, and the Human

**Interpretive Guideline**

- Are private interviews between agency staff and residents respected by the AFCH provider and staff?

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Rights Advocacy Committee. Representatives of the district long-term care ombudsman council shall be provided reasonable access pursuant to the provisions of section 400.0073, F.S.

(2) INSPECTIONS.

(c) Agency personnel may interview the provider, relief person, staff and residents. Interviews shall be conducted privately.

**ST - F0006 - GENERAL LICENSURE STANDARD - OSS Bed**

**Title** GENERAL LICENSURE STANDARD - OSS Bed

**Type** Rule

429.67(8), 59A-37.003(4)(c)

**Regulation Definition**

429.67(8), F.S.

Each adult family-care home must designate at least one licensed space for a resident receiving optional state supplementation. The Department of Children and Families shall specify by rule the procedures to be followed for referring residents who receive optional state supplementation to adult family-care homes. Those homes licensed as adult foster homes or assisted living facilities prior to January 1, 1994, that convert to adult family-care homes, are exempt from this requirement.

59A-37.003(4)(c), F.A.C.

Except homes licensed as adult foster homes or adult congregate living facilities prior to January 1, 1994, each AFCH must designate at least one licensed space for a resident receiving optional state supplementation.

**Interpretive Guideline**

- Determine that the AFCH has designated at least one licensed space for an OSS resident.
- Review resident file for the Alternate Care Certification for Optional State Supplementation (OSS) Form, CF-ES 1006, February 2005, on file for OSS residents.

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**ST - F0007 - GENERAL LICENSURE STANDARD- Retaliation**

**Title** GENERAL LICENSURE STANDARD- Retaliation

**Type** Rule

59A-37.011(3)(c)1-2

**Regulation Definition**

(3) COMPLAINT INVESTIGATIONS.

(c) Pursuant to section 429.85, F.S.:

1. The provider may not retaliate against any resident by increasing charges; decreasing services, rights or privileges; threatening to increase charges or decrease services, rights or privileges; by taking or threatening to take any action to coerce or compel the resident to leave the home or by harassing, abusing or threatening to harass or abuse a resident in any manner after the resident has filed a complaint with the agency or with the long-term care ombudsman council.
2. Any complainant, witness or staff shall not be subject to any retaliation, including restriction of access to the home or a resident, staff dismissal or harassment by a provider for filing a complaint or being interviewed about a complaint or being a witness.

**Interpretive Guideline**

- If concerns of retaliation are found, review records and follow up with interviews to confirm.

**ST - F0009 - GENERAL LICENSURE STANDARD - Advertising**

**Title** GENERAL LICENSURE STANDARD - Advertising

**Type** Rule

429.83, 59A-37.003(5)

**Regulation Definition**

429.83 Residents with Alzheimer's disease or other related disorders; certain disclosures.-An adult family-care home

**Interpretive Guideline**

- Refer to tag 0016 for definition of advertise.
- The AFCH must maintain copies of all advertisements and/or separate documents claiming to provide special care

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licensed under this part which claims that it provides special care for persons who have Alzheimer's disease or other related disorders must disclose in its advertisements or in a separate document those services that distinguish the care as being especially applicable to, or suitable for, such persons. The home must give a copy of all such advertisements or a copy of the document to each person who requests information about programs and services for persons with Alzheimer's disease or other related disorders offered by the home and must maintain a copy of all such advertisements and documents in its records. The agency shall examine all such advertisements and documents in the home's records as part of the license renewal procedure.

for persons with Alzheimer's disease or other related disorders. The advertisements and documents must disclose those services that distinguish the care as applicable to, or suitable for, such persons.

58A-14.004, F.A.C

(5) ADVERTISING. A licensed adult family-care home may advertise accommodations and services consistent with its license.

(a) The AFCH may not be listed in the yellow pages of the telephone directory under the heading of "nursing home" or "assisted living facility."

(b) An advertisement for an adult family-care home must include the term "adult family-care home" and the home's license number.

(c) Pursuant to section 429.83, F.S., an AFCH claiming to provide special care for persons with Alzheimer's disease or other related dementias must disclose those special care services in any advertisement or in a separate document, which shall be distributed to the public upon request.

**ST - F0012 - GENERAL LICENSURE STANDARD - Notice of Enforc**

**Title** GENERAL LICENSURE STANDARD - Notice of Enforc

**Type** Rule

59A-37.011(6)(b) & (7)(a) & (c)

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**Regulation Definition**

59A-37.011, F.A.C.

(6) ADMINISTRATIVE SANCTIONS.

(b) Notice of a license suspension or revocation shall be posted in the AFCH and visible to the public entering the home and residents.

(7) MORATORIUMS.

(a) Pursuant to section 429.71, F.S., an immediate moratorium on admissions to an AFCH shall be placed on the home by the agency when it has determined that any condition or practice in the home presents a serious threat to the health, safety, or welfare of the residents.

(c) While the moratorium is in effect, residents who have been temporarily discharged from the AFCH to a nursing home or hospital at the time the moratorium is imposed may not be re-admitted without agency approval.

**Interpretive Guideline**

- Are license suspension, license revocation, and moratorium notices posted in prominent areas that are easily visible to public?

**ST - F0014 - GENERAL LICENSURE STANDARD Notice of Closure**

**Title** GENERAL LICENSURE STANDARD Notice of Closure

**Type** Rule

59A-37.003(3)

**Regulation Definition**

(3) VOLUNTARY CLOSURE. The licensed provider shall give at least 60 days written notice of any intent to voluntarily close a currently licensed AFCH to the AHCA Assisted Living Unit, each residents or resident's representative, and case managers of OSS recipients.

**Interpretive Guideline**

- Review resident records for evidence of written notification. Ask representatives of residents if they received written notification. Was it received at least 60 days prior to closure?

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**ST - F0015 - Posting of Information**

**Title** Posting of Information

**Type** Rule

59A-37.003(6)

**Regulation Definition**

(6) POSTING OF INFORMATION. For the purpose of a resident's ability to lodge complaints, the AFCH licensee or designee must post the addresses and toll-free telephone numbers for the following entities in full view in a common area accessible to all residents:

- (a) District Long-Term Care Ombudsman Council;
- (b) Advocacy Center for Persons with Disabilities;
- (c) Florida Local Advocacy Council;
- (d) Agency Consumer Hotline; and,
- (e) Florida Abuse Hotline.

**Interpretive Guideline**

- Are the numbers posted near an accessible telephone?

**ST - F0016 - Definitions**

**Title** Definitions

**Type** Memo Tag

429.65; 59A-37.001

**Regulation Definition**

429.65 Definitions.-As used in this part, the term:

(1) "Activities of daily living" means functions and tasks for self-care, including eating, bathing, grooming, dressing, ambulating, and other similar tasks.

(2) "Adult family-care home" means a full-time, family-type living arrangement, in a private home, under which a person

**Interpretive Guideline**



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who owns or rents the home provides room, board, and personal care, on a 24-hour basis, for no more than five disabled adults or frail elders who are not relatives. The following family-type living arrangements are not required to be licensed as an adult family-care home:

- (a) An arrangement whereby the person who owns or rents the home provides room, board, and personal services for not more than two adults who do not receive optional state supplementation under s. 409.212. The person who provides the housing, meals, and personal care must own or rent the home and reside therein.
- (b) An arrangement whereby the person who owns or rents the home provides room, board, and personal services only to his or her relatives.
- (c) An establishment that is licensed as an assisted living facility under this chapter.

(3) "Agency" means the Agency for Health Care Administration.

(4) "Aging in place" means remaining in a noninstitutional living environment despite the physical or mental changes that may occur in a person who is aging. For aging in place to occur, needed services are added, increased, or adjusted to compensate for a person's physical or mental changes.

(5) "Appropriate placement" means that the resident's needs can be met by the adult family-care home or can be met by services arranged by the adult family-care home or the resident.

(6) "Chemical restraint" means a pharmacologic drug that physically limits, restricts, or deprives an individual of movement or mobility, and is used for discipline or convenience and not required for the treatment of medical

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symptoms.

(7) "Department" means the Department of Elderly Affairs.

(8) "Disabled adult" means any person between 18 and 59 years of age, inclusive, who is a resident of the state and who has one or more permanent physical or mental limitations that restrict the person's ability to perform the normal activities of daily living.

(9) "Frail elder" means a functionally impaired elderly person who is 60 years of age or older and who has physical or mental limitations that restrict the person's ability to perform the normal activities of daily living and that impede the person's capacity to live independently.

(10) "Personal services" or "personal care" includes individual assistance with or supervision of the activities of daily living and the self-administration of medication, and other similar services.

(11) "Provider" means a person who is licensed to operate an adult family-care home.

(12) "Relative" means an individual who is the father, mother, son, daughter, brother, sister, grandfather, grandmother, great-grandfather, great-grandmother, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister of a provider.

(13) "Relief person" means an adult designated by the provider to supervise the residents during the provider's absence.

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(14) "Resident" means a person receiving room, board, and personal care in an adult family-care home.

59A-37.001

The following terms or phrases are defined in section 429.65, F.S., and are applicable to this rule chapter: activities of daily living (ADLs), adult family-care home (AFCH), agency (AHCA), aging in place, appropriate placement, chemical restraint, department, disabled adult, frail elder, personal services or personal care, provider, relative, relief person, and resident. Additional definitions applicable to this rule chapter are as follows:

(1) "Adult household member" means the provider and any person, 18 years of age or older, who is permanently or regularly present in the home for more than a few hours at a time. A person shall be considered a household member even though the person has another residence if the person is in a position of familial authority or perceived familial authority.

(2) "Advertise" means any written, printed, oral, visual, or electronic promotion, statement of availability, qualifications, services offered, or other similar communication appearing in or on television, radio, the Internet, billboards, newspapers, newsletters, magazines, business cards, flyers, brochures or other medium used for the purpose of attracting potential residents to an adult family-care home. A complimentary listing of the licensed AFCH's name, address, and telephone number in the telephone directory shall not be considered advertising.

(3) "Applicant" means an individual applying for an adult family-care home license.

(4) "Assistance with activities of daily living" means individual assistance with the following:

(a) Ambulating - Providing physical support to enable the

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resident to move about and maintain balance and providing necessary assistance with walking, stair climbing, or pushing a wheelchair.

(b) Bathing - Assembling towels, soaps, and other necessary supplies, helping the resident in and out of the bathtub or shower, turning water on and off, adjusting water temperatures, washing and drying portions of the resident's body which are difficult to reach, or being available while the resident is bathing.

(c) Dressing - helping the resident to choose, to put on, and to remove appropriate clothing.

(d) Eating - Helping with cutting food, pouring beverages, and hand feeding residents who are unable to feed themselves.

(e) Grooming - Helping the resident with shaving, oral care, care of the hair, and nail care.

(f) Toileting - Reminding the resident about using the toilet, assisting the resident to the bathroom, helping to undress, positioning on the commode, and helping with related personal hygiene, including changing adult briefs.

(5) "Bedridden" means confined to bed because of inability to ambulate or transfer to a wheelchair even with assistance, or to sit safely in a chair or wheelchair without personal assistance or physical restraint.

(6) "Capacity" means the number of residents for which an adult family-care home has been licensed to provide room, board and personal care.

(7) "Case manager" means an individual employed by or under contract with any agency or organization, public or private, who has responsibility for assessing resident needs, planning services, coordinating and assisting residents to gain access to needed medical, mental health, social, housing, educational or other services, and monitoring and evaluating service delivery.

(8) "Deficiency" means an instance of non-compliance with the requirements of chapter 429, part II, F.S., and this rule

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chapter.

- (9) "Health care provider" means a physician or physician's assistant licensed under chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under chapter 464, F.S.
- (10) "Long-Term Care Ombudsman Council" (LTCOC) means the State Long-Term Care Ombudsman Council or the district long-term care ombudsman councils established under chapter 400, part I, F.S.
- (11) "Moratorium" means that an AFCH may not admit a new resident from the date the moratorium is imposed by AHCA until the date the moratorium is lifted by AHCA.
- (12) "Nurse" means a licensed practical nurse (LPN), registered nurse (RN), or advanced registered nurse practitioner (ARNP) under chapter 464, F.S.
- (13) "Nursing progress notes" or "nursing notes" means a written record of nursing services, other than medication administration or the taking of vital signs, provided to each resident who receives such services. The notes shall be completed by the nurse who delivered the service and shall describe the date, type, scope, amount, duration, and outcome of services that are rendered; the general status of the resident's health; any deviations; any contact with the resident's health care provider; and contains the signature and credential initials of the person rendering the service.
- (14) "Optional state supplementation (OSS)" means the state program providing monthly payments to eligible residents pursuant to section 409.212, F.S., and rule chapter 65A-2, F.A.C.
- (15) "Physical restraint" means a device or item which physically limits, restricts, or deprives an individual of movement or mobility. The term also includes any device which was not specifically manufactured as a restraint but which has been altered, arranged or otherwise used for this purpose or otherwise modified to be used as a physical restraint. The term does not include an item or device which

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the individual can remove or avoid without assistance.

(16) "Pressure sore" means a breakdown in skin integrity caused by immobility and prolonged pressure. The 4 stages of pressure sores can be identified as follows: stage 1 - a nonblanching macule that may appear red or violet; stage 2 - a skin breakdown as far as the dermis; stage 3 - a skin breakdown into the subcutaneous tissue; stage 4 - penetrate bone, muscle or the joint.

(17) "Reside" or "resides" means the licensee or applicant lives in the AFCH as a primary residence. For purposes of this rule chapter, any two of the following documents, which include the name of the licensee or applicant and the AFCH address, are accepted by the agency as proof that the licensee or applicant physically lives in the AFCH:

- (a) Homestead exemption documentation, or
- (b) Lease or rental agreement accompanied by a corresponding utility bill and telephone bill, or
- (c) Personal identification issued by a state or federal agency.

(18) "Resident's representative" means a guardian, attorney-in-fact, next-of-kin, health care surrogate or proxy, or other responsible party with authority to make decisions on behalf of a resident.

(19) "Staff" means any person employed by or under contract to the provider, who directly or indirectly provides services to residents. Staff does not include persons contracting directly with a resident.

(20) "Twenty-four-hour nursing supervision" means nursing services that are ordered by a physician for a person whose condition requires physician supervision and continued monitoring of vital signs and physical status. Such services must be medically complex enough to require the constant supervision, assessment, planning, or intervention by a nurse; be performed by or under the direct supervision of a nurse; required on a daily basis; and consistent with the nature and severity of the resident's condition or the disease state or stage.

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**ST - F0100 - Financial Stability**

**Title** Financial Stability

**Type** Rule

59A-37.002(2)(c)3

**Regulation Definition**

3. Request documentation of adequate financial resources to operate the adult family-care home in compliance with health and safety standards if the financial stability of the AFCH is in question. Indicators of financial instability are: filing of bankruptcy; issuance of checks returned for insufficient funds; non-payment of rent, mortgage, utilities, staff wages or salaries, or taxes; confirmed complaints to the agency or ombudsman council regarding withholding of funds or refunds due residents; and any other information which indicates the inability of the home to meet its financial responsibilities in a full and timely manner.

**Interpretive Guideline**

- If there are indicators of financial instability ask the provider for documentation for review to determine financial viability to operate.
- Check with the ombudsman council to determine if there have been complaints involving the AFCH's finances.
- Refer to Z809 for additional financial stability.

**ST - F0200 - RESIDENT RECORD Requirement**

**Title** RESIDENT RECORD Requirement

**Type** Rule

59A-37.008(1)

**Regulation Definition**

(1) RESIDENT RECORDS. The AFCH provider shall maintain a separate record for each resident on the premises and available for inspection by the agency.

**Interpretive Guideline**

Are records available for each resident?

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**ST - F0201 - RESIDENT RECORDS - Bill of Rights & House Rul**

**Title** RESIDENT RECORDS - Bill of Rights & House Rul

**Type** Rule

59A-37.008(1)(a)11-12

**Regulation Definition**

11. Documentation that the resident's bill of rights and the procedure for lodging complaints has been discussed with the resident or the resident's representative, as required by rule 59A-37.004, F.A.C.
12. Documentation that the house rules have been discussed with the resident or the resident's representative as required by rule 59A-37.004, F.A.C.

**Interpretive Guideline**

- Review documentation for verification that a copy of the bill of rights, name, address, telephone number, and complaint procedures of the district LTCOC and Florida Abuse Hotline were provided to the resident or the resident's representative.
- Review documentation for verification that a copy of the AFCH household rules were provided to the resident or the resident's representative.

**ST - F0203 - RESIDENT RECORDS STANDARDS**

**Title** RESIDENT RECORDS STANDARDS

**Type** Rule

59A-37.008(1)a

**Regulation Definition**

- (a) The record shall contain:
1. AHCA Form 3110-1023 (AFCH-1110) 01/08, Resident Health Assessment for Adult Family-Care Homes (AFCH), required by rule 59A-37.004, F.A.C. A completed and signed form faxed by the health care provider shall be acceptable. The resident's health care provider's certification whether he or she may be left without supervision in the AFCH for up to 2 hours in a 24-hour period (Section H of the form) must be completed and included pursuant to paragraphs (a) and (b), of subsection 59A-37.006(2), F.A.C.

**Interpretive Guideline**

- Resident Health Assessment, AHCA Form 3110-1023, must be updated annually to comply with certification and located in the resident's record.



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**ST - F0204 - RESIDENT Agreement**

**Title** RESIDENT Agreement

**Type** Rule

59A-37.008(1)(a)2, -005(1)

**Regulation Definition**

58A-14.008(1)(a)2., F.A.C

A copy of the residency agreement which meets the requirements of rule 59A-37.005, F.A.C., including a copy of any notices of rate increases sent to the resident or the residents representative and any addendums.

59A-37.005 Residency Agreement.

(1) Pursuant to section 429.81, F.S., before or at the time of admission to an AFCH, the provider and the resident or the resident's representative must sign a residency agreement, a copy of which must be given to the provider and kept on file for 5 years after the expiration of the agreement, and a copy of which must be provided to the resident or resident's representative.

**Interpretive Guideline**

- Each residency agreement should be reviewed for completeness and verify it was executed either prior to, or at the time of admission.

**ST - F0205 - RESIDENCY AGREEMENT**

**Title** RESIDENCY AGREEMENT

**Type** Rule

59A-37.005(2-3); 429.81

**Regulation Definition**

59A-37.005

(2) The residency agreement must include the following:  
(a) A list specifically setting forth the services and

**Interpretive Guideline**

- Review discharged resident files if there are concerns to ensure the home is in compliance with discharge policy and resident refunds.  
- Review resident files and observe and interview residents for needs not being met.

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accommodations to be provided by the adult family-care home.

(b) The daily, weekly or monthly rates and charges and a statement that the provider will provide at least 30 days' notice before implementing a rate increase.

(c) A bed hold policy for residents who request the provider to reserve a bed for the resident if the resident's health requires the resident to be admitted to a nursing home or hospital. The bed hold policy shall permit the provider to continue to charge the agreed upon daily rate until the provider receives notification in writing from the resident or the resident's representative that the resident will not be returning to the home. However, the provider may not continue to charge the agreed upon daily rate if the resident's physical or mental condition prevents the resident from giving notification and the resident does not have a representative to act on the resident's behalf.

(d) The AFCH's discharge policy.

(e) A refund policy to apply when a resident is discharged or dies. The refund policy shall state that:

1. The resident or resident's representative is entitled to a prorated refund for any unused portion of payment beyond the discharge or termination date. The refund will be less the cost of documented damages to the AFCH caused by the resident before the discharge or termination date that results from circumstances other than normal use. Claims against the refund must be in writing and must include a list of all documented damages and costs.

2. The refund must occur within 45 days of receipt of a written notice of discharge, or 15 days after the resident has moved or dies, whichever occurs later.

(f) A statement regarding the level of supervision to be provided.

(3) An addendum shall be added to the residency agreement to reflect any additional services and charges not covered by the

- Review residency agreements for compliance with the components of the regulation.

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original agreement. Such addendum must be dated and signed by the provider and the resident or resident's representative and a copy given to the provider and the resident or the resident's representative.

429.81 Residency agreements.-

(1) Each resident must be covered by a residency agreement, executed before or at the time of admission, between the provider and the resident or the resident's designee or legal representative. Each party to the contract must be provided a duplicate copy of the original agreement, and the provider must keep the residency agreement on file for 5 years after expiration of the agreement.

(2) Each residency agreement must specify the personal care and accommodations to be provided by the adult family-care home, the rates or charges, a requirement of at least 30 days' notice before a rate increase, and any other provisions required by rule of the agency.

**ST - F0206 - RESIDENT RECORDS STANDARDS - OSS Documentatio**

**Title** RESIDENT RECORDS STANDARDS - OSS Documentatio

**Type** Rule

59A-37.008(1)(a)3

**Regulation Definition**

3. For residents who are OSS recipients, a copy of the Alternate Care Certification for Optional State Supplementation (OSS) Form, CF-ES 1006, February 2005, provided by the Department of Children and Family Services.

**Interpretive Guideline**

Request a list of residents receiving OSS. Review resident records for OSS Form.

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**ST - F0207 - RESIDENT DEMOGRAPHICS**

**Title** RESIDENT DEMOGRAPHICS

**Type** Rule

59A-37.008(1)(a)4

**Regulation Definition**

4. Resident information which includes:

- a. The name, address and telephone number of the resident's guardian, attorney-in-fact, health care surrogate, next-of-kin, and any other responsible party with authority to make decisions on behalf of the resident.
- b. The name, address and telephone number of the resident's health care provider, health maintenance organization, dentist and case manager as applicable.

**Interpretive Guideline**

**ST - F0208 - RESIDENT RECORDS STANDARDS - Resident Account**

**Title** RESIDENT RECORDS STANDARDS - Resident Account

**Type** Rule

59A-37.008(1)(a)5

**Regulation Definition**

5. A complete accounting of any resident funds being received or distributed by the provider as required by section 429.85, F.S.

**Interpretive Guideline**

- Each resident has the right to manage their own financial affairs unless the resident or the resident's guardian authorizes the provider to provide safekeeping for funds.
- A provider with the consent of the resident, shall provide for the safekeeping of funds of the resident not in excess of \$500 cash.
- Review resident records to ensure that the AFCH provider is keeping complete and accurate records of funds received or distributed.

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**ST - F0209 - RESIDENT RECORDS STANDARDS - Medications**

**Title** RESIDENT RECORDS STANDARDS - Medications

**Type** Rule

59A-37.008(1)(a)6

**Regulation Definition**

6. For residents who self-administer, with or without supervision or assistance, a list of the resident's current medications; or for resident's receiving administration, the record of medications administered, as required under rule 59A-37.006, F.A.C.

**Interpretive Guideline**

- Look for a list of the resident's current medications to see that it is consistent with actual medications in the home.
- Refer to tag 700 for additional medication information.

**ST - F0210 - RESIDENT RECORDS STANDARDS - Nursing and Diet**

**Title** RESIDENT RECORDS STANDARDS - Nursing and Diet

**Type** Rule

59A-37.008(1)(a)7-8 & 10

**Regulation Definition**

7. For residents receiving nursing services provided or arranged for by the provider, the nursing progress notes required under rule 59A-37.006, F.A.C., and the health care provider's order authorizing the nursing service.
8. A copy of any special diet order prescribed by the resident's health care provider as required under rule 59A-37.006, F.A.C.
10. The resident's monthly weight record as required by rule 59A-37.006, F.A.C.

**Interpretive Guideline**

Request of list of residents receiving nursing services in the facility. Review the resident records to ensure nursing progress notes are maintained and a copy of any special diet order is maintained in the record.

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**ST - F0212 - RESIDENT RECORDS STANDARDS- Incident Document**

**Title** RESIDENT RECORDS STANDARDS- Incident Document

**Type** Rule

59A-37.006(3), 59A-37.008(1)(a)9

**Regulation Definition**

59A-37.006, F.A.C.

**(3) INCIDENT REPORTING.**

Any major incident and the action taken in response to that incident must be documented in the resident's record. A major incident includes:

- (a) An injury to a resident which requires assessment and treatment by a health care provider. The resident's record must include a description of the circumstances under which the injury occurred.
- (b) A resident is missing. Whenever a resident is determined to be missing, the provider, relief person, or staff-in-charge shall notify the local law enforcement agency within 1 hour. The resident's representative, next-of-kin, and case manager shall be notified within 4 hours or within a time frame previously agreed upon in writing between the provider and the resident's representative, next-of-kin, or case manager.
- (c) Any event, such as a fire, natural disaster, or other occurrence, which results in the disruption of the AFCH's normal activities.
- (d) The death of a resident. The resident's representative, next-of-kin, case manager, and law enforcement must be notified immediately upon discovery of the death.

59A-37.008(1)(a), F.A.C.

9. A record of any major incidents or significant health changes and action taken in response to such incidents or changes as required under rule 59A-37.006, F.A.C.

**Interpretive Guideline**

In the event of a major incident, look for evidence of reporting to health care provider and representative or case manager.

Review the grievance log to determine if any grievances may have risen to the level of an incident requiring reporting.

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**ST - F0214 - RESIDENT RECORDS STANDARDS - Notice of Discha**

**Title** RESIDENT RECORDS STANDARDS - Notice of Discha

**Type** Rule

59A-37.008(1)(a)13; 429.85(5)

**Regulation Definition**

59A-37.008(1)(a)

13. A copy of any notice of discharge sent to the resident or the resident's representative pursuant to rule 59A-37.004, F.A.C.

429.85(5)

Any adult family-care home that terminates the residency of an individual who has participated in activities specified in subsection (4) must show good cause for the termination in a court of competent jurisdiction.

**Interpretive Guideline**

Have any residents been discharged from the facility? If so, review a copy of the discharge notice to ensure it was provided to the resident/responsible party within the required timeframes and that discharge was for good cause.

**ST - F0215 - RESIDENT RECORDS Retention**

**Title** RESIDENT RECORDS Retention

**Type** Rule

59A-37.008(1)(b)

**Regulation Definition**

(b) Closed resident records shall be retained for a period of 5 years after the resident leaves the AFCH. The provider shall be permitted 1 working day to produce closed records.

**Interpretive Guideline**

Interview the administrator about how long records are retained.

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**ST - F0216 - Policies and Procedures - DNRO**

**Title** Policies and Procedures - DNRO

**Type** Rule

59A-37.004(4)(a-b)

**Regulation Definition**

**(4) DO NOT RESUSCITATE ORDERS:**

(a) Each adult family-care home (AFCH) must have written policies and procedures, which delineate its position with respect to the state law and rules relative to do not resuscitate orders (DNROs). The policies shall not condition treatment or admission upon whether or not the individual has executed or waived a DNRO.

(b) The AFCH's policy must include:

1. At the time of admission, providing each resident, or the resident's representative, with a copy of Form SCHS-4-2006, "Health Care Advance Directives - The Patient's Right to Decide," effective April 2006, or with a copy of some other substantially similar document which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS-4-2006 is hereby incorporated by reference and is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency's website at:

[http://ahca.myflorida.com/MCHQ/Health\\_Facility\\_Regulation/HC\\_Advance\\_Directives/docs/adv\\_dir.pdf](http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf).

2. At the time of admission, providing each resident, or the resident's representative, with written information concerning the AFCH's policies regarding DNROs, including information concerning DH Form 1896, Florida Do Not Resuscitate Order Form, incorporated by reference in rule 64J-2.018, F.A.C.

3. The requirement that documentation of whether or not the resident has executed a DNRO must be contained in the

**Interpretive Guideline**

- Review the AFCH's written policy and procedure regarding advance directives. Ensure the policy and procedure contain all required components regarding advance directives:

1. Form SCHS 4-2006
2. DH Form 1896
3. Written information regarding advance directives

- Look for documentation in the resident's record of whether or not the resident has executed an advance directive. Look for a copy of the advance directive or a request for the advance directive.



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resident's record. If a DNRO has been executed, a copy of that document must be made a part of the resident's record. If the AFCH does not receive a copy of the DNRO for a resident, the AFCH must document in the resident's record that it has requested a copy.

4. An AFCH shall be subject to revocation of its license pursuant to section 408.815, F.S., if the AFCH, as a condition of treatment or admission, requires an individual to execute or waive a DNRO, pursuant to section 765.110, F.S.

**ST - F0217 - DNRO**

**Title** DNRO

**Type** Rule

59A-37.004(4)(c)

**Regulation Definition**

(4) DO NOT RESUSCITATE ORDERS:

(c) Pursuant to section 429.73, F.S., in the event a resident experiences cardiopulmonary arrest, an AFCH must honor a properly executed DNRO as follows:

1. The AFCH provider, or relief person, who is trained in cardiopulmonary resuscitation (CPR), may withhold cardiopulmonary resuscitation, or
2. The AFCH provider, or relief person, shall immediately contact "911." Cardiopulmonary resuscitation may be withheld or withdrawn from a resident by an individual pursuant to section 401.45, F.S.
3. Adult family-care home providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct for withholding or withdrawing cardiopulmonary resuscitation pursuant to such a Do Not Resuscitate Order and rules adopted by the department, pursuant to section 429.73, F.S. Any AFCH provider, who, in good faith, obeys the directives

**Interpretive Guideline**

Review a sample of staff records for DNRO training.

Is there one person certified in CPR in the building at all times?

Interview staff about knowledge of DNRO and CPR training.

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of an existing DNRO, executed pursuant to section 401.45, F.S., will not be subject to prosecution or civil liability for his or her performance regarding patient care.

**ST - F0300 - RECORDS AVAILABILITY**

**Title** RECORDS AVAILABILITY

**Type** Rule

59A-37.008(3)

**Regulation Definition**

(3) FACILITY RECORDS. The AFCH provider shall maintain the following records on the premises and ensure the records are available for inspection by the agency:

**Interpretive Guideline**

Are records on the premises and available?

**ST - F0301 - ADMISSION/DISCHARGE RECORDS**

**Title** ADMISSION/DISCHARGE RECORDS

**Type** Rule

59A-37.008(3)(f)

**Regulation Definition**

(f) An up-to-date log listing all residents, and each resident's:  
1. Date of admission, the place admitted from and the reason for moving into the home, if known; and,  
2. Date of discharge, the reason for discharge, and the location to which the person has been discharged, or if the person is deceased, the date of death.

**Interpretive Guideline**

Is the Admission/Transfer/Discharge log up to date and does it contain all the required information for each resident?

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**ST - F0302 - LICENSE AND SURVEY DOCUMENTS**

**Title** LICENSE AND SURVEY DOCUMENTS

**Type** Rule

59A-37.008(3)(a & g)

**Regulation Definition**

(a) The AFCH license issued by the agency, which shall also be available to the public upon request.

(g) All completed survey and complaint investigation reports, and notices of sanctions and moratoriums issued to the AFCH by the agency within the last 3 years, which shall also be available to the public upon request.

**Interpretive Guideline**

Confirm that the license is kept in the AFCH and is available for immediate inspection. The license need not be posted.

**ST - F0303 - INSPECTION DOCUMENTATION**

**Title** INSPECTION DOCUMENTATION

**Type** Rule

59A-37.008(3)(b-d)

**Regulation Definition**

(b) A copy of the most recent county health department inspection required by rule 59A-37.009, F.A.C.

(c) A copy of the most recent fire safety inspection required by rule 59A-37.010, F.A.C.

(d) Documentation of radon testing.

**Interpretive Guideline**

- Review the sanitation report conducted by the county health department for completion of the report, correction of all outstanding deficiencies.

- Review the fire safety report conducted by the local authority having jurisdiction for completion of the report, if concerns arise in these areas during survey.

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**ST - F0306 - FACILITY RECORDS STANDARDS - Emergency Plan**

**Title** FACILITY RECORDS STANDARDS - Emergency Plan

**Type** Rule

59A-37.008(3)(e)

**Regulation Definition**

(e) The emergency plan required by rule 58A-37.010, F.A.C.

**Interpretive Guideline**

Does the AFCH have a written plan which specifies emergency and evacuation procedures for fires and such natural disasters as hurricanes, floods, and tornadoes? Has the provider reviewed the plan's emergency and evacuation procedures with the residents, the relief person, all staff, and all household members?

**ST - F0308 - Facility Records: Alzheimers/Related Ads**

**Title** Facility Records: Alzheimers/Related Ads

**Type** Rule

59A-37.008(3)(h)

**Regulation Definition**

(3) FACILITY RECORDS. The AFCH provider shall maintain the following records on the premises and ensure the records are available for inspection by the agency:

(h) For AFCHs which claim to provide special care for persons with Alzheimer's disease or related disorders, a copy of all advertisements or documents distributed to the public as described in rule 59A-37.003, F.A.C.

**Interpretive Guideline**

Review facility records for compliance. Are they readily available for inspection?

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**ST - F0400 - PERSONNEL RECORDS**

**Title** PERSONNEL RECORDS

**Type** Rule

59A-37.008(2)(a), 59A-37.007(4)(e)

**Regulation Definition**

59A-37.008  
(2) STAFF RECORDS.  
(a) An AFCH provider shall, at a minimum, maintain the following personnel records on the premises and available for inspection by the agency:

59A-37.007  
(4) TRAINING  
(e) Except as otherwise noted, certificates of any training required by this rule shall be documented in the facility's personnel files.

**Interpretive Guideline**

Review a sample of personnel records for compliance.

**ST - F0401 - Freedom from Communicable Disease**

**Title** Freedom from Communicable Disease

**Type** Rule

59A-37.008(2)(a)1, 59A-37.007(1)(a)

**Regulation Definition**

59A-37.008(2)(a), F.A.C.  
1. For the AFCH provider, each relief person, each adult household member, and each staff person verification of freedom from communicable disease as required under rule 59A-37.007, F.A.C.

**Interpretive Guideline**

Review a sample of staff/household member's records for documentation of freedom from communicable disease, including tuberculosis.

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59A-37.007 Staff Qualifications, Responsibilities and Training.

(1) MINIMUM STAFF REQUIREMENTS.

(a) The provider, all staff, each relief person, and all adult household members must submit a statement from a licensed health care provider that he or she is free from apparent signs and symptoms of communicable diseases, including tuberculosis. The statement must be based on an examination conducted within the six months prior to employment. Annually thereafter, the individual must submit documentation from a licensed health care provider that he or she is free from tuberculosis. An exception is that an individual with a positive tuberculosis test must submit a statement from a licensed health care provider that he or she does not constitute a risk of communicating tuberculosis.

**ST - F0402 - Staff Record Requirements - Training, Documen**

**Title** Staff Record Requirements - Training, Documen

**Type** Rule

59A-37.008(2)(a)2-3

**Regulation Definition**

(2) STAFF RECORDS.

(a) An AFCH provider shall, at a minimum, maintain the following personnel records on the premises and available for inspection by the agency:

2. For the AFCH provider, each relief person, and each staff person:

a. Written documentation of all training required by rule 59A-37.007, F.A.C.

b. A copy of any professional license.

3. For each staff member employed by the provider, a copy of the employment application which shall include the date of beginning employment.

**Interpretive Guideline**

Review a sample of staff records for a copy of the employment application.

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**ST - F0404 - First Aid and CPR - Documentation**

**Title** First Aid and CPR - Documentation

**Type** Rule

59A-37.008(2)(a)4

**Regulation Definition**

(2) STAFF RECORDS.

(a) An AFCH provider shall, at a minimum, maintain the following personnel records on the premises and available for inspection by the agency:

4. For any person left in sole charge of residents written documentation of First Aid and CPR training as required by rule 59A-37.007, F.A.C.

**Interpretive Guideline**

A nurse shall be considered as having met the training requirement for First Aid.

**ST - F0405 - Staffing Agency Requirements**

**Title** Staffing Agency Requirements

**Type** Rule

59A-37.008(2)(b)

**Regulation Definition**

(2) STAFF RECORDS.

(b) If the AFCH provider contracts with a staffing agency to provide services to residents, the contract between the AFCH provider and the staffing agency must specifically describe the services the agency will be providing to residents. The AFCH provider is not required to maintain personnel records for staff provided by a staffing agency.

**Interpretive Guideline**

If services are provided by contract between the AFCH provider and a third party, review the contract.

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**ST - F0500 - ADMISSION Requirements**

**Title** ADMISSION Requirements

**Type** Rule

59A-37.004(1)(a-i)

**Regulation Definition**

- (1) ADMISSION. In order to be admitted as a resident to an AFCH, an individual must:
- (a) Be at least 18 years of age.
  - (b) Be free from apparent signs and symptoms of any communicable disease, including tuberculosis which is likely to be transmitted to others as documented in the Health Assessment Form described in subsection (2). A person who has HIV infection may be admitted provided the person would otherwise be eligible for admission according to this rule.
  - (c) Be capable of self-preservation in an emergency situation involving the immediate evacuation of the AFCH, with assistance with ambulation, if needed.
  - (d) Be able to perform, with supervision or assistance, activities of daily living.
  - (e) Not be a danger to self or others as determined by a health care provider or licensed mental health professional.
  - (f) Not require licensed professional mental health treatment on a 24-hour a day basis.
  - (g) Not have special dietary needs which cannot be met by the provider.
  - (h) Not be bedridden.
  - (i) Not have stage 3 or 4 pressure sores. An individual with a stage 2 pressure sore may be admitted only if the individual is under the care of a licensed nurse pursuant to a plan of care issued by a licensed health care provider. Such nursing service must be provided in accordance with rule 59A-37.006, F.A.C.

**Interpretive Guideline**

- Determine compliance through resident record reviews, including health assessments, observance of resident needs and conditions, and by resident and provider interviews.
- Assistance with Activities of Daily Living (ADLs) are defined in 016.



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**ST - F0509 - RESTRAINTS**

**Title** RESTRAINTS

**Type** Rule

59A-37.004(1)(i)

**Regulation Definition**

(1) ADMISSION. In order to be admitted as a resident to an AFCH, an individual must:  
(j) Not require the use of chemical or physical restraints.

**Interpretive Guideline**

- Physical restraint is defined in tag 0016  
- Chemical restraint is defined in tag 0016  
- Observe residents - do they appear restrained and can they remove the device?  
- Are residents taking medications that are not specific to a medical condition and appear to serve as a chemical restraint?

**ST - F0510 - NURSING SUPERVISION**

**Title** NURSING SUPERVISION

**Type** Rule

59A-37.004(1)(k)

**Regulation Definition**

(1) ADMISSION. In order to be admitted as a resident to an AFCH, an individual must:  
(k) Not require 24-hour nursing supervision.

**Interpretive Guideline**

Twenty-four (24) hour nursing supervision is defined in tag 0016

**ST - F0511 - NURSING NEEDS**

**Title** NURSING NEEDS

**Type** Rule

59A-37.004(1)(l)

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**Regulation Definition**

(1) ADMISSION. In order to be admitted as a resident to an AFCH, an individual must:

(1) Not have personal care and nursing needs which exceed the capability of the provider to meet or arrange for such needs. The provider is responsible for determining the appropriate placement of the individual in the AFCH.

**Interpretive Guideline**

- Determine admission criteria compliance through resident record reviews, observance of resident needs and conditions, and by resident and provider interviews.

**ST - F0512 - Health Assessment Requirement**

**Title** Health Assessment Requirement

**Type** Rule

59A-37.004(2)

**Regulation Definition**

(2) HEALTH ASSESSMENT.

(a) Prior to admission to an AFCH, an individual must have a face-to-face medical examination conducted by a licensed health care provider using AHCA Form 3110-1023, Resident Health Assessment for Adult Family-Care Homes (AFCH), January 2008, which is incorporated by reference. It is available by writing to the Agency for Health Care Administration, Long-Term Care Bureau, 2727 Mahan Drive, Mail Stop 30, Tallahassee, FL 32308-5403 or calling (850)487-2515. It also may be obtained from the Agency's website at [http://ahca.myflorida.com/MCHQ/Long\\_Term\\_Care/Assisted\\_living/afc/Res\\_Health\\_Assmnt.pdf](http://ahca.myflorida.com/MCHQ/Long_Term_Care/Assisted_living/afc/Res_Health_Assmnt.pdf).

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

2. The AFCH provider, or relief person, may obtain the omitted information either verbally or in writing from the

**Interpretive Guideline**

- Review the resident record to verify the presence of a completed and dated Resident Health Assessment form for each resident prior to admission.

- Is the form signed and dated by a licensed physician, physician's assistant, or an advanced registered nurse practitioner?

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licensed health care provider.

3. Omitted information received verbally must be documented in the resident's record, including the name of the licensed health care provider giving the information, the name of the AFCH provider or relief person recording the information, and the date the information was obtained.

(b) Every year thereafter, or after a significant change as defined in subsection (4) of rule 59A-37.006, F.A.C., whichever comes first, the resident must have a face-to-face medical examination conducted by a licensed health care provider using the form referenced in paragraph (a) of this subsection. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement for residents currently living in the AFCH.

**ST - F0513 - DCF Placements**

**Title** DCF Placements

**Type** Rule

59A-37.004(5)

**Regulation Definition**

(5) TEMPORARY EMERGENCY SERVICES. Residents placed on an emergency basis by the Department of Children and Family Services pursuant to section 415.105 or 415.1051, F.S., must meet the admission requirements of this rule. However, only residents whose stay in the home exceeds 30 days must be examined by a licensed health care provider under subsection (2) of this rule, and covered by a residency agreement under rule 59A-37.005, F.A.C. A temporary emergency placement may not be made if the placement causes the home to exceed licensed capacity.

**Interpretive Guideline**

Determine if there are any residents placed on an emergency basis by DCF. If so, review records for compliance with timeframe of medical examination.

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**ST - F0515 - Continued Residency**

**Title** Continued Residency

**Type** Rule

59A-37.004(6)

**Regulation Definition**

(6) CONTINUED RESIDENCY.

(a) The criteria for continued residency shall be the same as the criteria for admission, including a face-to-face medical examination conducted by a licensed health care provider pursuant to subsection (2) of this rule, with the following exceptions:

1. A resident may be bedridden for up to 7 days for a temporary illness.
2. A resident with a stage 2 pressure sore must be discharged if the pressure sore has not healed within 30 days or has not been reduced to stage 1.
3. A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the AFCH if:
  - a. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates the additional care that may be needed,
  - b. Continued residency is agreeable to the resident and the provider; and,
  - c. An interdisciplinary care plan is developed and implemented by the hospice in consultation with the provider.
- (b) If the resident no longer qualifies for continued residency, the provider shall assist the resident to obtain another placement.
- (c) The provider is responsible for monitoring the continued appropriateness of placement of a resident in the home.

**Interpretive Guideline**

- Bedridden is defined in tag 0016
- Determine continued residency compliance through resident record reviews, observance of resident needs and conditions, and by resident and provider interviews.
- Are residents receiving nursing services to permit residents to age in place? If so, does the resident continue to meet residency requirements and are all documents complete pertaining to the required nursing services (s)?
- Ask the provider to identify any predominantly immobile residents.

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**ST - F0517 - Discharge Requirements**

**Title** Discharge Requirements

**Type** Rule

59A-37.004(7)

**Regulation Definition**

(7) DISCHARGE.

(a) Except as provided in paragraph (b), a resident shall not be discharged without 30 days' written notice stating reasons for the move or transfer. The notice shall be delivered to the resident or the resident's representative.

(b) Residents shall only be moved or transferred without the required 30 day notice for the following reasons:

1. The resident's health requires an immediate relocation to a facility which provides a more skilled level of care as certified by a licensed health care provider,
2. The resident's behavior poses an imminent danger to self or others, significantly interferes with the orderly operation of the home, or is continually offensive to other residents, or
3. The AFCH has had its license denied, revoked, or has voluntarily surrendered its license.

**Interpretive Guideline**

- Review closed resident records for compliance with the 30 day written notice requirement.

**ST - F0518 - Admission and Appropriateness of Placement**

**Title** Admission and Appropriateness of Placement

**Type** Rule

59A-37.007(2)(b)

**Regulation Definition**

(b) An adult family-care home provider is responsible for:

1. The operation and maintenance of the AFCH in accordance

**Interpretive Guideline**

Are residents receiving services they need and in compliance with the regulations?

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with chapter 400, part VII, F.S., and this rule chapter.

2. Ensuring that residents are appropriate for placement and continued residency in the home as provided under rule 59A-37.004, F.A.C., and that care and services are provided for residents in accordance with rule 59A-37.006, F.A.C.

**ST - F0600 - Provider Requirement**

**Title** Provider Requirement

**Type** Rule

59A-37.007(2)(a)

**Regulation Definition**

(2) PROVIDER.

(a) An adult family-care home provider must:

1. Be at least 21 years of age.
2. Live in the home.
3. Be able to read, write and complete written materials involved in applying for an AFCH license and maintaining an AFCH.
4. Complete required training.

**Interpretive Guideline**

Does the owner/operator meet the criteria? This is usually already determined when the application is approved for initial licensure.

**ST - F0601 - AFCH Provider Training**

**Title** AFCH Provider Training

**Type** Rule

59A-37.007(1)(c) & (4)(a)

**Regulation Definition**

59A-37.007 Staff Qualifications, Responsibilities and Training.

(1) MINIMUM STAFF REQUIREMENTS.

**Interpretive Guideline**

- Review copies of certificates of completion of training.

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(c) The provider, each relief person, and all staff must comply with the training requirements provided in subsection (4), of this rule.

**(4) TRAINING.**

(a) All AFCH providers must attend a 12-hour basic adult family-care home training program which covers the minimum requirements of section 429.75, F.S., prior to accepting any residents, or for providers who already have persons residing in the home that will be considered residents, prior to licensing.

**ST - F0602 - CONTINUING EDUCATION**

**Title** CONTINUING EDUCATION

**Type** Rule

59A-37.007(4)(b)

**Regulation Definition**

**(4) TRAINING.**

(b) The AFCH provider shall annually obtain 3 hours of continuing education in topics related to the care and treatment of frail elders or disabled adults, or the management and administration of an adult family-care home.

**Interpretive Guideline**

- Review copies of certificates of completion of training.

**ST - F0603 - Relief Staff**

**Title** Relief Staff

**Type** Rule

59A-37.007(3)

**Regulation Definition**

**(3) RELIEF PERSONS.**

- Review the provider's files and their most recent AFCH application for the name of the designated relief person,

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(a) The adult family care home provider must designate one or more relief persons to assume responsibility for the care of residents if the provider is not available to perform that duty.

(b) The relief person must be:

1. At least 21 years of age; and,
2. Knowledgeable about and able to provide for all care needs of the residents.

(c) The provider must notify the agency in writing within 30 days of a change in relief persons and ensure that the relief person is appropriately background screened and trained as described in this rule.

address, telephone number, and date of birth.

**ST - F0605 - Staff First Aid and CPR**

**Title** Staff First Aid and CPR

**Type** Rule

59A-37.007(4)(c)

**Regulation Definition**

(4) TRAINING.

(c) The AFCH provider, each relief person, and any person left in sole charge of residents, which may include staff, household members or volunteers, must hold a currently valid card documenting completion of courses in First Aid and CPR. A nurse shall be considered as having met the training requirement for First Aid.

**Interpretive Guideline**

- Review documentation of current completion of First Aid and CPR courses for each person left in sole charge of residents.

**ST - F0606 - Staff Training**

**Title** Staff Training

**Type** Rule

59A-37.007(4)(d); 429.75(1-3)



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**Regulation Definition**

59A-37.007

(4) TRAINING.

(d) Prior to assuming responsibility for the care of residents or within 30 days of employment, the AFCH provider shall ensure that each relief person and all staff receive training in areas that are relevant to the person's job duties, including emergency and evacuation procedures, universal precautions, food safety, reporting abuse and neglect, and resident rights.

429.75 Training and education programs.-

(1) Each adult family-care home provider shall complete training and education programs.

(2) Training and education programs must include information relating to:

(a) State law and rules governing adult family-care homes, with emphasis on appropriateness of placement of residents in an adult family-care home.

(b) Identifying and reporting abuse, neglect, and exploitation.

(c) Identifying and meeting the special needs of disabled adults and frail elders.

(d) Monitoring the health of residents, including guidelines for prevention and care of pressure ulcers.

(3) Providers must complete the training and education program within a reasonable time determined by the agency. Failure to complete the training and education program within the time set by the agency is a violation of this part and subjects the provider to revocation of the license.

**Interpretive Guideline**

- Relief persons and staff may attend AFCH basic training to fulfill this requirement.

- Review documentation including employment applications, and training certificates or documents to determine whether the provider has ensured that relief persons and staff have received required training.

- The AFCH provider may provide the required training to relief persons and staff.

- Observe staff (and relief persons, if possible) performing job duties. Are they caring for residents? Ask the provider to define the job duties of each staff person and relief person? What does each staff person and relief person report as their job duties?

**ST - F0608 - Additional Training/Education**

**Title** Additional Training/Education

**Type** Rule

429.75(4)

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**Regulation Definition**

If the Department of Children and Families or the agency determines that there are problems in an adult family-care home which could be reduced through specific training or education beyond that required under this section, the agency may require the provider or staff to complete such training or education.

**Interpretive Guideline**

**ST - F0611 - STAFFING STANDARDS - Notification to Agency**

**Title** STAFFING STANDARDS - Notification to Agency

**Type** Rule

59A-37.007(2)(c)

**Regulation Definition**

(c) In the event of severe illness, incapacity, or death of the provider, the relief person or staff in charge shall notify each resident's representative or case manager, and the AHCA Area Office within 24 hours.

**Interpretive Guideline**

Review resident records for documentation if there was such an event.

**ST - F0700 - Medication: Assistance & Administration**

**Title** Medication: Assistance & Administration

**Type** Rule

59A-37.006(1)(b)(1, 2, 4 & 6)

**Regulation Definition**

The adult family-care home provider shall ensure the provision of the following in accordance with chapter 429, part II, F.S., this rule chapter, and the residency agreement:

(1) PERSONAL SERVICES.

(b) Assistance with or supervision of the self-administration of

**Interpretive Guideline**

- Review the AFCH's currently prescribed resident medication list for all residents who self-administer or who require supervision or assistance with medication. Does the medication list include each medication prescribed, its strength and directions, and common side effects?

- Are medications stored according to statutory and rule requirements

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medication, or medication administration.

1. Residents who are capable of self-administering their medications shall be encouraged and allowed to do so.
2. For residents who require supervision or assistance with self-administration, the provider or staff shall, as needed:
  - a. Remind residents when to take medications,
  - b. Prepare and make available such items as water, juice, cups, spoons, or other items necessary for administering the medication,
  - c. Obtain the medication and provide it to the resident,
  - d. Observe the resident take the medication and verify that the resident is taking the dosage as prescribed; and,
  - e. Provide any other assistance at the express direction of the resident or the resident's representative, except for administering the medication as defined in section 465.003, F.S.

4. A list of currently prescribed medications shall be maintained for all residents who self-administer or who require supervision or assistance with medications which includes the name of each medication prescribed, its strength and directions for use, and common side effects.

6. Prescription medications which are centrally stored by the provider shall be appropriately stored in their legally dispensed, labeled, original containers. Appropriately stored means that the medication be kept in an area free of dampness and abnormal temperatures, except that a medication requiring refrigeration shall be refrigerated.

**ST - F0703 - Medication: Administration**

**Title** Medication: Administration

**Type** Rule

59A-37.006(1)(b)3

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**Regulation Definition**

The adult family-care home provider shall ensure the provision of the following in accordance with chapter 429, part II, F.S., this rule chapter, and the residency agreement:

(1) PERSONAL SERVICES.

(b)3. Medication administration in an AFCH is a nursing service and may only be provided as described in subsection (5) of this rule, except that instead of nursing progress notes, a record of medication administration shall be maintained which includes the name of the resident and any known allergies the resident may have; the name of the resident's health care provider and the health care provider's telephone number; the name of each medication prescribed, its strength, and directions for use; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The chart must be updated each time the medication is administered.

**Interpretive Guideline**

- Only persons licensed to administer medications (e.g., registered nurse, licensed practical nurse under the direction of a registered nurse, licensed physician), shall administer medications to AFCH residents.
- If a provider, relief person(s), or staff person(s) administers medications to residents, the home must maintain a copy of each person's current and valid professional license available for agency inspection.

**ST - F0705 - Medication: Pill Organizers**

**Title** Medication: Pill Organizers

**Type** Rule

59A-37.006(1)(b)5

**Regulation Definition**

The adult family-care home provider shall ensure the provision of the following in accordance with chapter 429, part II, F.S., this rule chapter, and the residency agreement:

(1) PERSONAL SERVICES.

(b)5. Nurses may manage weekly pill organizers for residents who self-administer or who require supervision or assistance with self-administration.

**Interpretive Guideline**

- If the resident is not filling their pill organizer, then a nurse must perform that duty.

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**ST - F0800 - Resident Care: Personal Services**

**Title** Resident Care: Personal Services

**Type** Rule

59A-37.006(1)(a)

**Regulation Definition**

The adult family-care home provider shall ensure the provision of the following in accordance with chapter 429, part II, F.S., this rule chapter, and the residency agreement:

(1) PERSONAL SERVICES.

(a) Assistance with or supervision of the activities of daily living as required by the resident. For a diabetic resident or a resident who has documented circulatory problems, cutting toenails shall only be permitted with written approval of the health care provider.

**Interpretive Guideline**

Assistance with activities of daily living defined in 0016

**ST - F0802 - RESIDENT CARE: Provider Access**

**Title** RESIDENT CARE: Provider Access

**Type** Rule

59A-37.006(2)(c)

**Regulation Definition**

(2) SUPERVISION.

(c) The provider must be accessible by telephone or pager or other appropriate means so that the resident is able to communicate with him or her during the period that the resident is left without supervision in the AFCH.

**Interpretive Guideline**

- A resident may be left alone for no more than 2 hours as specified by the resident ' s health care provider on AHCA From 3110-1023, (AFCH-1110), 1/08.
- Do residents know how to contact the provider during periods without supervision?

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**ST - F0803 - RESIDENT CARE : Health Monitoring**

**Title** RESIDENT CARE : Health Monitoring

**Type** Rule

59A-37.006(4)

**Regulation Definition**

(4) HEALTH MONITORING. The AFCH provider shall be responsible for observing, recording and reporting any significant changes in the resident's normal appearance, behavior or state of health to the resident's health care provider, representative, and case manager. Significant changes include a sudden or major shift in behavior or mood; or a deterioration in health status, such as unplanned weight change, stroke, heart condition, a stage 2 pressure sore. Ordinary day-to-day fluctuations in functioning and behavior, short-term illness such as a cold, or the gradual deterioration in the ability to carry out the activities of daily living that accompanies the aging process are not considered significant changes. As part of health monitoring, residents must be weighed monthly.

**Interpretive Guideline**

- Are significant changes recorded in the resident's record? Does it appear through record review and/or observation that a resident has experienced a significant change that has not been reported to the resident's health care provider and representative or case manager?

**ST - F0804 - RESIDENT CARE : Arrangement for health care**

**Title** RESIDENT CARE : Arrangement for health care

**Type** Rule

59A-37.006(6)(a)

**Regulation Definition**

(7) ADDITIONAL SERVICES. The adult family-care home provider shall also ensure the provision of the following:  
(a) The arrangement of, transportation to, and for someone to

**Interpretive Guideline**

- Are there AFCH residents that appear to need accompaniment to health care appointments due to physical infirmities or mental conditions? Are those residents being accompanied?

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accompany the resident to medical, dental, nursing, or mental health appointments, to the extent needed by the resident.

**ST - F0805 - RESIDENT CARE: Clothing**

**Title** RESIDENT CARE: Clothing

**Type** Rule

59A-37.006(6)(b)

**Regulation Definition**

(7) ADDITIONAL SERVICES. The adult family-care home provider shall also ensure the provision of the following:  
(b) Clothing that is in good repair, consistent with general standards of dress in the community, and appropriate for the season.

**Interpretive Guideline**

- Are residents dressed appropriately? Residents are not overdressed in warm weather or underdressed in cold weather. Clothing is of good condition and fit, and is not threadbare.

**ST - F0806 - RESIDENT CARE: Laundry**

**Title** RESIDENT CARE: Laundry

**Type** Rule

59A-37.006(6)(c)

**Regulation Definition**

(7) ADDITIONAL SERVICES. The adult family-care home provider shall also ensure the provision of the following:  
(c) Linens and laundry services shall be furnished as needed by the provider. Residents who wish to use their own linens, or who are willing and able to do their own laundry shall be permitted to do so.

**Interpretive Guideline**

- Are laundry facilities available for use by residents who choose to do their own laundry?

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**ST - F0807 - RESIDENT CARE: ACTIVITIES**

**Title** RESIDENT CARE: ACTIVITIES

**Type** Rule

59A-37.006(6)(d)

**Regulation Definition**

(7) ADDITIONAL SERVICES. The adult family-care home provider shall also ensure the provision of the following:  
(d) Securing social and leisure services for the resident.

**Interpretive Guideline**

If concerns are identified with access to social and leisure services for the residents, determine how the provider encourages and offers assistance with obtaining these services.

**ST - F0808 - Resident Care: Religious Activities**

**Title** Resident Care: Religious Activities

**Type** Rule

59A-37.006(6)(e)

**Regulation Definition**

(7) ADDITIONAL SERVICES. The adult family-care home provider shall also ensure the provision of the following:  
(e) Arranging for participation in religious activities, if requested by the resident.

**Interpretive Guideline**

**ST - F0809 - RESIDENT CARE : Homelike Atmosphere**

**Title** RESIDENT CARE : Homelike Atmosphere

**Type** Rule

59A-37.006(6)(f)



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**Regulation Definition**

(7) ADDITIONAL SERVICES. The adult family-care home provider shall also ensure the provision of the following:  
(f) A congenial and homelike atmosphere within the residence.

**Interpretive Guideline**

- Are resident and provider interactions pleasant? Do the individuals living in the house, including the provider and family members, create a friendly and welcoming environment for the residents?

**ST - F0810 - RESIDENT CARE STANDARDS**

**Title** RESIDENT CARE STANDARDS

**Type** Rule

429.85(1)

**Regulation Definition**

429.85 Residents' bill of rights.-

- (1) A resident of an adult family-care home may not be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the State Constitution, or the Constitution of the United States solely by reason of status as a resident of the home. Each resident has the right to:
- (a) Live in a safe and decent living environment, free from abuse and neglect.
  - (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and privacy.
  - (c) Keep and use the resident's own clothes and other personal property in the resident's immediate living quarters, so as to maintain individuality and personal dignity, except when the provider can demonstrate that to do so would be unsafe or an infringement upon the rights of other residents.
  - (d) Have unrestricted private communication, including receiving and sending unopened correspondence, having access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum.
  - (e) Be free to participate in and benefit from community services and activities and to achieve the highest possible level

**Interpretive Guideline**

The AFCH provider must ensure compliance with all resident rights.

A physical restraint is a device or item which physically limits, restricts, or deprives an individual of movement or mobility. The term also includes any device which was not specifically manufactured as a restraint but which has been altered, arranged or otherwise used for this purpose or otherwise modified to be used as a physical restraint. A physical restraint is not an item or device which the individual can remove or avoid without assistance.

A chemical restraint is a pharmacologic drug that physically limits, restricts, or deprives an individual of movement or mobility, and is used for discipline or convenience and not required for the treatment of medical symptoms.

Surveyor Probes:

Is there consistent application of resident rights? Are there any household rules listed that violate resident rights?

Are resident rights being protected through resident interviews, family interviews, surveyor observations, and discussions with LTCOC and HRAC staff regarding any resident right complaints?

During confidential interviews, ask probing questions regarding residents rights such as: What is the provider's demeanor and attitude toward residents;

Are the residents allowed to select clothing, and decorate their rooms to suit their individual preferences;

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of independence, autonomy, and interaction within the community.

(f) Manage the resident's own financial affairs unless the resident or the resident's guardian authorizes the provider to provide safekeeping for funds in accordance with procedures equivalent to those provided in s. 429.27.

(g) Share a room with the resident's spouse if both are residents of the home.

(h) Have reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals.

(i) Exercise civil and religious liberties, including the right to independent personal decisions. Religious beliefs or practices and attendance at religious services may not be imposed upon a resident.

(j) Have access to adequate and appropriate health care.

(k) Be free from chemical and physical restraints.

(l) Have at least 30 days' notice of relocation or termination of residency from the home unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. If a resident has been adjudicated mentally incompetent, the resident's guardian must be given at least 30 days' notice, except in an emergency, of the relocation of a resident or of the termination of a residency. The reasons for relocating a resident must be set forth in writing.

(m) Present grievances and recommend changes to the provider, to staff, or to any other person without restraint, interference, coercion, discrimination, or reprisal. This right includes the right to have access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

Are there resident communication privacy problems or restrictions in the AFCH such as in visiting with guests or family, sending and receiving letters, telephone location/availability/accessibility/conduciveness to privacy;

Are resident religious preferences respected, including the right or not to participate;

Are there any prohibitions against resident participation in community functions and activities;

Are married couples given the opportunity to share a room;

What opportunities does the AFCH provide for regular exercise several times a week and to be outdoors regularly?

Are the residents attending their scheduled health care appointments as necessary, and how do they get to those appointments?

If there are prohibitions or household rules against residents using their own personal property, has the provider clearly established specific personal property as unsafe or infringing on the rights of other residents?

Was the reason clearly explained to the resident? Was the provider's determination not to allow the personal property consistent with the residents' bill of rights?

Observe residents in wheelchairs for restraints.

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**ST - F0811 - Resident Rights - Provider Resp.**

**Title** Resident Rights - Provider Resp.

**Type** Rule

429.85(2-4)

**Regulation Definition**

(2) The provider shall ensure that residents and their legal representatives are made aware of the rights, obligations, and prohibitions set forth in this part. Residents must also be given the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council and the Elder Abuse Hotline operated by the Department of Children and Families where they may lodge complaints.

(3) The adult family-care home may not hamper or prevent residents from exercising the rights specified in this section.

(4) A provider or staff of an adult family-care home may not serve notice upon a resident to leave the premises or take any other retaliatory action against any person who:

(a) Exercises any right set forth in this section.

(b) Appears as a witness in any hearing, in or out of the adult family-care home.

(c) Files a civil action alleging a violation of this part or notifies a state attorney or the Attorney General of a possible violation of this part.

**Interpretive Guideline**

Tour the facility to observe for any posting of information. Review facility documentation and resident records for documentation of education on resident rights, obligations and prohibitions.

**ST - F0900 - NURSING SERVICES**

**Title** NURSING SERVICES

**Type** Rule

59A-37.006(6)

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**Regulation Definition**

(6) NURSING SERVICES. In order to permit the resident to age in place, any nursing service needed by the resident can be provided or arranged for by the provider, or the resident or the resident's representative may directly contract with a licensed home health agency or nurse to provide these services, provided that:

(a) The resident does not exceed the admission and continued residency standards provided under rule 59A-37.004, F.A.C.; and,

(b) If provided or arranged for by the AFCH provider, the nursing service must be:

1. Authorized by a health care provider's order,
2. Medically necessary and reasonable for treatment of the resident's condition,
3. Properly provided pursuant to chapter 464, F.S., and the prevailing standard of practice in the nursing community,
4. A service that can be safely, effectively, and efficiently provided in the home,
5. Recorded in nursing progress notes; and,
6. Provided in accordance with the residency agreement.

**Interpretive Guideline**

Health Care Provider is defined in 0016.

**ST - F0901 - House Rules and Complaint Procedures**

**Title** House Rules and Complaint Procedures

**Type** Rule

59A-37.004(3)

**Regulation Definition**

(3) HOUSE RULES AND COMPLAINT PROCEDURES.

(a) Prior to, or at the time of admission, the AFCH must provide the resident, or representative, with the following:

1. A copy of the AFCH house rules,
2. The Resident's Bill of Rights established under section

**Interpretive Guideline**

Review the facility policy and procedure for notifying residents of house rules and complaint procedures.

Interview residents about their awareness of the process.

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429.85, F.S.,  
3. Written information referenced in subsection (6) of rule 59A-37.003, F.A.C., and the procedure for making complaints to these entities.  
(b) Additionally, the provider, or relief person, must make the resident, or representative, aware of the location of the documents posted pursuant to subsection (6) of rule 59A-37.003, F.A.C.

**ST - F0903 - SUPERVISION**

**Title** SUPERVISION

**Type** Rule

59A-37.006(2)(a)-(b)

**Regulation Definition**

(2) SUPERVISION.  
The AFCH provider shall provide general supervision 24 hours per day, except as provided in paragraph (a), of this subsection. General supervision means the provider or designee is aware of the resident's whereabouts and well-being while the resident is on the premises of the AFCH. The provider is responsible for determining the level of supervision necessary to ensure the resident's safety and security as well as to remind the resident of any important tasks or activities, including appointments.  
(a) A resident may be left without supervision in an AFCH for up to 2 hours in a 24-hour period if his or her licensed health care provider submits written certification that doing so will not compromise the resident's health, safety, security or well-being. This certification is included on AHCA Form 3110-1023, Resident Health Assessment for Adult Family-Care Homes (AFCH), as referenced in rule 59A-37.004, F.A.C.  
(b) The health care provider's certification must be completed

**Interpretive Guideline**

Interview staff about how they determine what level of supervision each resident requires.  
Review policy and procedures.

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annually from the date of the original assessment, or sooner, if a significant change occurs pursuant to subsection (4) of this rule, or when there is a compelling reason why the resident should not be left without supervision in the AFCH.

**ST - F1000 - FOOD SERVICE**

**Title** FOOD SERVICE

**Type** Rule

59A-37.006(5)(a-d & f-h)

**Regulation Definition**

(5) FOOD SERVICE.

(a) For residents not routinely absent from the home for a day program or other purpose, at least 3 meals shall be prepared and served in the home where the resident lives during each 24 hour period. Beverages and nutritious snacks shall be made available between meals.

(b) If residents are routinely absent from the AFCH during a regular meal time, they must be provided with take-out meals if other provisions have not been made by the resident or the day program.

(c) Payment for meals eaten away from home for the convenience of the provider (i.e., restaurants or senior meal sites) is the responsibility of the provider. However, meals and snacks as part of an individually arranged recreational outing are the responsibility of the resident.

(d) In order to ensure adequate nutrition and variety, meals shall be planned based on the recommendations of the U.S. Department of Agriculture's Food Guide Pyramid - A Guide to Daily Food Choices, dated August 1992, which is incorporated by reference; prepared by methods which conserve nutritional value; and served in a form easy for the residents to manage. A copy of the Food Guide Pyramid may be obtained from the Assisted Living Program, Department of Elderly Affairs, 4040

**Interpretive Guideline**

- Are residents receiving a balanced diet consisting of the 4 basic food groups: bread, cereal, rice, and pasta; vegetables and fruit; milk, yogurt, and cheese; and meat, poultry, fish, dry beans, eggs and nuts?
- Picnic lunches and brown bag lunches can serve as take-out meals when residents are away from the AFCH.

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Esplanade Way, Tallahassee, Florida 32399-7000, telephone number (850)414-2309.

(f) Consideration shall be given to the resident's cultural and ethnic background and individual preferences in food selection and preparation.

(g) Dining and serving arrangements shall provide an opportunity for residents to make food selections.

(h) All residents shall be given the opportunity to eat with the AFCH provider, other residents, and other members of the household.

**ST - F1006 - FOOD SERVICE**

**Title** FOOD SERVICE

**Type** Rule

59A-3.009(2)(b) 59A-37.006(5)(e)

**Regulation Definition**

59A-37.009(2)(b), F.A.C.

(b) The furnishings in common areas shall be adequate to accommodate all residents and household members, including allowing the residents and household members to eat together in the dining area. The provider shall assist the resident to use any adaptive equipment for eating if such equipment has been ordered by the resident's health care provider.

59A-37.006(5), F.A.C.

(e) Special diets are to be provided as prescribed in written orders by the resident's health care provider.

**Interpretive Guideline**

- Are there any residents with limited use of their arms or hands? Is the resident being assisted with using the adaptive equipment?
- When a resident has a special diet, written health care provider orders must be on the resident's health assessment or on a separate order or prescription form. This information must be in the resident's record. Foods prepared should match the diet order.

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**ST - F1100 - PHYSICAL SITE: GENERAL**

**Title** PHYSICAL SITE: GENERAL

**Type** Rule

59A-37.009(1)(a-b) & (5)

**Regulation Definition**

(1) GENERAL REQUIREMENTS.

(a) The AFCH shall be located, designed, equipped, and maintained to ensure a home-like environment, and to provide safe care and supervision for all residents. Residents shall be allowed free use of all space within the home except when such use interferes with the safety, privacy, and personal possessions of household members and other residents.

(b) The AFCH shall be structurally sound and in good repair. Windows, doors, plumbing, and appliances shall be functional and in good working order. All furniture and furnishings shall be clean and functional.

(5) OUTDOOR AREAS. The AFCH shall have a yard available and accessible for use by residents.

**Interpretive Guideline**

- If any resident has mobility impairments, such as requiring a walker, wheelchair, or cane, the AFCH should be designed in such a way that the resident can access all areas of the home.
- Are all areas of the home accessible to all residents?
- This standard includes all aspects of the building(s), including walkways, carports, porches, and decks and patios.
- If there are non-ambulatory residents ensure there are wheelchair ramps from exterior doors, and non-ambulatory residents can safely and easily maneuver the ramp.

**ST - F1102 - PHYSICAL SITE STANDARDS**

**Title** PHYSICAL SITE STANDARDS

**Type** Rule

59A-37.009(1)(c)

**Regulation Definition**

(c) In order to ensure a safe and sanitary environment, the AFCH must be inspected by the county health department, pursuant to chapter 64E-12, F.A.C., at the time of license

**Interpretive Guideline**

The AFCH shall receive a sanitation inspection every 365 days.

Surveyor Probes:



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application and prior to license renewal.

Review the AFCH'S county health department sanitation inspection report. Was the inspection conducted by the county health department prior to initial licensing, and annually thereafter?

If the provider is requesting a capacity increase, has the county health department conducted a sanitation inspection and approved the home for the increased capacity?

Report suspected violations to the county health department.

**ST - F1104 - PHYSICAL SITE: Living Space**

**Title** PHYSICAL SITE: Living Space

**Type** Rule

59A-37.009(2)(a) & (3)(a)

**Regulation Definition**

**(2) COMMON AREAS.**

(a) At a minimum, there must be 40 square feet of common space per each resident and household occupant, or a total of 150 square feet of common area, whichever is greater.

Common space includes the living room, family room, and dining room. The basement and garage shall not be included in the total common area unless space was constructed or renovated to be used as a common area pursuant to a lawfully issued permit. Household occupants include residents and household members, 2 years of age and older, who reside in the AFCH.

**(3) BEDROOMS.**

(a) Single bedrooms for residents shall provide at least 80 square feet of floor space for each resident. Multi-occupancy bedrooms shall provide at least 60 square feet of floor space per resident. Any area where a sloped ceiling does not allow a person to stand upright shall not be counted as part of the required floor space. Homes licensed for the first time after

**Interpretive Guideline**

- Common space does not include bathrooms, corridors, storage space, or screened porches which cannot be adapted for year round use.
- To determine the minimum square footage required for the AFCH, add the total of a minimum of 40 square feet of common space per resident and household occupant. Example: 40 sq. ft. x 1 provider=40 sq. ft.+40 sq. ft. x 1 household member = 40 sq. ft. Total=280 sq. ft.
- If concerns regarding appropriate living space is identified, review the AFCH floor plan with square footage measurements. If questionable, measure the square footage.
- Common area furnishings include, but are not limited to, dining table and chairs, couches, living room chairs, bookcases, lamps, personal amenities, personal storage space such as dressers, chests, tables, reading lights, waste baskets, personal chairs, etc.

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February 2, 1995, or already licensed homes who increase their maximum capacity after February 2, 1995, may not have more than two residents per room.

**ST - F1106 - PHYSICAL SITE: Telephone Access**

**Title** PHYSICAL SITE: Telephone Access

**Type** Rule

59A-37.009(2)(c-d)

**Regulation Definition**

(2) COMMON AREAS.

(c) The AFCH shall, at a minimum, maintain a telephone in the home which is available and accessible for the residents' use at all times and, to the extent practicable, situated so as to facilitate private communication.

(d) Pursuant to section 400.0071, F.S., the procedures for lodging complaints with the long-term care ombudsman council must be posted in full-view in a common area accessible to all residents.

**Interpretive Guideline**

- Are residents able to have access to a telephone 24 hours a day?

**ST - F1108 - PHYSICAL SITE: BEDROOM**

**Title** PHYSICAL SITE: BEDROOM

**Type** Rule

59A-37.009(3)(b-f)

**Regulation Definition**

(3) BEDROOMS.

(b) Bedrooms for all residents shall be finished with walls or partitions which go from floor to ceilings and which have a door which opens directly to a hallway or common area without passage through another bedroom or common

**Interpretive Guideline**

- Vision panels compromise the privacy of the resident and are not allowed in the AFCH.

- Verify that residents who are non-ambulatory or who require assistance with, or supervision of, ambulation are housed on the ground floor.

- Suspected violations must be reported to the local fire safety authority.

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bathroom. Bedroom doors shall not have vision panels.

Window drapes or shades shall be provided to ensure resident privacy.

(c) There shall be a separate bed at least 36 inches wide and 72 inches in length for each resident consisting of a mattress and frame at a comfortable height to assure easy access by the resident. Cots, rollaways, bunks, trundles, couches, and folding beds may not be used for residents.

(d) A household member may not sleep in areas designated as common areas, nor share a bedroom with a resident. Married residents shall be provided the option of sharing bedroom accommodations, but non-related residents of different genders shall not be required to share bedroom accommodations.

(e) In addition to closet space, each bedroom shall have separate and private storage space for each resident's clothing and personal effects. Residents shall be allowed to keep and use reasonable amounts of personal belongings, and shall be allowed to decorate their private quarters in an individual style provided such decor does not damage the provider's property.

(f) Bedrooms shall be on a ground level for residents who are non-ambulatory or have impaired mobility.

**ST - F1114 - PHYSICAL SITE: BATHROOM**

**Title** PHYSICAL SITE: BATHROOM

**Type** Rule

59A-37.009(4)

**Regulation Definition**

(4) BATHROOMS.

(a) A toilet and sink shall be provided on each floor with resident bedrooms. There shall be at least one toilet and sink for each 4 household occupants, and at least one tub or shower for each 6 household occupants. Household occupants include

**Interpretive Guideline**

- Tempered glass should be so designated on glass.
- Grab bars may be portable or permanent fixtures, but must be securely affixed to the bathtub or shower, or adjoining walls and easily reached.
- If a bathroom is solely accessed through a resident or provider's bedroom, the sink, toilet, and shower/tub can be counted towards the required minimum for those individual(s) living in that bedroom only and cannot count towards

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residents and household members, 2 years of age and older, who reside in the AFCH.

(b) Bathrooms shall have a finished interior, a mirror, and a door which insures privacy and opens to a hall or common area. Access to a bathroom may not be through another person's bedroom.

(c) Glass shower doors shall be tempered safety glass; shower curtains shall provide privacy. Non-slip floor surfaces shall be provided in tubs and showers. Residents shall have racks or hooks for drying bath linens and be provided a separate place for tooth brushes and towels.

(d) Bathrooms used by physically handicapped residents shall have grab bars for toilets, tubs, and showers. Hot water temperature shall be supervised for persons unable to self-regulate water temperature.

(e) If the home has a hot tub or spa, it shall have a safety cover when not in use.

the requirement of other individuals living at the house.

**ST - F1200 - FIRE SAFETY: Inspections**

**Title** FIRE SAFETY: Inspections

**Type** Rule

59A-37.010(1); 59A-37.008(3)(i)

**Regulation Definition**

59A-37.010

(1) FIRE SAFETY STANDARDS.

(a) Each adult family-care home shall be subject to the requirements of rule chapter 69A-57, F.A.C., Uniform Fire Safety Standards for Adult Family Care Homes.

(b) At the time of license application, prior to license renewal, and prior to an increase in capacity, the provider shall request the local authority having jurisdiction over fire safety to inspect the home for compliance with local codes and ordinances and the minimum standards of this rule. The

**Interpretive Guideline**

- Fire safety inspections shall be conducted every 365 days, and prior to a capacity increase.

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inspection may be made by an employee of the agency who has a certification in fire safety, if the local fire authority indicates in writing that there is no inspector available to conduct an inspection. However, only the local fire authority shall give approval for multi-storied frame buildings.

59A-37.008

(3) FACILITY RECORDS. The AFCH provider shall maintain the following records on the premises and ensure the records are available for inspection by the agency:

(i) The facility shall maintain a record of each fire exit drill on Form DI4-1437, revised 1/2001, Fire Exit Drill Records for Adult Family Care Homes as set forth in subsections 59A-37.006(6) and (7), F.A.C.

**ST - F1201 - EMERGENCY PROCEDURE**

**Title** EMERGENCY PROCEDURE

**Type** Rule

59A-37.010(2)(a) & (c-d)

**Regulation Definition**

(2) EMERGENCY PROCEDURES.

(a) The AFCH shall have a written plan which specifies emergency and evacuation procedures for fires and such natural disasters as hurricanes, floods, and tornadoes. The provider shall review the plan's emergency and evacuation procedures with the residents, the relief person, all staff, and all household members.

(c) Emergency telephone numbers shall be present by a designated telephone and include the following:

1. The emergency number 911,
2. Police,
3. Fire department,

**Interpretive Guideline**

- Are relief persons and staff familiar with their roles in implementing the emergency and evacuation plan?

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4. Ambulance,
  5. The Florida Poison Information Center 1(800)282-3171,
  6. Abuse Hotline 1(800)962-2873,
  7. District Long-Term Care Ombudsman Council,
  8. AHCA's Field Office,
  9. The Relief Person; and,
  10. Providers of essential medical services.
- (d) In the event of a declared disaster or emergency, the AFCH provider shall make available all necessary information regarding a resident's location to essential medical services providers, both during and after the disaster or emergency.

**ST - F1202 - EMERGENCY PROCEDURE: EMERGENCY SUPPLIES**

**Title** EMERGENCY PROCEDURE: EMERGENCY SUPPLIES

**Type** Rule

59A-37.010(2)(b)

**Regulation Definition**

(2) EMERGENCY PROCEDURES.  
(b) The provider shall at all times maintain first aid and emergency supplies including a 3-day supply of non-perishable food based on the number of residents and household members currently residing in the home, and 2 gallons of drinking water per current resident and household member.

**Interpretive Guideline**

- All non-perishable food on the premises at time of survey should be included in the calculation of the 3-day supply of emergency food. Non-perishables are dry or canned goods that do not require refrigeration.
- Having a backup generator and a propane gas source does not exempt the home from having a 3-day supply of non-perishable foods.

**ST - F1300 - Visitation**

**Title** Visitation

**Type** Rule

DEM Emerg Order 20-009

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**Regulation Definition**

1. Every facility must continue to prohibit the entry of any individual to the facility except in the following circumstances listed below within this Section. All facilities must require any individual who is entering the facility and who will have physical contact with any resident to wear PPE pursuant to the most recent CDC guidelines. Persons without physical contact with any resident must wear a face mask.

A. Family members, friends, and individuals visiting residents in end-of-life situations only;

B. Hospice or palliative care workers caring for residents in end-of-life situations;

C. Any individuals or providers giving necessary health care to a resident, provided that such individuals or providers (1) comply with the most recent Centers for Disease Control and Prevention (CDC) requirements for PPE, (2) are screened for signs and symptoms of COVID-19 prior to entry, and (3) comply with the most recent infection control requirements of the CDC and the facility;

D. Facility staff;

E. Facility residents;

F. Attorneys of Record for a resident in an Adult Mental Health and Treatment Facility or forensic facility for court related matters if virtual or telephonic means are unavailable;

G. Public Guardians as set forth in chapter 744, Florida Statutes, Professional Guardians as defined by subsection 744.102(17), Florida Statutes and their professional staff pursuant to subsection 744.361(14), Florida Statutes;

H. Representatives of the federal or state government seeking entry as part of his or her official duties, including, but not limited to, Long-Term Care Ombudsman program, representatives of the Department of Children and Families, the Department of Health, the Department of Elderly Affairs, the Agency for Health Care Administration, the Agency for Persons with Disabilities, a protection and advocacy organization under 42 U.S.C. §15041, the Office of the

**Interpretive Guideline**

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Attorney General, any law enforcement officer, and any emergency medical personnel;

I. Essential caregivers and compassionate care visitors who meet the following definitions and satisfy the following criteria:

i. Essential caregivers are those who have been given consent by the resident or his or her representative to provide services and/or assistance with activities of daily living to help maintain or improve the quality of care or quality of life for a facility resident. Essential caregivers include persons who provided services before the pandemic and those who request to provide services.

1. Care or services provided by essential caregivers must be identified in the plan of care or service plan and may include bathing, dressing, eating, and/or emotional support.

ii. Compassionate care visitors provide emotional support to help a resident deal with a difficult transition or loss, upsetting event, or end-of-life. Compassionate care visitors may be allowed entry into facilities on a limited basis for these specific purposes.

iii. Each resident or his or her representative may designate up to two (2) essential caregivers and up to two (2) compassionate care visitors. Other than in end-of-life situations, a resident may be visited by one (1) such visitor at a time; however, an intermediate care facility or Agency for Persons with Disabilities licensed foster-care or group home facility may allow up to two (2) such visitors at a time.

iv. Regarding essential caregivers and compassionate care visitors, the facility shall:

1. Establish policies and procedures for designation and utilizations of essential caregivers and compassionate care visitors.

2. Set a limit on the total number of visitors allowed in the facility based on the ability of staff to safely screen and monitor visitation.



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3. Develop an agreeable schedule in concert with the resident and visitor, including evening and weekends, to accommodate work or childcare barriers.

4. Provide infection prevention and control training, including training on proper use of personal protective equipment (PPE), hand hygiene, and social distancing.

5. Designate key staff to support infection prevention and control training.

6. Screen general visitors to prevent possible introduction of COVID-19;

7. Maintain a visitor log for signing in and out.

8. Prohibit visits, except for compassionate care visits, if the resident is quarantined or if the resident is positive for or shows symptoms of COVID-19.

9. Monitor visitor adherence to appropriate use of face masks, PPE, and social distancing.

10. After attempts to mitigate concerns, restrict or revoke visitation if the essential caregiver or compassionate care visitor fails to follow infection prevention and control requirements or other COVID-19-related rules of the facility.

v. Essential caregivers and compassionate care visitors shall:

1. Wear a surgical mask and other PPE as appropriate. PPE for essential caregivers and compassionate care visitors must be consistent with the most recent CDC guidance for health care workers.

2. Participate in facility-provided training on infection prevention and control, use of PPE, use of masks, hand sanitation, and social distancing, and sign acknowledgement of completion of training and adherence to the facility's infection prevention and control policies.

3. Comply with facility-provided COVID-19 testing, if offered;

4. Provide care or visit in the resident's room or in facility designated areas within the building.

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5. Maintain social distance of at least six feet with staff and other residents and limit movement in the facility.

vi. The facility may require essential caregivers and compassionate care visitors to submit to facility-provided COVID-19 testing so long as use of testing is based on the most recent CDC and U.S. Food and Drug Administration (FDA) guidance.

J. General visitors, i.e. individuals other than essential caregivers or compassionate care visitors, under the criteria detailed below.

i. To accept general visitors, the facility must meet the following criteria:

1. Other than in a dedicated wing or unit that accepts COVID-19 cases from the community, the facility must have no new facility-onset of resident COVID-19 cases in the previous fourteen (14) days;

2. The facility must have fourteen (14) days with no new facility-onset of staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test;

3. Sufficient staff to support management of visitors;

4. Adequate PPE for staff, at a minimum;

5. Adequate cleaning and disinfecting supplies; and

6. Adequate capacity at referral hospitals for the

facility.

ii. General visitors must:

1. Be eighteen (18) years of age or older;

2. Wear a face mask and perform proper hand

hygiene;

3. Sign a consent form noting understanding of the facility's visitation and infection prevention and control policies;

4. Comply with facility-provided COVID-19 testing, if offered;

5. Visit in a resident's room or other

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facility-designated area; and

6. Maintain social distance of at least six feet with staff and residents, and limit movement in the facility.

iii. Before allowing general visitors, the facility shall:

1. Prohibit visitation if the resident receiving general visitors is quarantined, positive for COVID-19 and not recovered (as defined by most recent CDC guidance), or symptomatic for COVID-19;

2. Screen general visitors to prevent possible introduction of COVID-19;

3. Establish limits on the total number of visitors allowed in the facility based on the ability of staff to safely screen and monitor visitation, including limits on the length of visits, days, hours and number of visits per week;

4. Schedule visitors by appointment only;

5. Maintain a visitor log for signing in and out;

6. Immediately cease general visitation if a resident-other than in a dedicated wing or unit that accepts COVID-19 cases from the community-tests positive for COVID-19, or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19, or a staff person who was in the facility in the ten (10) days prior tests positive for COVID-19;

7. Monitor visitor adherence to appropriate use of masks, PPE, and social distancing;

8. Notify and inform residents and their representatives of any changes in the facility's visitation policy;

9. Clean and disinfect visiting areas between visitors and maintain handwashing or sanitation stations; and

10. Designate staff to support infection-prevention and control education of visitors on use of PPE, use of masks, hand sanitation, and social distancing.

iv. Facilities allowing general visitation shall enable general visitation as described in either or both paragraphs 1

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and 2 below:

1. Provide outdoor visitation spaces that are protected from weather elements, such as porches, courtyards, patios, or other covered areas that are protected from heat and sun, with cooling devices if needed.

2. Create indoor visitation spaces for residents in a room that is not accessible by other residents, or in the resident's private room if the resident is bedbound and for health reasons cannot leave his or her room.

v. Each resident or his or her representative may designate up to five (5) general visitors. A resident may be visited by no more than two (2) general visitors at a time.

vi. Each facility may require general visitors to submit to facility provided COVID-19 testing so long as use of testing is based on the most recent CDC and FDA guidance.

K. Barbers and beauty salons may resume services to residents with the following precautions:

i. Services are permissible only if:

1. Other than in a dedicated wing or unit that accepts COVID-19 cases, the facility has had no new facility onset of resident COVID-19 cases in the previous fourteen (14) days; and

2. Fourteen (14) days have passed with no new staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test.

ii. Barbers and salon staff must wear surgical masks, gloves, practice hand hygiene, and follow the same requirements as essential caregivers;

iii. Waiting customers must follow social distancing guidelines;

iv. Residents receiving services must wear face masks;

v. Services are only provided to facility residents, not outside clients or guests;

vi. Services may not be provided to a resident who tests positive for COVID-19 or is exhibiting symptoms indicating

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that he or she is presumptively positive for COVID-19; and

vii. Service and salon areas must be properly cleaned and disinfected, and equipment must be sanitized between residents.

2. Individuals seeking entry to the facility, under the above section 1, will not be allowed to enter if they meet any of the screening criteria listed below:

A. Any person infected with COVID-19 who does not meet the most recent criteria from the CDC to end quarantine.

B. Any person showing, presenting signs or symptoms of, or disclosing the presence of a respiratory infection, including cough, fever, shortness of breath, sore throat, chills, headache, muscle pain, repeated shaking with chills, new loss of taste or smell, or any other COVID-19 symptoms identified by the CDC.

C. Any person who has been in contact with any person(s) known to be infected with COVID-19, who does not meet the most recent criteria from the CDC to end isolation.

3. Residents leaving the facility temporarily for medical appointments or other activities, and residents receiving visits from health care providers, must wear a face mask, if tolerated by the resident's condition. All residents must be screened upon return to the facility. Eye protection should also be encouraged. Appointments should be scheduled through the facility or group home to ensure proper screening and adherence to infection control measures.

4. All visitors must immediately inform the facility if they develop a fever or symptoms consistent with COVID-19, or test positive for COVID-19 within fourteen (14) days of a visit to the facility.

5. Documentation showing compliance with the following

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requirements must be kept for all visitation within a facility:

A. Individuals entering a facility must be screened. To achieve this purpose, a facility may use a standardized questionnaire or other form of documentation.

B. The facility is required to maintain documentation of all non-resident individuals entering the facility. The documentation must contain:

- i. Name of the individual entering the facility;
- ii. Date and time of entry; and
- iii. The screening mechanism used by the facility to conclude that the individual did not meet any of the enumerated screening criteria. This documentation must include the screening employee's printed name and signature.