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ST - I0000 - 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 - I0100 - Definition

Title Definition

Type Rule

400.960(6), F.S.

Regulation Definition

Interpretive Guideline

"Intermediate care facility for the developmentally disabled" means a residential facility licensed and certified in accordance with state law, and certified by the Federal Government, pursuant to the Social Security Act, as a provider of Medicaid services to persons who have developmental disabilities.

ST - I0101 - License required; license application

Title License required; license application

Type Rule

400.962(4-5) & (6)(a-b) & (e-f) , F.S.

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Regulation Definition

(4) The applicant must demonstrate that sufficient numbers of staff, qualified by training or experience, will be employed to properly care for the type and number of residents who will reside in the facility.

(5) The applicant must agree to provide or arrange for active treatment services by an interdisciplinary team to maximize individual independence or prevent regression or loss of functional status. Standards for active treatment shall be adopted by the Agency for Health Care Administration by rule pursuant to ss. 120.536(1) and 120.54. Active treatment services shall be provided in accordance with the individual support plan and shall be reimbursed as part of the per diem rate as paid under the Medicaid program.

(6) An applicant that has been granted a certificate-of need exemption under s. 408.036(3)(o) must also demonstrate and maintain compliance with the following criteria:

(a) The total number of beds per home within the facility may not exceed eight, with each resident having his or her own bedroom and bathroom. Each eight-bed home must be colocated on the same property with two other eight-bed homes and must serve individuals with severe maladaptive behaviors and co-occurring psychiatric diagnoses.

(b) A minimum of 16 beds within the facility must be designated for individuals with severe maladaptive behaviors who have been assessed using the Agency for Persons with Disabilities ' Global Behavioral Service Need Matrix with a score of at least Level 4 and up to Level 6, or assessed using the criteria deemed appropriate by the Agency for Health Care Administration regarding the need for a specialized placement in an intermediate care facility for the developmentally disabled. For home and community-based Medicaid waiver clients under chapter 393, the Agency for Persons with Disabilities shall offer choice counseling to clients regarding appropriate

Interpretive Guideline

Review facility staffing when there are concerns with provision of care, including medical / nursing services, active treatment services (including behavioral support).

Do those staff providing care have sufficient pre-service and/ or inservice training to address unique circumstances within the facility?

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residential placement based on the needs of the individual.

(e) The applicant must implement a state-approved staff training curriculum and monitoring requirements specific to the individuals whose behaviors require higher intensity, frequency, and duration of services.

(f) The applicant must make available medical and nursing services 24 hours per day, 7 days per week.

(h) The applicant must maintain a policy prohibiting the use of mechanical restraints.

ST - I0105 - Right of Entry

Title Right of Entry

Type Rule

400.968, F.S.

Regulation Definition

In addition to the requirements of s. 408.811, any designated officer or employee of the agency, or any officer or employee of the state or of the local fire marshal, may enter unannounced the premises of any facility licensed under this part in order to determine the state of compliance with this part, part II of chapter 408, and applicable rules.

Interpretive Guideline

ST - I0106 - Administration of Medication

Title Administration of Medication

Type Rule

400.9685, F.S.

Regulation Definition

(1) Notwithstanding the provisions of the Nurse Practice Act, part I of chapter 464, unlicensed direct care services staff who

Interpretive Guideline

Observe med pass. If unlicensed personnel are administering medications review the following:
Facility policy for medication administration, Client express informed consents, Staff medication training, including

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are providing services to clients in intermediate care facilities for the developmentally disabled, licensed pursuant to this part, may administer prescribed, prepackaged, premeasured medications under the general supervision of a registered nurse as provided in this section and applicable rules. Training required by this section and applicable rules must be conducted by a registered nurse licensed pursuant to chapter 464 or a physician licensed pursuant to chapter 458 or chapter 459.

credentials of trainer.

(2) Each facility that allows unlicensed direct care service staff to administer medications pursuant to this section must:

- (a) Develop and implement policies and procedures that include a plan to ensure the safe handling, storage, and administration of prescription medication.
 - (b) Maintain written evidence of the expressed and informed consent for each client.
 - (c) Maintain a copy of the written prescription including the name of the medication, the dosage, and administration schedule.
 - (d) Maintain documentation regarding the prescription including the name, dosage, and administration schedule, reason for prescription, and the termination date.
 - (e) Maintain documentation of compliance with required training.
- (3) Agency rules shall specify the following as it relates to the administration of medications by unlicensed staff:
- (a) Medications authorized and packaging required.
 - (b) Acceptable methods of administration.
 - (c) A definition of "general supervision."
 - (d) Minimum educational requirements of staff.
 - (e) Criteria of required training and competency that must be demonstrated prior to the administration of medications by unlicensed staff including inservice training.
 - (f) Requirements for safe handling, storage, and administration of medications.

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ST - I0107 - Violation of part; penalties

Title Violation of part; penalties

Type Rule

400.969, F.S.

Regulation Definition

(1) In addition to the requirements of part II of chapter 408, and except as provided in s. 400.967(3), a violation of any provision of this part, part II of chapter 408, or applicable rules is punishable by payment of an administrative or civil penalty not to exceed \$5,000.

(2) A violation of this part or of rules adopted under this part is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. Each day of a continuing violation is a separate offense.

Interpretive Guideline

ST - I0200 - Definitions

Title Definitions

Type Memo Tag

59A-26.001 (1) FAC

Regulation Definition

(1) Administrator - The person who is responsible for the overall management of an Intermediate Care Facilities for the Developmentally Disabled (hereinafter referred to as ICF/DD) licensed under this part and certified under 42 CFR 483 Subpart I. The Administrator must meet the following criteria:

- (a) Be a qualified Developmental Disabilities Professional (QDDP); or
- (b) Be a licensed nursing home administrator; or

Interpretive Guideline

Administrators hired after the effective date of this rule, 12/21/2015, must meet these requirements.

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(c) Have a Bachelor's degree in a human services field and at least one year of experience working with persons with developmental disabilities or related conditions; or
(d) Have five years of experience working with persons with developmental disabilities or related conditions is sufficient.
This requirement is for administrators who become effective after the date of this rule.

ST - I0201 - Definitions

Title Definitions

Type Memo Tag

59A-26.001 (4) FAC

Regulation Definition

(4) Client Representative - The person authorized or designated to act on behalf of a client, which may include a guardian, guardian advocate, or other legally appointed representative, a parent, or if unavailable, another family member.

Interpretive Guideline

ST - I0202 - Definitions

Title Definitions

Type Memo Tag

59A-26.001 (5) FAC

Regulation Definition

(5) Day Program - A program that provides day services for individuals in a non-residential setting. The array of services may include pre-school, pre-vocational and vocational training, behavior management, adult education, recreation, semi-independent and independent skills development

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training, and individual therapies

ST - I0203 - Definitions

Title Definitions

Type Memo Tag

59A-26.001 (10) FAC

Regulation Definition

Interpretive Guideline

(10) Interdisciplinary Team (IDT) - The IDT shall be composed of client or client's representative, Qualified Development Disabilities Professional, social worker, a licensed nurse, the client's physician and other staff in disciplines determined by the individual client's needs to develop a care plan to include prevention and management interventions with measurable goals. The team will determine that it is safe for the resident to self-administer drugs before the resident may exercise that right.

ST - I0204 - Definitions

Title Definitions

Type Memo Tag

59A-26.001 (14) FAC

Regulation Definition

Interpretive Guideline

(14) Over-the-Counter Medication (OTC) - Medication that is authorized, pursuant to federal or state law, for general distribution and use without a prescription in the treatment of human diseases, ailments, or injuries.

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ST - I0205 - Definitions

Title Definitions

Type Memo Tag

59A-26.001 (23) FAC

Regulation Definition

Interpretive Guideline

(23) Qualified Intellectual Disabilities Professional (QIDP) -
A person who meets the requirements for a QIDP as required
by 42 C.F.R. Part 483, Subpart I, Section 483.430, F.S.

ST - I0206 - Definitions

Title Definitions

Type Memo Tag

59A-26.001 (26) FAC

Regulation Definition

Interpretive Guideline

(26) Unlicensed Medication Assistant (UMA) - An unlicensed
direct care service staff member employed in an ICF/DD who
has completed the required medication administration training
and has met skills validation requirements for the
administration of medications to an ICF/DD client.

ST - I0300 - Fiscal Standards

Title Fiscal Standards

Type Memo Tag

59A-26.005 (1)-(7) FAC

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Regulation Definition

The licensee must maintain fiscal records as required by Chapter 409, Part III, F.S, Rules 59G-5.020 and 59G-6.040, F.A.C. There must be a system of accounting used to accurately reflect details of the ICF/DD operation, including clients' funds held in trust and other client property. The fiscal and client fund records must be supported by documentation of all transactions. Documentation of quarterly reconciliation for client fund records must be kept on file for five years and must be provided to the Agency for review when requested.

The licensee must:

- (1) Refund any amount or portion of prepayment in excess of the amount or portion obligated for services already furnished if a client leaves the facility prior to the end of any prepayment period.
- (2) Maintain financial and statistical records in accordance with Title 42 CFR, Sections 483.420(b)(1)-(2), effective October 1, 2014, as incorporated by reference and located at <<http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-420.xml>>.
- (3) Comply with requirements of Rules 59G-6.040 and 59G-6.045, F.A.C.
- (4) Keep complete and accurate records of all clients' funds, other effects, and property.
- (5) Deposit and maintain in an interest bearing account with a financial institution on behalf of each client, all money and interest on money held for that client. A copy of the client's bank account statements and expenditure detail must be provided to the client or client's representative within seven calendar days of written request.
- (5) Protect clients' funds from theft, negligence or abuse. Should loss of a client's funds occur, the licensee will be responsible for reimbursing the client for the full amount of funds to which he or she is entitled within 30 calendar days of

Interpretive Guideline

Review the financial records of the clients in the sample.

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confirmation of the theft, negligence or abuse of client funds.
(7) Make a final accounting of all personal effects and money belonging to the client held by the licensee upon the discharge or death of a client within 30 calendar days after the client's discharge or death.

ST - I0400 - Admission Polices and Requirements

Title Admission Polices and Requirements

Type Rule

59A-26.006 (1)-(2) FAC

Regulation Definition

(1) The admission of an individual to an ICF/DD must be under the supervision of the administrator of the facility.
(2) Individuals shall only be admitted after completion of a written admission agreement. The agreement must be in effect at all times while the individual is a client of the facility. The agreement must be reviewed bi-annually for revisions by the licensee and the client or client's representative. Either party may initiate revision to the agreement at any time. No agreement or any provision thereof shall be construed to relieve any licensee of any requirement or obligation imposed upon it by Chapter 400, Part VIII, Chapter 408, Part II, F.S., and this rule. Such agreements must be maintained by the licensee for at least five years after each client's discharge from the facility, and assess no additional charges, expenses or other financial liabilities in excess of the provisions included in the admission contract. All charges for services not covered by Title XIX of the Social Security Act or not covered by the basic per diem rates of the licensee, for which the client or the client's representative may be responsible for payment, must be specified in the admission contract.

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ST - I0401 - Admission Polices and Requirements

Title Admission Polices and Requirements

Type Rule

59A-26,006 (3)(a)-(l) FAC

Regulation Definition

- (3) The licensee must comply with the admission agreement. The admission agreement must include a description of the program and services to be provided, including:
- (a) The daily, weekly, or monthly rate and refund provisions for unused portions thereof;
 - (b) Board;
 - (c) Lodging;
 - (d) Residential and nursing services;
 - (e) Linen and furnishings;
 - (f) Sufficient seasonal clothing as required by the client and applicable to the client's needs for instances when the client or client's representative does not provide sufficient clothing. Sufficient seasonal clothing must be provided and include a basic wardrobe for the client, including a five-day supply of sleepwear, socks, shoes, undergarments, outer clothing to include shirts, pants, or dresses; a winter coat; raingear; and personal grooming and hygiene items. The licensee must maintain an inventory of the client's clothing and provide a copy of the inventory to the client or client's representative within fourteen calendar days of a written request;
 - (g) Training and assistance as required with activities of daily living;
 - (h) The provision and maintenance of walkers, wheelchairs, dentures, eyeglasses, hearing aids and other orthotic, prosthetic or adaptive equipment as prescribed;
 - (i) Therapies prescribed by the client's individual habilitation or support plan including medical and nutritional therapies;

Interpretive Guideline

Review the admission agreement of the sampled clients during the recertification survey.

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- (j) Transportation services including vehicles with lifts or other adaptive equipment when needed;
- (k) Other services prescribed in the client's individual habilitation or support plan; and,
- (l) Provisions for providing a duplicate of the agreement to the client or client's representative.

ST - I0402 - Admission Polices and Requirements

Title Admission Polices and Requirements

Type Rule

59A-26.006 (4)(a)-(c) FAC

Regulation Definition

- (4) The following conditions apply to admission and retention of all clients:
- (a) Individuals must not be admitted to or retained in a facility if the licensee cannot provide, or arrange for the provision of, all services prescribed in the individual habilitation or support plan.
 - (b) Clients who have been voluntarily admitted must not be held in a facility against their will.
 - (c) The licensee must develop procedures to be implemented in the event that a voluntarily admitted client should decide to leave the facility against the recommendations of the interdisciplinary team. Procedures must include:
 1. Counseling by the facility social worker or QDDP with referrals made to the Agency for Persons with Disabilities and other professionals or advocates, as appropriate.
 2. If a client insists on leaving, the licensee will assist the client in locating an appropriate alternative placement.

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ST - I0403 - Admission Polices and Requirements

Title Admission Polices and Requirements

Type Rule

59A-26.006 (5)-(7) FAC

Regulation Definition

(5) Individuals who have a communicable disease must be evaluated by a physician prior to admission. If the physician's evaluation finds the disease would endanger other clients of the facility, then the admission should be postponed until the communicable period has passed or appropriate precautions have been implemented by the facility staff.

(6) A registered nurse must assess each newly admitted client within four hours after admission.

(7) If a pre-existing medical condition exists, if medical problems are identified by the nursing admissions assessment, or if a client is admitted who does not have a complete medical record including medical history, positive physical findings, diagnosis, and signed physician's orders for treatment, nursing care or diets, the client must be examined by the admitting physician within 96 hours of admission.

Interpretive Guideline

Verify compliance with these requirements during record review of newly admitted clients since last recertification survey.

ST - I0500 - Personnel Standards

Title Personnel Standards

Type Rule

59A-26.007 (1) FAC

Regulation Definition

(1) Each new staff member employed by the facility to provide direct services to clients must have a medical examination at

Interpretive Guideline

Pull a sample of staff personnel files to verify compliance.

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the time of employment and prior to contact with clients. Annually thereafter, staff must submit a physician's statement that, based on test results, the employee does not constitute a threat of communicating diseases to clients. If any staff is found to have or is suspected of having a communicable disease, then he or she must be removed from all duties that require contact with clients until certification is received from a physician that such risk no longer exists.

ST - I0501 - Personnel Standards

Title Personnel Standards

Type Rule

59A-26.007 (3) FAC

Regulation Definition

(3) Regardless of the organization or design of client living units, the minimum overall direct care staff-client ratios must comply with those specified in 42 CFR 483.430(d)(3), dated October 1, 2014, as incorporated by reference and available at <<http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-430.xml>>.

Interpretive Guideline

ST - I0506 - Personnel Standards

Title Personnel Standards

Type Rule

59A-26.007 (4) FAC

Regulation Definition

(4) The licensee must have an administrator, licensed nurses to care for each client's health care needs, and QDDPs to ensure each client's active treatment program is integrated,

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coordinated and monitored.

ST - I0507 - Personnel Standards

Title Personnel Standards

Type Rule

59A-26.007 (5) FAC

Regulation Definition

(5) All staff must receive training within 30 days of employment and annually thereafter on the licensee's emergency disaster procedures that include the staff's role before, during, and after the emergency.

Interpretive Guideline

Pull a sample of staff personnel files to verify compliance.

ST - I0508 - Personnel Standards

Title Personnel Standards

Type Rule

59A-26.007 (6) FAC

Regulation Definition

(6) The licensee must ensure that 50% of its staff on duty at all times are certified in cardio-pulmonary resuscitation (CPR) and have received basic first aid training.

Interpretive Guideline

Verify staff are certified in CPR and training in basic first aid.

ST - I0509 - Personnel Standards

Title Personnel Standards

Type Rule

59A-26.007 (7) (a)-(f) FAC

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Regulation Definition

(7) All staff must receive training and demonstrate competency in the prevention and minimal use of restraint and seclusion within 30 days of employment. Competency in these methods must be demonstrated and documented annually thereafter. Training must include:

- (a) The emotional and physical effects of restraint and seclusion on clients and staff;
- (b) History of trauma, impact on clients and the potential for retraumatization;
- (c) Crisis prevention and intervention approaches including de-escalation strategies;
- (d) Applicable legal and clinical requirements governing behavioral services, restraints and seclusion;
- (e) Safe and appropriate initiation of physical contact and application and monitoring of restraints and seclusion; and,
- (f) Approaches to facilitate the earliest possible release from restraints or seclusion.

Interpretive Guideline

Pull a sample of staff personnel files to verify compliance.

ST - I0600 - Training, Habilitation, Active Treatment, Pro

Title Training, Habilitation, Active Treatment, Pro

Type Rule

59A-26.008 (1)(a)-(k) FAC

Regulation Definition

(1) Programs, services, functions and the pattern of staff organization within the facility must be focused upon serving the individual needs of each client and the facility must provide for:

- (a) Comprehensive diagnosis and evaluation of each client as a basis for planning, programming and management of the client so that the client's abilities, preferences, needs, behavior assessment, behavior intervention plan and level of

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functioning are comprehensive in scope and adequately addressed in the habilitation plan or support plan.

1. The QDDP is responsible for the integration, coordination, monitoring and review of each client's active treatment program, which may require the involvement of other personnel, including other agencies serving the client.

2. For school age clients, when services are provided by the local school district, the licensee must include the school system, the client, and client's representative in the habilitation planning process. The licensee's individual program plan shall be in addition to any individual education plan prepared by the school district.

(b) Freedom of movement consistent with the protection of the health, safety, and welfare of individual clients within and outside of the facility.

(c) Routine and ongoing monitoring of each client's conditions for early detection of health or nutrition risks, which, when found, must be analyzed by the IDT to identify probable causes and to implement appropriate intervention strategies.

(d) Recognition and resolution of client care problems through participation of professional staff and consulting personnel.

(e) Consideration of every reasonable alternative, least restrictive and most effective procedures, prior to the use of invasive treatment.

(f) Proper positioning of clients who cannot position themselves in appropriate body alignment.

(g) Documentation of observed evidence of progress that each client demonstrates in attaining goals and objectives specified in the habilitation plan, support plan or individual program plans.

(h) Each client's active treatment program plan must be reviewed and revised by the IDT annually and when there is a substantial reduction of active treatment or routine physical care in response to health care needs as indicated by a loss of acquired skills or significant worsening of undesirable

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behavior.

(i) All clients shall have the opportunity to eat orally and receive therapeutic services necessary to maintain or improve eating skills and abilities, unless this is not possible as assessed by the IDT. For clients who receive enteral and/or parenteral feedings, the IDT must evaluate and review these clients' potential to return to oral eating at least quarterly.

(j) Client rights as required by the Bill of Rights of Persons Who Are Developmentally Disabled, Sections 393.13(3) through 393.13(4)(j), F.S.

(k) Equipment essential to ensure the health, safety and welfare of each client.

ST - I0601 - Training, Habilitation, Active Treatment, Pro

Title Training, Habilitation, Active Treatment, Pro

Type Rule

59A-26.008 (2)-(3) FAC

Regulation Definition

(2) Staff responsible for providing client care must be knowledgeable in the physical and nutritional management skills appropriate to the clients served.

(3) The licensee must provide instruction, information, assistance and equipment to help ensure that the essential physical and nutritional management of each client is continued in educational, day treatment and acute care facilities.

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ST - I0602 - Training, Habilitation, Active Treatment, Pro

Title Training, Habilitation, Active Treatment, Pro

Type Rule

59A-26.008 (4)-(5) FAC

Regulation Definition

(4) Licensed practical nurses working in an ICF/DD must be supervised by a registered nurse, ARNP or physician. Nursing physical assessments must be conducted by a registered nurse, ARNP or physician.

(5) Nursing service documentation in client records must include a comprehensive nursing assessment and client specific medications, treatments, dietary information, and other significant nursing observations of client conditions and responses to client programs. For those clients with stable conditions, nursing progress summaries are adequate in lieu of shift documentation, as long as significant events are also recorded.

Interpretive Guideline

ST - I0603 - Training, Habilitation, Active Treatment, Pro

Title Training, Habilitation, Active Treatment, Pro

Type Rule

59A-26.008 (6) FAC

Regulation Definition

(6) Standing orders for medications, and pro re nata (p.r.n. or "as needed") orders are prohibited for the use of psychotropic medication including hypnotics, antipsychotics, antidepressants, antianxiety agents, sedatives, lithium, and psychomotor stimulants. The client's physician must review

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medication orders at least every 60 calendar days except for clients having a Level of Care 9, in which case medication orders must be reviewed by the physician at least every 30 calendar days.

ST - I0604 - Training, Habilitation, Active Treatment, Pro

Title Training, Habilitation, Active Treatment, Pro

Type Rule

59A-26.008 (7) FAC

Regulation Definition

(7) For clients using medication to manage behavior, the client's individual program plan must specify observable and measurable symptoms to be alleviated by the medication, intervals for re-evaluating the continued use of the medications by the IDT and consideration of the reduction and elimination of the medication.

Interpretive Guideline

ST - I0605 - Training, Habilitation, Active Treatment, Pro

Title Training, Habilitation, Active Treatment, Pro

Type Rule

59A-26.008 (8) FAC

Regulation Definition

(8) When a psychotropic medication is initiated based upon a recommendation by the IDT, a physician, ARNP, registered nurse or pharmacist must ensure or make provisions for the instruction of the facility staff regarding side effects and adverse effects of the prescribed medication including when to notify the physician if undesirable side effects or adverse effects are observed. The staff must document in the progress

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notes that these instructions have been given. Any time a psychotropic medication is initiated, changed, increased or decreased, the facility must assure the physician writes a progress note. The facility must ensure the physician makes a progress note every 30 calendar days. The effect of the medication on targeted symptoms must be reviewed and monitored at least quarterly by the IDT.

ST - I0606 - Training, Habilitation, Active Treatment, Pro

Title Training, Habilitation, Active Treatment, Pro

Type Rule

59A-26.008 (9) (a)-(c) FAC

Regulation Definition

(9) Psychologists or certified behavior analysts must provide consultation and in-service training to staff concerning:

- (a) Principles and methods of understanding and changing behavior in order to devise the most optimal and effective program for each client.
- (b) Principles and methods of individual and program evaluation, for the purposes of assessing client response and measuring program effectiveness.
- (c) Design, implementation and monitoring of behavioral services.

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ST - I0607 - Training, Habilitation, Active Treatment, Pro

Title Training, Habilitation, Active Treatment, Pro

Type Rule

59A-26.008 (10)-(11) FAC

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Regulation Definition

(10) If a physical restraint is used on a client, the client must be placed in a position that allows airway access and does not compromise respiration. Airway access and respiration must not be blocked or impeded by any material placed in or over the client's mouth or nose. A client must be placed in a face-up position while in restraints. Hand-cuffs or shackles must not be used for the purposes of restraints.

(a) Restraints and seclusion must not be used for the convenience of staff.

(11) The licensee must develop and implement policies and procedures to reduce, and whenever possible, eliminate the use of restraints and seclusion. Policies must include:

(a) Debriefing activities as follow-up to use of restraints and seclusion;

(b) A process for addressing client's concerns and complaints about the use of restraint and seclusion; and,

(c) A process for analyzing and identifying trends in the use of restraints and seclusion.

Interpretive Guideline

ST - I0608 - Training, Habilitation, Active Treatment, Pro

Title Training, Habilitation, Active Treatment, Pro

Type Rule

59A-26.008 (12)-(13) FAC

Regulation Definition

(12) Recreation required by each client's habilitation plan or support plan must be provided as a purposeful intervention through activities that modify or reinforce specific physical or social behaviors.

(13) Leisure activities for clients for whom recreation services are not a priority in the client's individual program plan, must be provided in accordance with individual preferences,

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abilities, and needs, and with the maximum use of community resources.

ST - I0700 - Dietary Services

Title Dietary Services

Type Rule

59A-26.009 (1) FAC

Regulation Definition

Interpretive Guideline

(1) A registered dietician must oversee dietary services and must provide medical nutritional therapy.

ST - I0701 - Dietary Services

Title Dietary Services

Type Rule

59A-26.009 (2)-(3) FAC

Regulation Definition

Interpretive Guideline

(2) Menus must be prepared in advance, followed, and made accessible to clients and staff.

(3) Menus must be approved by the registered dietitian.

ST - I0702 - Dietary Services

Title Dietary Services

Type Rule

59A-26.009 (4)-(6) FAC

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Regulation Definition

Interpretive Guideline

- (4) Each client must receive food prepared by methods that conserve nutritive value, flavor and appearance.
- (5) Each client must receive food that is palatable, attractive and at the proper temperature.
- (6) Substitutes offered must be of similar nutritive value.

ST - I0703 - Dietary Services

Title Dietary Services

Type Rule

59A-26.009 (7) (a)-(b) FAC

Regulation Definition

Interpretive Guideline

- (7) As required by the Department of Health, all matters pertaining to food service must comply as required by the following regulations based on the number of beds to be licensed:
 - (a) For facilities with 25 or more beds the provisions of Rule Chapter 64E-11, F.A.C., Food Hygiene.
 - (b) For facilities with 24 beds or fewer the provisions of Rule Chapter 64E-12, F.A.C., Community Based Residential Facilities.

ST - I0704 - Dental Services

Title Dental Services

Type Rule

59A-26.010 (1)(a)-(b) FAC

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Regulation Definition

Interpretive Guideline

- (1) Comprehensive dental diagnostic services must be provided to all clients and must include:
- (a) Periodic, at least annual, oral prophylaxis, by a dentist or dental hygienist; and,
 - (b) At least annually, a complete extra and intra-oral examination utilizing diagnostic aides necessary to properly evaluate each client's oral condition.

ST - I0705 - Dental Services

Title Dental Services

Type Rule

59A-26.014010 (2)(a)-(c) FAC

Regulation Definition

Interpretive Guideline

- (2) Comprehensive dental treatment services must be provided to all clients and must include:
- (a) Daily oral care, as prescribed by a dentist or dental hygienist;
 - (b) Emergency treatment on a 24-hour, seven days-a-week basis, by a dentist; and,
 - (c) Treatment as prescribed by a dentist.

ST - I0800 - Psychological Services

Title Psychological Services

Type Rule

59A-26.011 FAC

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Regulation Definition

Psychologists providing services to the clients of the facility must be licensed pursuant to Sections 490.005 and 490.006, F.S., and have a minimum of one year of experience or training in the field of intellectual or developmental disabilities.

Interpretive Guideline

ST - I0900 - Drugs and Pharmaceutical Services

Title Drugs and Pharmaceutical Services

Type Rule

59A-26.012 (1) FAC

Regulation Definition

(1) An ICF/DD must have a Class I Institutional Pharmacy Permit as required by the Department of Health in Section 465.019, F.S. All prescription medications must be compounded and dispensed by a pharmacy registered in Florida. A consultant pharmacist must be responsible for implementation of the pharmacy program as defined by each licensee even when the consultant pharmacist is not the vendoring pharmacist.

Interpretive Guideline

ST - I0901 - Drugs and Pharmaceutical Services

Title Drugs and Pharmaceutical Services

Type Rule

59A-26.012 (2) FAC

Regulation Definition

(2) Labeling of prescription medications must be done as required by the Department of Health in Sections 465.0235,

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465.186 and 499.0054, F.S. and Rule Chapter 64B16-27, F.A.C., as required by the Department of Health. Stock bottles of nonprescription drugs which are properly labeled according to the regulations related to the Drug and Cosmetic Act, Section 499.0054, F.S., are permitted.

ST - I0902 - Drugs and Pharmaceutical Services

Title Drugs and Pharmaceutical Services

Type Rule

59A-26.012 (3) FAC

Regulation Definition

(3) All drugs, including nonprescription stock drugs, must be stored in a locked room or cabinet, or in a locked drug cart. External medications must be stored separately from internal and ophthalmic preparations

Interpretive Guideline

ST - I0903 - Drugs and Pharmaceutical Services

Title Drugs and Pharmaceutical Services

Type Rule

59A-26.012 (4) FAC

Regulation Definition

(4) Biologicals and other drugs must be stored to maintain its integrity of packaging, quality and potency. If refrigeration is required then these drugs must be in a locked container

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ST - I0904 - Drugs and Pharmaceutical Services

Title Drugs and Pharmaceutical Services

Type Rule

59A-26.012 (5) FAC

Regulation Definition

(5) All drugs listed in Schedules II through V must be handled, used, administered and dispensed as required by the Florida Comprehensive Drug Abuse Prevention and Control Act in Section 893.06, F.S.

Interpretive Guideline

ST - I0905 - Drugs and Pharmaceutical Services

Title Drugs and Pharmaceutical Services

Type Rule

59A-26.012 (6) FAC

Regulation Definition

(6) A count of controlled drugs listed in Schedules II-V of Section 893.03, F.S., must be made jointly between shifts by the licensed nurse beginning duty and the licensed nurse leaving duty. For facilities licensed for six beds or less, the count must be done by the supervising registered nurse on a weekly basis. For facilities licensed for more than six beds, a medication count of controlled substances must be made at every change of shift by the licensed nurse or an unlicensed medication assistant (UMA) as defined in Rule 59A-26.002, F.A.C. The count at shift change must be witnessed by another licensed nurse or another staff member trained in medication administration.

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ST - I0906 - Drugs and Pharmaceutical Services

Title Drugs and Pharmaceutical Services

Type Rule

59A-26.012 (7) FAC

Regulation Definition

(7) A record must be maintained for all drugs listed in Section 893.03, F.S., of the Florida Comprehensive Drug Abuse Prevention and Control Act as Schedules II, III, IV, and V for continuous reconciliation

Interpretive Guideline

ST - I0907 - Drugs and Pharmaceutical Services

Title Drugs and Pharmaceutical Services

Type Rule

59A-26.012 (8) FAC

Regulation Definition

(8) Medicinal substances classified as controlled substances by the Drug Enforcement Administration (DEA), as provided in the Drug Abuse Prevention and Control Act of 1970 and related regulations, and Section 893.03, F.S., as required by the Florida Comprehensive Drug Abuse Prevention and Control Act and must be disposed of as required by Rule 64B16-28.303, F.A.C., as required by the Department of Health.

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ST - I0908 - Drugs and Pharmaceutical Services

Title Drugs and Pharmaceutical Services

Type Rule

59A-26.012 (9) FAC

Regulation Definition

(9) Disposal of other drugs not covered above must be made in accordance with a system of drug administration.

Interpretive Guideline

ST - I0909 - Drugs and Pharmaceutical Services

Title Drugs and Pharmaceutical Services

Type Rule

59A-26.012 (10) FAC

Regulation Definition

(10) All prescribed drugs dispensed for the client while in the facility may be given to the client or client ' s representative upon discharge with the physician ' s written orders.

Interpretive Guideline

ST - I0910 - Drugs and Pharmaceutical Services

Title Drugs and Pharmaceutical Services

Type Rule

59A-26.012 (11)(a)-(b) FAC

Regulation Definition

(11) An inventory of drugs released must be prepared and signed by the licensed nurse releasing the drugs and the person

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receiving the drugs. This inventory must be filed in the client's medical record.

(a) All medications of deceased clients must be accounted for on an inventory list prepared by a licensed nurse and filed in the client's record. These medications must be returned for credit or destroyed in accordance with subsections (8) and (9) above.

(b) All controlled drugs not administered to a client due to wastage, loss, or returned to the pharmacy must be documented in each client's medical record and accounted for by licensed nurse as required by the Florida Comprehensive Drug Abuse Prevention and Control Act in Section 893.07, F.S.

ST - I0911 - Drugs and Pharmaceutical Services

Title Drugs and Pharmaceutical Services

Type Rule

59A-26.012 (12)-(13)

Regulation Definition

(12) All verbal orders must be written on the physician's order sheet by the licensed nurse receiving the order and countersigned by the physician within 72 hours. Verbal orders for Schedule II drugs are permitted in emergency situations but are limited to a 72-hour supply. In an emergency situation, the physician must directly contact the pharmacist and the pharmacist must receive a copy of the original or direct copy of the physician's order within 72 hours as required by the Florida Comprehensive Drug Abuse Prevention and Control Act in Section 893.04, F.S.

(13) Telephoned physician orders for medication may only be accepted by a licensed nurse, a physician's assistant or a licensed pharmacist. Telephoned orders will be immediately recorded in the client's medical record. Faxed physician orders

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are acceptable with a physician's signature. A physician's signature on the original physician's order must occur within 72 hours of receipt of the faxed order.

ST - I1000 - Administration of Medications to ICF/DD Clie

Title Administration of Medications to ICF/DD Clie

Type Rule

59A-26.013 (1) FAC

Regulation Definition

(1) It is the responsibility of the licensee to ensure that individual unlicensed medication assistants (UMA or UMAs) who will be administering medication to clients meet all requirements of this rule.

Interpretive Guideline

ST - I1001 - Administration of Medications to ICF/DD Clie

Title Administration of Medications to ICF/DD Clie

Type Rule

59A-26.013 (2)-(3) FAC

Regulation Definition

(2) Unlicensed medication assistants may administer only prescribed, prepackaged, premeasured oral, topical nasal, and ophthalmic medications.
(3) UMAs may administer over the counter (OTC) medications as currently prescribed by the client's health care professional

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ST - I1002 - Administration of Medications to ICF/DD Clie

Title Administration of Medications to ICF/DD Clie

Type Rule

59A-26.013 (4)(a)-(c) FAC

Regulation Definition

Interpretive Guideline

- (4) UMAs may not:
- (a) Administer medications by injection including intra-muscular, intravenous or subcutaneous;
 - (b) Administer medication vaginally or rectally; or
 - (c) Conduct glucose monitoring.

ST - I1003 - Administration of Medications to ICF/DD Clie

Title Administration of Medications to ICF/DD Clie

Type Rule

59A-26.013 (5)(a)-(c) FAC

Regulation Definition

Interpretive Guideline

- (5) UMAs may administer medications to a client only after the following requirements are met for that client:
- (a) A current informed consent has been signed by the client or client's representative. The consent must acknowledge and permit UMAs to administer specifically listed medications prescribed by a licensed health care professional to the client. The informed consent must be updated and signed annually;
 - (b) A written report for the client that indicates the client's behavior and any past medication reactions must be documented on the Medication Administration Record (MAR). The written report and MAR must be updated if the client's behavior or medication reactions change. Information

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included in the written report can be provided by the client or client's representative, or another UMA or direct care staff person who is familiar with the client. The person administering medications must be familiar with the information included in the written report and MAR prior to administering medications to clients; and,
(c) A determination is made that the client to whom medication will be administered has not been deemed capable of self-administration of his or her medications. The determination is to be made by the facility through assessment and IDT review.

ST - I1004 - Administration of Medications to ICF/DD Clie

Title Administration of Medications to ICF/DD Clie

Type Rule

59A-26.013 (6)(a)-(e) FAC

Regulation Definition

- (6) Administration of medication by UMAs must be under the supervision of a registered nurse or ARNP.
- (a) Supervision includes weekly monitoring of medication and 24-hour availability of a registered nurse or ARNP via telephone or paging device;
- (b) Prior to assigning tasks to an UMA, the supervisory nurse must verify the training and validation of the unlicensed medication assistant as required by this rule chapter;
- (c) The supervisory nurse must communicate the assignment to the UMA and verify that the UMA understands the assignment;
- (d) Monitoring and supervision of the completion of the assignment must be documented by the supervising nurse;
- (e) The supervising nurse must participate in performance evaluations of the UMA relative to performance of medication administration.

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ST - I1005 - Administration of Medications to ICF/DD Clie

Title Administration of Medications to ICF/DD Clie

Type Rule

59A-26.013 (7)(a)-(d) FAC

Regulation Definition

Interpretive Guideline

(7) Requirements governing acquiring, receiving, dispensing, administering, disposing, labeling, and storage of medication by UMAs include:

- (a) Outdated medication must be properly destroyed by the supervising nurse. The disposal must be witnessed by one other staff of the facility and a record of the medication disposal must be maintained by the facility and signed by the supervising nurse and witness;
- (b) Torn, damaged, illegible or mislabeled prescription labels must be reported immediately to the dispensing pharmacy or pharmacist;
- (c) Clients must not miss the administration of medications due to delays in refilling a prescription. It shall be the responsibility of the supervising nurse to ensure that refills are ordered and obtained in a timely manner;
- (d) No client shall be administered a prescription or OTC medication or treatment, except upon the written order of the client's prescribing health care professional.

ST - I1006 - Administration of Medications to ICF/DD Clie

Title Administration of Medications to ICF/DD Clie

Type Rule

59A-26.013 (8)(a)-(f) FAC

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Regulation Definition

- (8) When administering medications to clients, the UMA must:
- (a) Wash his or her hands with soap and water prior to administration of medication, or supervising the self-administration of medication to clients. They must also wash their hands between the administration of medication to each client and when there is a change in route of administration;
 - (b) Prepare medications for one individual client at a time in a quiet location that is free from distraction;
 - (c) Administer medications to one client at a time. To complete a client's medication process, the medication of one client must be returned to the portable or permanent medication storage unit and documentation made in the MAR before administering medications to, or supervising the self-administration of, medication for another client;
 - (d) Administer medications to each client, at the time, with the dosage, and by the route prescribed by the client's health care professional. Each time medication is administered:
 - 1. Conduct a triple-check of the dosage and time of administration against the original medication container label and the MAR before administering or supervising the self-administration of the medication;
 - 2. Confirm the client to whom the medication is to be administered is the same client for whom the medication has been prescribed or ordered;
 - 3. Administer as prescribed and via the route instructed by the client's prescribing health care professional;
 - 4. Do not crush, dilute or mix medications without written directions or instructions from the client's prescribing health care professional;
 - 5. Check the expiration date before administering each medication. Medications with an expiration date preceding the current date must not be administered;
 - 6. Facilitate the correct positioning and use any adaptive

Interpretive Guideline

Verify during observation of medication administration.

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equipment or techniques required for that client for the proper administration of medications.

(e) Ensure the oral medication administered or supervised during self-administration has been completely ingested before leaving the client. Directly observe the client for a period of at least twenty minutes following the administration of a new medication ordered by the client's prescribing health care professional. This observation period is to immediately detect and react to possible side effects of the medication or to document the effectiveness of the medication. UMAs must review the MAR for special instructions regarding required observation of medications and the UMA must monitor for side effects and effectiveness of all administered drugs.

(f) Immediately record the administration of the medication in the MAR.

ST - I1300 - Visitation

Title Visitation

Type Rule

DEM Emerg Order 20-009

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

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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 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.

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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.

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

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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.

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:

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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 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

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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 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.

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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 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

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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 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.

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ST - I2000 - Training and Validation Required for Unlicens

Title Training and Validation Required for Unlicens

Type Rule

59A-26.014 (1) FAC

Regulation Definition

(1) Required medication administration training must include criteria to ensure that competency is demonstrated through validation and revalidation of the qualification of the UMA and all requirements of UMAs specified in this rule chapter.

Interpretive Guideline

ST - I2001 - Training and Validation Required for Unlicens

Title Training and Validation Required for Unlicens

Type Rule

59A-26.014 (2) FAC

Regulation Definition

(2) Medication administration training must be conducted by a registered nurse, ARNP or physician for UMAs and will be provided by the ICF/DD licensee. Any person providing medication administration training sessions or conducting skills validation or revalidation tests must first complete a trainer orientation session, which includes requirements of this rule and information to be covered during medication administration training sessions. Documentation of the trainer's completed orientation must be provided to each UMA that he or she trains or validates.

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ST - I2002 - Training and Validation Required for Unlicens

Title Training and Validation Required for Unlicens

Type Rule

59A-26.014 (3)(a)-(i) FAC

Regulation Definition

Interpretive Guideline

(3) Medication administration training must include the following topics:

- (a) Basic knowledge and skills necessary for medication administration charting on the Medication Administration Record (MAR);
- (b) Roles of the physician, nurse, pharmacist and direct care staff in medication supervision;
- (c) Procedures for recording/charting medications;
- (d) Interpretation of common abbreviations used in the administration and charting of medications;
- (e) Knowledge of facility medication systems;
- (f) Safety precautions used in medication administration;
- (g) Methods and techniques of medication administration;
- (h) Problems and interventions in the administration of medications;
- (i) Observation and reporting of anticipated side effects, adverse effects and desired positive outcome; and,
- (j) Each duty of UMAs as required in this rule chapter.

ST - I2003 - Training and Validation Required for Unlicens

Title Training and Validation Required for Unlicens

Type Rule

59A-26.014 (4) FAC

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Regulation Definition

(4) Validation or revalidation of the effective completion of the training is required for each UMA to assess that competency has been achieved after completion of required training. To become validated or revalidated, the UMA must be able to successfully demonstrate, in a practical setting, his or her ability to correctly administer or supervise the self-administration of medications to clients in a safe and sanitary manner and to correctly and accurately document actions related to the administration of medications, in accordance with the requirements of this chapter. At completion of the training, an UMA must attain an overall score of 100% on knowledge tests that cover the training and facility specific questions. The UMA will have three attempts to achieve a 100% score. If after the third attempt a score of 100% is not achieved, the UMA must repeat the training and may not administer medication to clients until such time as a score of 100% is achieved. Additionally, an UMA must be able to state the purpose, common side effects, and signs and symptoms of adverse reactions for a list of commonly used medications from memory or demonstrate how they obtain that information and maintain it for easy access.

Interpretive Guideline

ST - I2004 - Training and Validation Required for Unlicens

Title Training and Validation Required for Unlicens

Type Rule

59A-26.014 (5)(a)-(d) FAC

Regulation Definition

(5) Validation or revalidation of competency will be conducted by an RN, physician, or ARNP. The ICF/DD licensee will maintain documentation containing the following information:

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- (a) The name and address of the validator;
- (b) Validation or revalidation date, with expiration date of 365 days from the validation;
- (c) Printed name and signature of the validating health care professional as it appears on his or her license; and,
- (d) Validating health care professional's license number, with license expiration date.

ST - I2005 - Training and Validation Required for Unlicens

Title Training and Validation Required for Unlicens

Type Rule

59A-26.014 (6) FAC

Regulation Definition

(6) All training curricula, handouts, testing materials, and documents used to comply with the medication administration training and skills requirements of this rule will be kept on file for five years in the ICF/DD facility.

Interpretive Guideline

ST - I2006 - Training and Validation Required for Unlicens

Title Training and Validation Required for Unlicens

Type Rule

59A-26.014 (7)(a)-(d) FAC

Regulation Definition

(7) The following must be validated or revalidated for each UMA:

- (a) Demonstration of the ability to read and follow medication instructions on a prescription label, physician's order or MAR;
- (b) Demonstration of the ability to write legibly, complete required documentation, and convey accurate and discernible

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information; and,

(c) Demonstration of the ability to perform as required in this rule chapter.

(d) Demonstration of the ability to state the purpose, common side effects, and signs and symptoms of adverse reactions for a list of commonly used medications from memory or demonstrate how they obtain that information and maintain it for easy access.

ST - I2007 - Training and Validation Required for Unlicens

Title Training and Validation Required for Unlicens

Type Rule

59A-26.014 (8)-(10) FAC

Regulation Definition

(8) UMAs and the ICF/DD licensee must maintain a copy of the UMA's current skills validation document, and documentation of orientation for their medication administration trainer and validator. UMAs are responsible for maintaining a copy of these documents and providing copies to the ICF/DD licensee, if requested.

(9) If requested, an UMA will have available a copy of their signed skills validation documentation to provide to the client or client's representative. UMAs will also have available, if requested, a copy of their annual skills revalidation documentation, within five working days of the revalidation date.

(10) UMAs who have not successfully renewed their validation prior to the expiration date will not be eligible to administer medications to clients until medication administration retraining and revalidation of skills have been successfully completed

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ST - I3000 - Plant Maintenance and Housekeeping

Title Plant Maintenance and Housekeeping

Type Rule

59A-26.015 (1)-(2)(a)-(g) FAC

Regulation Definition

Interpretive Guideline

(1) The facility must maintain the interior and exterior of buildings accessible to clients and all equipment, furniture, and furnishings in a clean manner and in such condition such that client safety and well-being are not jeopardized.

(2) Each licensee must establish written policies designed to maintain the physical plant and overall ICF/DD environment in such a manner that the safety and well-being of clients are ensured. The building and mechanical maintenance program must be under the supervision of a qualified person, as determined by the facility. All mechanical and electrical equipment must be maintained in working order, and must be accessible for cleaning and inspecting. All mechanical systems must be tested, balanced and operated prior to being placed into service and maintained in good working order. The facility must have a written plan for maintenance, including record keeping, sufficient staffing, equipment, and supplies. The licensee must:

(a) Maintain the building in good repair, safe and free of the following: cracks in the floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile, linoleum or vinyl; loose handrails or railings; loose or broken window panes and screens; and other similar hazards;

(b) Maintain all electrical, lighting (interior and exterior), signal, mechanical, potable water supply, hot water heaters, heating, air conditioning, fire protection and sewage disposal systems in safe, clean and functioning condition;

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- (c) Maintain all electrical cords and appliances in a safe and functioning condition;
- (d) Maintain the interior and exterior finishes of the buildings as needed to keep them clean and safe, to include painting, washing, and routine maintenance;
- (e) Maintain all furniture and furnishings in a clean and safe condition;
- (f) Maintain the grounds free from refuse, litter, insect, vermin, and vermin breeding areas; and,
- (g) Maintain screens on windows and doors in good repair, free of breaks in construction.

ST - I3001 - Plant Maintenance and Housekeeping

Title Plant Maintenance and Housekeeping

Type Rule

59A-26.015 (3)(a)-(f) FAC

Regulation Definition

(3) The facility must have a plan for housekeeping including staff, equipment and supplies. As part of the licensee's housekeeping plan, the licensee must:

(a) Keep the buildings in a clean, safe and orderly condition.

This includes all rooms, corridors, attics, basements and storage areas;

(b) Keep floors clean and non-slip to ensure client safety;

(c) Control odors within the housekeeping staff's areas of responsibility by effective cleaning procedures and by the proper use of ventilation. Deodorants must not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices;

(d) Keep attics, basements, stairways and similar areas free of accumulations of refuse, discarded furniture, discarded equipment, newspapers, magazines, boxes and other similar items;

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- (e) Not use bathrooms, shower stalls and lavatories for laundering, janitorial or storage purposes; and,
- (f) Store all cleaning compounds, insecticides and all other potentially hazardous compounds or agents in locked cabinets or rooms.

ST - I3002 - Plant Maintenance and Housekeeping

Title Plant Maintenance and Housekeeping

Type Rule

59A-26.015 (4)(a)-(g) FAC

Regulation Definition

- (4) The licensee must have a written plan and must supply clean linens to a client based on the weather and climate. Linens must be in good condition to provide proper care and comfort to each client, either through on-site laundry service or a contract with an outside service.
- (a) The on-site laundry room must be maintained and operated in a clean, safe and sanitary manner.
 - (b) Written operating procedures must be developed and implemented to provide for the handling and storage of clean and soiled linens. These operating procedures must be available to all facility staff or Agency representatives upon request.
 - (c) Laundry personnel must thoroughly wash their hands and exposed portions of their arms with soap and water before starting work, after smoking, eating, using the toilet or handling soiled linens.
 - (d) Clean linen must be protected from contamination during handling and storage.
 - (e) Soiled linen must be handled and stored in a manner that protects facility clients and personnel.
 - (f) If an outside laundry service is used, the facility must ensure that clean linens are protected during transport back to

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the facility to avoid contamination.

(g) Clients' personal clothing must be handled and clothing stored in a manner that will not allow contamination of clean clothing by soiled clothing. The licensee must ensure that the personal clothing or linens of each client are returned to that individual client after laundering.

ST - I4000 - Fire Protection, Life Safety, Systems Failure

Title Fire Protection, Life Safety, Systems Failure

Type Rule

59A-26.016 (1)-(2) FAC

Regulation Definition

(1) Standards for fire prevention for the facility are those adopted pursuant to Rule 69A-3.012, F.A.C., as required by the Division of State Fire Marshal at Department of Financial Services, and Chapter 69A-38, Uniform Fire Safety Standards for Residential Facilities for Individuals with Developmental Disabilities, F.A.C., as required by the Agency for Persons with Disabilities, as applicable to the classifications of occupancy therein.

(2) The Agency shall conduct an annual fire safety survey. Based upon the survey, a report of deficiencies will be provided to the facility with a time frame for correction.

Interpretive Guideline

Consult the Life Safety Code surveyor if concerns are identified regarding Fire Protection.

ST - I4001 - Fire Protection, Life Safety, Systems Failure

Title Fire Protection, Life Safety, Systems Failure

Type Rule

59A-26.016 (3) FAC

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Regulation Definition

(3) ICF/DD's providing personal care, as defined in the Life Safety Code NFPA 101 as adopted pursuant to Rule 69A-3.012, F.A.C., as required by the Division of State Fire Marshal at the Department of Financial Services, and Rule Chapter 69A-38, F.A.C., as required by the Agency for Persons with Disabilities, will be reviewed as a Residential Board and Care occupancy under the Florida Specific Edition of NFPA 101 Life Safety Code, as adopted pursuant to Rule 69A-3.012, F.A.C., as required by the Division of State Fire Marshal at the Department of Financial Services, and Rule Chapter 69A-38, F.A.C. as required by the Agency for Persons with Disabilities. ICF/DD's providing services to clients that receive chronic, skilled/acute nursing or medical care or designated as a Level of Care 9 will be reviewed as a Health Care occupancy status under the Florida Specific Edition of NFPA 101 Life Safety Code, as adopted pursuant to Rule 69A-3.012, F.A.C., as required by the Division of State Fire Marshal at Department of Financial Services and Rule Chapter 69A-38, F.A.C., as required by the Agency for Persons with Disabilities. To ensure the life safety code requirements are appropriate for all clients served in an ICF/DD, each licensure survey shall establish or confirm the occupancy status. Beginning December 1, 2015, upon renewal of each ICF/DD license, the license shall display the occupancy status. The ICF/DD licensee must receive written approval from the Agency, including the Office of Plans and Construction, prior to a change in the occupancy status. A client requiring chronic, skilled/acute nursing or medical care, or designated as a Level of Care 9 client, may not reside in an ICF/DD with a Residential Board and Care occupancy status.

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ST - I4002 - Fire Protection, Life Safety, Systems Failure

Title Fire Protection, Life Safety, Systems Failure

Type Rule

59A-26.016 (4) FAC

Regulation Definition

(4) Each licensee must provide fire protection through the elimination of fire hazards as evidenced by compliance with the fire codes referenced in subsection 59A-26.016(1), F.A.C.

Interpretive Guideline

ST - I4003 - Fire Protection, Life Safety, Systems Failure

Title Fire Protection, Life Safety, Systems Failure

Type Rule

59A-26.016 (5) FAC

Regulation Definition

(5) All fires or explosions must be reported by the licensee within 24 hours by phone to the Agency for Health Care Administration's field office and the Office of Plans and Construction. Upon notification the Agency field office shall coordinate with the local fire investigation authority to determine the cause, origin, and circumstances of the fire or explosion. The licensee shall complete the form "Fire Incident Report", AHCA #3500-0031, revised July 2014, incorporated herein by reference and available at <<http://www.flrules.org/Gateway/reference.asp?No=Ref-06199>> or from the Office of Plans and Construction, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 24, Tallahassee, Florida 32308 or from the web site at <http://ahca.myflorida.com/MCHQ/Plans/pdfs/Fire.pdf>. The

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form must be completed by the licensee and submitted to the Agency's Office of Plans and Construction within 10 calendar days of the incident.

ST - I4004 - Fire Protection, Life Safety, Systems Failure

Title Fire Protection, Life Safety, Systems Failure

Type Rule

59A-26.016 (6) (a)-(c) FAC

Regulation Definition

- (6) In the event of a system failure of the fire alarm system, smoke detection system, or sprinkler system, the following actions must be taken immediately by the licensee:
- (a) Notify the local fire authority and document any instructions received by the licensee;
 - (b) Notify the Agency for Health Care Administration Office of Plans and Construction, and the Agency's local field office; and,
 - (c) Assess the extent of the condition, and implement corrective action with a documented period for compliance. If the corrective action will take more than four hours to complete, the following items must be completed:
 - 1. Implement a contingency plan containing a description of the problem, a specific description of the system failure, and the projected correction period. All staff on shifts involved must have documented in-service training for the emergency contingency.
 - 2. Begin a documented fire watch until the system is restored. Persons used for fire watch must receive training specific to their duty including what to look for, what to do, and how to expeditiously contact the fire department. To maintain a fire watch, the facility must utilize only certified public fire safety personnel, a guard service, or facility staff. If facility staff is utilized for this function, they must meet the following

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requirements:

- a. Be off duty from their regular facility position or assigned only to fire watch duty and be excluded from counting toward the required staffing pattern;
 - b. Be trained and competent as determined by the licensee in the duties and responsibilities of a fire watch; and,
 - c. Have immediate access to electronic communication.
3. If the projected correction period changes or when the system is restored to normal operation, the licensee must notify the Agency's Office of Plans and Construction, the Agency's local field office and local fire authorities

ST - I4005 - Fire Protection, Life Safety, Systems Failure

Title Fire Protection, Life Safety, Systems Failure

Type Rule

59A-26.016 (7) FAC

Regulation Definition

(7) Each new facility must provide for external electronic communication not dependent on terrestrial telephone lines, cellular, radio or microwave towers, such as an on-site radio transmitter, satellite communication systems or a written agreement with an amateur radio operator volunteer group(s). If the latter, this agreement must provide for a volunteer operator and communication equipment to be relocated into the facility in the event of a disaster until communications are restored. Other methods, which can be shown to maintain uninterrupted electronic communications not dependent on land-based transmission, must be pre-approved by the Agency's Office of Plans and Construction.

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ST - I5000 - Physical Plant Codes and Standards for ICF/DD

Title Physical Plant Codes and Standards for ICF/DD

Type Rule

59A-26.018 (1)(a)-(d) FAC

Regulation Definition

(1) All construction of new facilities or conversions and all additions, modifications, alterations, renovations, and refurbishing to the site, facility, equipment or systems of a facility must be in compliance with all applicable codes and standards. In addition to the standards in this rule, the following codes apply to design and construction of ICF/DD facilities:

(a) The Florida Building Code as adopted pursuant to Rule 61G20-1.001, F.A.C., by the Florida Building Code Commission at the Department of Business and Professional Regulation.

(b) The fire codes adopted by the State Fire Marshal pursuant to Rule Chapter 69A-38, F.A.C., by the Division of State Fire Marshal at the Department of Financial Services.

(c) For the purpose of determining life safety occupancy classification, facilities providing services to clients that receive chronic, skilled/acute nursing or medical care or designated as a Level of Care 9 will be classified as a health care occupancy.

(d) For the purpose of determining life safety occupancy classification, facilities providing personal care services will be classified as a residential board and care occupancy.

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ST - I5001 - Physical Plant Codes and Standards for ICF/DD

Title Physical Plant Codes and Standards for ICF/DD

Type Rule

59A-26.018 (2) FAC

Regulation Definition

(2) The Fire Safety Evaluation System (FSES) NFPA-101 adopted pursuant to Rule Chapter 69A-38, F.A.C., as required by the Division of State Fire Marshall at the Department of Financial Services, shall not be used to meet the required codes and standards for new construction, renovations, or for conversion of an existing building to a new licensed ICF/DD.

Interpretive Guideline

ST - I5002 - Physical Plant Codes and Standards for ICF/DD

Title Physical Plant Codes and Standards for ICF/DD

Type Rule

59A-26.018 (3) FAC

Regulation Definition

(3) Where additions, modifications, alterations, refurbishing, renovations or reconstruction are undertaken within a facility, all such additions, modifications, alterations, refurbishing, renovations or reconstruction must comply with sections of the applicable codes for new facilities.

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ST - I6000 - Construction and Physical Environment Standar

Title Construction and Physical Environment Standar

Type Rule

59A-26.019 (1)(a)-(b) FAC

Regulation Definition

Interpretive Guideline

All new facilities and all additions, renovations and alterations of existing facilities must be in compliance with the following physical plant standards:

(1) Site requirements.

(a) Utilities must be commensurate with the facility's regular operational needs and emergencies. The site must be remote from uncontrolled or uncontrollable sources of insect and rodent harborage and air and water pollution.

(b) A site may include structures other than the ICF/DD facility such as storage sheds and greenhouses. Ancillary spaces may be available within the living units or in a separate on-site structure to provide services that cannot be purchased in the community or when clients are physically unable to attend community or therapy services.

ST - I6001 - Construction and Physical Environment Standar

Title Construction and Physical Environment Standar

Type Rule

59A-26.019 (2)(a)-(j) FAC

Regulation Definition

Interpretive Guideline

(2) Living unit requirements.

(a) There must be sufficient equipment and appliances to meet the programmatic needs of all clients.

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(b) Each living unit must have a kitchen that is adequate for preparing all meals, cleaning and storing of food and equipment. The kitchen design, appliances, equipment, materials and finishes must convey the image of a home like kitchen.

(c) Each living unit must have a dining area.

(d) Provisions must be made to ensure meals are eaten at the dining table with appropriate positioning devices, chairs or wheelchairs for each client, as needed.

(e) Sufficient space must be provided to accommodate client needs for indoor gross motor, fine motor and special teaching activities within the facility.

(f) Each client living unit must have three or more bedrooms.

1. Each client must have accessible personal space within the bedroom to accommodate an individual bed and personal furnishings, and to decorate and arrange without disturbing others. This space must also be utilized to store personal possessions.

2. The dimensions and arrangement of the client bedrooms must provide a minimum of three feet wide (0.91 m) clear access space to each bed along at least 75 percent of the length of one side of the bed and must be designed to allow the use of a wheelchair and other portable equipment. In multiple-bed rooms, a clearance of 3 feet 8 inches (1.11 meters) to any fixed obstruction must be available at the foot of each bed to permit the passage of equipment and beds. For beds equipped with a piped in medical gas headwall unit, there must be minimum clearance of 3 feet (0.91m) along the entire length of the bed between both sides of the bed and any other bed, wall or any other fixed obstruction. The maximum number of clients sharing a bedroom shall be two.

(g) Each living unit must provide adequate space for all clients to carry out normal bathroom functions, or for assistance in carrying out these functions, including bathing, toileting, washing and grooming. Facilities must be as comparable to

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normal home like standards as is appropriate to the functional level of clients. The standard range of bathroom fixtures must be provided in adequate numbers and in standard arrangements providing privacy for clients in performing each function. Each client must have access to a toilet room without having to enter the general corridor area. One toilet room shall serve no more than four beds and no more than two client rooms. The toilet room door must be side-hinged, swing out from the toilet room, and unless otherwise required by code, be at least 32 inches (81.28 centimeters) wide.

- (h) Each living unit must provide a minimum of one multi-purpose staff workroom of not less than 120 square feet.
- (i) Each living unit must be equipped to wash and dry the personal clothing of all clients residing in the living unit.
- (j) Each living unit must include outdoor activity spaces that provide a variety of activities accessible to clients and that provide cover and protection from the elements.

ST - I6002 - Construction and Physical Environment Standar

Title Construction and Physical Environment Standar

Type Rule

59A-26.019 (3)(a)-(p) FAC

Regulation Definition

- (3) Details and finishes.
 - (a) Potential hazards such as sharp corners or loose laid rugs or carpets shall not be permitted.
 - (b) Doors to all rooms containing bathtubs, showers, and water closets for client use must be equipped with privacy hardware that permits emergency access without keys. When such rooms have only one entrance or are small, the doors must open outward and, if on the corridor, must open into an alcove.
 - (c) All interior doors, except those that automatically close

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upon smoke detection, must be side-hinged swinging type doors. Interior corridor doors, except those to small closets not subject to occupancy, shall not swing into the corridor.

(d) Operable windows must be equipped with insect screens.

(e) Threshold covers must be designed to facilitate use of wheelchairs and carts and to prevent tripping and shall provide a smooth and level transition from surface to surface.

(f) Grab bars, 1-1/2 inches (3.8 centimeters) in diameter, must be installed in all client showers, tubs, and baths and on both sides of all client-use toilets. Wall-mounted grab bars shall provide a 1-1/2 inch (3.8 centimeters) clearance from walls and shall sustain a concentrated load of 250 pounds (113.4 kilograms).

(g) Handrails with a maximum diameter of 1-1/2 inches (3.8 centimeters) must be provided on both sides of all corridors used by clients. Mounting height shall be between 36 inches (91.4 centimeters) and 42 inches (106.7 centimeters). A clearance of 1-1/2 inches (3.8 centimeters) must be provided between the handrail and the wall. Rail ends shall return to the wall.

(h) Each client hand washing facility must have a mirror for the client unless prohibited by the IDT. Mirror placement must allow for convenient use by both wheelchair occupants and ambulatory persons. Tops and bottoms may be at levels usable by clients either sitting or standing. Additional mirrors may be provided for wheelchair clients, or one separate full-length mirror located in the client room may be provided to meet the needs of wheelchair clients. All mirrors must provide a distortion free image.

(i) Provisions for soap dispensing and hand drying must be included at all hand washing facilities. Hand drying provisions in client use areas shall be paper or cloth towels enclosed to protect against dust or soil and shall be single-unit dispensing.

(j) Towel bars must be provided at each bathing area.

(k) Floor material must be readily cleanable and appropriate

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for the location. If composition floor tiles are used, the interstices must be tight. In residential care and sleeping areas, a base must be provided at the floor line. Floors in areas used for food preparation and assembly must be water-resistant.

Floor surfaces, including tile joints, must be resistant to food acids. In all areas subject to frequent wet-cleaning methods, floor materials must not be physically affected by germicidal cleaning solutions. Floors subject to traffic while wet, such as shower and bath areas, kitchens, and similar work areas, must have a slip resistant surface and floor-to-base intersections must be watertight. Carpet and padding in client areas must be stretched tight, in good repair and free of loose edges or wrinkles that might create hazards or interfere with the operation of wheelchairs, walkers, or wheeled carts.

(l) Wall finishes must be washable and, if near plumbing fixtures, must be smooth and have a moisture-resistant finish. Finish, trim, walls, and floor constructions in dietary and food storage areas must be free from rodent and insect harboring spaces.

(m) Basic wall construction in areas not subject to conditioned air must be constructed of masonry, cement, plaster or moisture resistant gypsum wallboard.

(n) The finishes of all exposed ceilings and ceiling structures in the dietary facilities area must be readily cleanable with routine housekeeping equipment.

(o) Where it is not possible to inspect smoke barriers because of the fire-tested membrane, fire-rated access panels must be installed adjacent to each side of the smoke barriers at intervals not exceeding 30 feet (9.14 meters) and in such locations as necessary to view all surfaces of the barriers.

(p) There must be a minimum clearance of six inches (15.24 centimeters) between all conduits, piping, and ductwork at corridor walls to facilitate the inspection of these walls.

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ST - I6003 - Construction and Physical Environment Standar

Title Construction and Physical Environment Standar

Type Rule

59A-26.019 (4)(a)-(u) FAC

Regulation Definition

Interpretive Guideline

(4) Mechanical system requirements.

(a) Mechanical equipment must be installed in a designated equipment room(s), or in a space(s) located in an attic(s). If the unit serves only one room it may be located above the ceiling and must be accessible through an access opening as required by the Florida Building Code. Access panels are not required for lay-in ceiling installations provided the service functions are not obstructed by other above-ceiling construction such as electrical conduits, piping, audio-visual cabling and like equipment components or supports.

(b) Ventilation must be provided by mechanical means in all rooms in new facilities and in all renovated or remodeled rooms of a facility.

(c) For spaces listed in the Minimum Ventilation Rate Table, central station type air handling equipment must be used. Package terminal air conditioning units or fan coils may be used to serve client rooms and shall be provided with 20 percent filters minimum (Minimum Efficiency Reporting Value 5 or MERV 5).

(d) System designs utilizing fan coil or package terminal air conditioning units must have the outdoor air ventilation damper permanently closed. The ventilation requirement must be satisfied by a central station type air handling unit provided with a 30 percent filter minimum (MERV 5) or as required by the listed space served. Spaces designated for the exclusive use of physical plant personnel need not comply with this requirement.

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(e) Administrative and other staff-only areas must be provided with outside air at the minimum rate of 20 cubic feet per minute (9.43 liters/second) per person, and the central system must have a minimum of 30 percent American Society of Heating Refrigerating and Air Conditioning Engineers, Inc. (ASHRAE), dust spot efficiency filter (MERV 5).

(f) All filters in systems in excess of 1000 cubic feet per minute (28.32 cubic meters/minute) capacity must be installed with differential pressure gauges. The filter gauge must have the range of acceptable filter operation clearly and permanently indicated.

(g) The transfer of air quantities through one space to an adjacent space is not permitted except that the transfer of air to maintain space relative pressure by the undercutting of doors is permitted. The maximum allowable air quantity for door undercuts shall be 75 cubic feet per minute (35.34 liters per second) for single door widths up to 44 inches (111.7 centimeters).

(h) All supply, return and exhaust ventilation fans must operate continuously. Dietary hood, laundry area, administrative areas that are separated from all client areas and support areas, and maintenance area supply and exhaust fans shall be exempted from continuous operation.

(i) Cooling coil condensate must be piped to a roof drain, floor drain or other approved location.

(j) Exhaust fans and other fans operating in conjunction with a negative duct system pressure must be located at the discharge end of the system. Fans located immediately within the building located at the end of all exhaust ducts shall be permitted. Existing nonconforming systems need not be brought into compliance when equipment is replaced due to equipment failure.

(k) All new facility construction must have totally ducted supply, return, exhaust and outside air systems including areas of all occupancy classifications.

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- (l) During a fire alarm, fan systems and fan equipment serving more than one room must be stopped to prevent the movement of smoke by mechanical means from the zone in alarm to adjacent smoke zones.
- (m) Air handling and fan coil units serving exit access corridors for the zone in alarm must shut down upon fire alarm.
- (n) Smoke or fire/smoke dampers must close upon fire alarm and upon manual shutdown of the associated supply, return or exhaust fan.
- (o) Mixing valves used in shower applications must be of the balanced-pressure type design.
- (p) The temperature of hot water supplied to client use lavatories, showers and bath must be between 105°F (40.6°C) and 110°F (43.3°C) at the discharge end of the fixture.
- (q) Wall mounted water closets, lavatories, drinking fountains and hand-washing facilities must be attached to floor mounted carriers and shall withstand an applied vertical load of a minimum of 250 pounds (113.39 kilograms) to the front of the fixture and provide deep seal traps for floor drains in client showers.
- (r) Ice machines, rinse sinks, dishwashers, and beverage dispenser drip receptacles must be indirectly wasted.
- (s) Each water service main, branch main, riser and branch to a group of fixtures must have valves. Stop valves must be provided for each fixture. Panels for valve access must be provided at all valves.
- (t) Backflow preventers (vacuum breakers) must be installed on bedpan-rinsing attachments, hose bibs and supply nozzles used for connection of hoses or tubing in housekeeping sinks and similar applications.
- (u) A backflow preventer must be installed on the facility main water source(s).

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ST - I6004 - Construction and Physical Environment Standar

Title Construction and Physical Environment Standar

Type Rule

59A-26.019 (5)(a)-(i) FAC

Regulation Definition

Interpretive Guideline

(5) Electrical requirements.

(a) All material, including equipment, conductors, controls, and signaling devices, must be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facility requirements as shown in the specifications and as indicated on the plans submitted to the Agency. All materials and equipment must be listed as complying with applicable standards of Underwriter's Laboratories, Inc., or other nationally recognized testing facilities. Field labeling of equipment and materials will be permitted only when provided by a Nationally Recognized Testing Laboratory (NRTL) that has been certified by the Occupational Safety & Health Administration (OSHA) for that referenced standard.

(b) For purposes of this section, a client room, a client therapy area or an examination room shall be considered a "patient care area" as described in NFPA 99 "Health Care Facilities," and Chapter 27, "Electrical Systems" of the Florida Building Code.

(c) Panels located in spaces subject to storage must have the clear working space as required by Chapter 27, "Electrical Systems" of the Florida Building Code, permanently marked "Electrical Access - Not For Storage" with a line outlining the required clear working space on the floor and wall.

(d) Panels and electrical equipment, other than branch circuit devices serving the corridor, must not be located in egress corridors in new construction.

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(e) Lighting.

1. All spaces occupied by people, machinery and equipment within buildings, approaches to buildings and parking lots must have electric lighting.
2. Client bedrooms must have general lighting and separate fixed night lighting. The night-light must have a switch at the entrance to each client's room. A reading light must be provided for each client. Client reading lights, and other fixed lights not switched at the door, must have switch controls convenient for use at the luminary. Wall-mounted switches for control of lighting in client area must be of a quiet operating type.

(f) Receptacles.

1. The facility must provide one general purpose receptacle on a wall to serve each client and one additional receptacle at the head of the bed if a motorized bed is provided.
2. Duplex receptacles for general use must be installed in all general purpose corridors, approximately 50 feet (15.24 meters) apart and within 25 feet (7.62 meters) of corridor ends.

(g) Fire alarm systems. A fire alarm annunciator panel must be provided at a single, designated, location that is monitored 24-hour per day. The panel must indicate, audibly and visually, the zone of actuation of the alarm and system trouble. Devices located in each smoke compartment must be interconnected as a separate fire alarm zone. Annunciator wiring must be supervised. Annunciators must clearly indicate the zone location of the alarm. An adjacent zone location map to quickly locate alarm condition must be provided.

(h) Nurse call systems. Each facility must have a nurse call system that meets the following requirements:

1. A nurse call system must be provided that will register a call from each client bed to the related staff work area(s) by activating a visual signal at the client room door and activating a visual and audible signal in the clean utility, soiled utility,

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nourishment station, medication prep and the master station of the nursing unit or sub-nursing unit. Audible signals may be temporarily silenced provided subsequent calls automatically reactivate the audible signal. In rooms containing two or more calling stations, indicating lights must be provided for each calling station. In the corridor zone of multi-corridor nursing units, lights must be installed at corridor intersections in the vicinity of staff work areas;

2. An emergency calling station of the pull cord type must be provided and must be conveniently located for client use at each client toilet, bath or shower room, but not inside the shower unless the nurse call device is listed for wet locations. The call signal must be the highest priority and shall be cancelled only at the emergency calling station. The emergency station must activate distinctive audible and visual signals immediately at the client room door or wireless page, and activate a visual and audible signal in the staff work areas or mobile nurse station receiver and the master station of the client unit. If a mobile nurse station receiver is utilized to receive the client call it will be worn by all staff who are assigned to the client unit and must identify the specific client and or room from which the call was placed;

3. The nurse call master station must not block incoming client calls. The master station control settings must not prevent the activation of the incoming audible and visual signals. In wireless systems, all orphaned calls to mobile nurse station receivers will register at the nurse call master station;

4. In multi-client rooms, activation of an emergency call shall not cancel a normal call from the same room; and,

5. A corridor dome light must be located directly outside of any client care area that is equipped with a wired nurse call station.

(i) Emergency electrical system.

1. A Type 1 essential electrical system must be provided in all ICF/DD facilities as described in NFPA 99, "Health Care

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Facilities."

2. In new construction, the normal main service equipment must be separated from the emergency distribution equipment by locating it in a separate room. Transfer switches must be considered emergency distribution equipment for this purpose.
3. Switches for critical branch lighting must be completely separate from normal switching. The devices or cover plates must be of a distinctive color. Critical branch switches may be adjacent to normal switches. Switches for life safety lighting are not permitted except as required for dusk-to-dawn automatic control of exterior lighting fixtures.
4. There must be selected life safety lighting provided at a minimum of one footcandle and designed for automatic dusk-to-dawn operation along the travel paths from the exits to the public way or to safe areas located a minimum of 30 feet (9.14 meters) from the building.
5. If a day tank is provided, then it must be equipped with a dedicated low level fuel alarm and a manual pump. The alarm must be located at the generator derangement panel.
6. Transfer switch contacts must be of the open type and must be accessible for inspection and replacement.
7. If required by the facility's emergency food plan, then there must be power connected to the equipment branch of the essential electrical system for kitchen refrigerators, freezers and range hood exhaust fans. Selected lighting within the kitchen and dry storage areas must be connected to the critical branch of the essential electrical system.

ST - I6005 - Construction and Physical Environment Standar

Title Construction and Physical Environment Standar

Type Rule

59A-26.019 (6)(a)-(d) FAC

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Regulation Definition

Interpretive Guideline

(6) Other general requirements.

(a) There must be at least one telephone accessible to the clients.

(b) An accessible, potable supply of water must be provided in all facilities.

(c) An adequate and safe method of sewage collection, treatment and disposal must be provided in each facility.

Whenever a municipal or public sewer system is available to the property such system must be used.

(d) In all facilities vermin must be controlled in all areas of the facility.

ST - I6006 - Construction and Physical Environment Standar

Title Construction and Physical Environment Standar

Type Rule

59A-26.019 (7)(a)-(b) FAC

Regulation Definition

Interpretive Guideline

(7) Physical Plant Requirements for Disaster Resistance of ICF/DD Construction.

(a) Definitions. The following definitions apply specifically to this subsection:

1. Existing Facility means a facility that prior to December 1, 2015:

a. Is licensed and certified; or

b. Has received a Stage II preliminary plan approval from the Agency for a new facility.

2. New Facility means:

a. An ICF/DD licensed after December 1, 2015; or

b. A facility that receives a Stage II Preliminary Plan approval after December 1, 2015; or

c. An addition of a wing or floor to an existing ICF/DD, which

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has not received a Stage II Preliminary Plan approval pursuant to this section.

3. Net Square Footage means the clear floor space of an area excluding cabinetry and other fixed furniture or equipment.

4. During and Immediately Following means a period of 72 hours following the loss of normal support utilities to the facility.

5. Occupied Client Area(s) means the location of clients inside the new facility or in the addition of a wing or floor to an existing facility during and immediately following a disaster. If clients are to be relocated into an area of the existing facility during and immediately following a disaster, then for these purposes that location will be defined as the "occupied client area."

6. Client Support Area(s) means the area(s) required to ensure the health, safety and well-being of clients during and immediately following a disaster, such as a staff work area, clean and soiled utility areas, food preparation area and other areas as determined by the licensee to be kept operational during and immediately following a disaster.

7. On-site means either in, immediately adjacent to, or on the campus of the facility, or addition of a wing or floor to an existing facility.

8. Client(s) Served means the number of clients as determined by the licensee that will be served in the occupied client area(s) during and immediately following a disaster, including clients from other facilities, if applicable.

(b) New Facility Construction Standards. The following construction standards are in addition to the physical plant requirements described in this rule. These minimum standards are intended to increase the ability of the new facility to be structurally capable of serving as a shelter for clients, staff and the family of clients and staff and equipped to be self-supporting during and immediately following a disaster.

1. Space standards.

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- a. Each new facility must provide a minimum of 30 net square feet (2.79 square meters) per client served in the occupied client area(s). The number of clients served is to be determined by the facility.
 - b. Each licensee must have space for administrative and support activities and space for use by facility staff to allow for care of clients in the occupied client area(s).
 - c. Each licensee must have space for all staff and family members of clients and staff.
2. Site standards.
- a. The lowest floor of all new facilities shall be elevated to the "Base flood elevation" plus 2 feet (61 cm), or to the height of hurricane Category 3 (Saffir-Simpson scale) surge inundation elevation, as described by the Sea, Lake, and Overland Surge (SLOSH) from Hurricanes model developed by the Federal Emergency Management Agency (FEMA), United States Army Corps of Engineers (USACE), and the National Weather Service (NWS), whichever elevation requirement is more stringent. The Base flood elevation shall be defined as the elevation of an area having a 1 percent chance of being equaled or exceeded by flood waters in any given year.
 - b. For all existing facilities, the lowest floor elevations of all additions, and all resident support areas including food service, and all resident support utilities, including mechanical, and electrical (except fuel storage as noted in sub-subparagraph 59A-26.019(7)(b)9.e., F.A.C.) for the additions shall be at or above the elevation of the existing building, if the existing building was designed and constructed to comply with either the site standards of this rule or local flood resistant requirements in effect at the time of construction, whichever requires the higher elevation. If the existing building was constructed prior to the adoption of either the site standards of this rule or local flood resistant requirements, then substantial improvements as described in this section shall either be designed and constructed to meet

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the requirements of this rule or be designed and constructed to meet the dry flood proofing requirements of Florida Building Code.

c. Substantial improvement shall include any repairs, reconstruction(s), rehabilitation(s), additions(s) or improvement(s) to the building over a five year period, the cost of which cumulatively exceeds the market value of the building prior to the start of work.

d. Where an off-site public access route is available to the new facility at or above the 100-year flood plain, a minimum of one on-site emergency access route must be provided that is located at the same elevation as the public access route.

4. Roofing standards.

a. Loose-laid ballasted roofs are not permitted.

b. All new roof appendages such as ducts, tanks, ventilators, receivers, condensing units and decorative mansard roofs and their attachment systems must be structurally engineered to meet the wind load requirements of the FBC. All of these attachment systems must be connected directly to the underlying roof structure or roof support structure.

5. Exterior unit standards.

a. All exterior window units, skylights, exterior louvers and exterior door units, including vision panels and their anchoring systems shall be impact resistant or protected with an impact resistant covering meeting the requirements of the Testing Application Standards (TAS) 201, 202, and 203 of Florida Building Code - Test Protocols for High-Velocity Hurricane Zones and in accordance with the requirements of Sections 1626.2 through 1626.4 of the Florida Building Code. The impact resistant coverings may be either permanently attached or may be removable if stored on site of the facility.

b. The location or application of exterior impact protective systems shall not prevent required exit egress from the building.

c. When not being utilized to protect the windows, the

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protective system shall not restrict the operability (if provided) of the windows to the occupied client bedrooms.

d. When not being utilized to protect the windows, the protective system shall not reduce the percentage of the clear window opening below that which is required by the FBC for client bedrooms.

e. The glazed openings inside or outside of the protective systems must meet the cyclical loading requirements as required by Sections 1626.2-1626.4 of the FBC.

f. All of the exterior impact protective systems must be designed and installed so that they do not come in contact with the glazing under uniform, impact or cyclic pressure loading. The location or application of exterior impact protective systems must not prevent required exit/egress from the building.

6. Heating, Ventilation and Air Conditioning (HVAC) Standards.

a. All new air moving-equipment, dx condensing units, through-wall units and other HVAC equipment located outside of, partially outside of, or on the roof of the facility and providing services to the new facility shall be permitted only when either of the following are met:

I. They are located inside a penthouse designed to meet the wind load requirements of the Florida Building Code, Building; or

II. Their fastening systems are designed to meet the wind load requirements of the Florida Building Code, Building and they and all associated equipment are protected as required by TAS 201, 202, and 203 in accordance with the requirements of Sections 1626.2 through 1626.4 of the Florida Building Code from damage by horizontal impact by a separate and independent structure that allows access to all parts of the equipment at all times; or

III. They are completely protected by the equipment shrouding that meets the requirements of TAS 201, 202, and 203 in

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accordance with the requirements of Sections 1626.2 through 1626.4 of the Florida Building Code.

b. All occupied client areas and client support areas must be supplied with sufficient HVAC as determined by the facility to ensure the health, safety and well-being of all clients and staff during and immediately following a disaster.

c. As determined by the licensee, these selected HVAC systems and their associated support equipment, such as a control air compressor essential to the maintenance of the occupied client and client support area(s), must receive their power from the emergency power supply system(s).

d. Ventilation air change rates in occupied client areas must be maintained as specified in this section during and immediately following a disaster.

e. Auxiliary equipment and specialties such as hydronic supply piping and pneumatic control piping must be located, routed and protected in such a manner as determined by the licensee to ensure the equipment receiving the services will not be interrupted.

7. Plumbing standards.

a. There must be an independent on-site supply such as a water well, or on-site storage capability such as empty water storage containers or bladders, of potable water at a minimum quantity of three gallons per client served per day during and immediately following a disaster. Hot water in boilers or tanks must not be counted to meet this requirement.

b. There must be an independent on-site supply or storage capability of potable water at a minimum quantity of one gallon per facility staff, and other personnel in the facility per day during and immediately following a disaster. For planning purposes, the number of these personnel must be estimated by the licensee.

c. The licensee must determine what amount of water will be sufficient to provide for client services, and must maintain an on-site supply or on-site storage of the determined amount.

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d. When used to meet the minimum requirements of this rule, selected system appurtenances such as water pressure maintenance house pumps and emergency water supply well pumps must take power from the emergency power supply system.

8. Medical gas systems standards. The storage, distribution piping system and appurtenances serving the occupied client area(s) and client support area(s) shall be contained within a protected area(s) designed and constructed to meet the structural requirements of the building code and debris impact requirements as required by Sections 1626.2 through 1626.4 of the Florida Building Code.

9. Emergency electrical generator and essential electrical system standards. There must be an on-site emergency electrical generator system designed to support occupied client areas and client support areas with the following support services:

a. Ice making equipment to produce ice for the clients or freezer storage equipment for the storage of ice for the clients.

b. Refrigerator units and food service equipment as required by the emergency food plan.

c. There must be one clothes washer and one clothes dryer for laundry service.

d. An emergency generator system must be fueled by a fuel supply stored on-site sized to fuel the generator for 100 percent load for 64 hours, or 72 hours for actual demand load of the occupied client areas and client support areas and client support utilities, during and immediately following a disaster, whichever is greater.

e. The fuel supply shall either be located below ground or contained within a protected area that is designed and constructed to meet the structural requirements as required by the Florida Building Code and debris impact requirements as specified by Sections 1626.2 through 1626.4 of the Florida Building Code. If an underground system is utilized, it shall be

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designed so as to exclude the entrance of any foreign solids or liquids.

f. All fuel lines supporting the generator system(s) for the occupied client area(s) and client support area(s) shall be protected also with a method designed and constructed to meet the structural requirements as required by the Florida Building Code and debris impact requirements as specified by Sections 1626.2 through 1626.4 of the Florida Building Code.

g. All panel boards, transfer switches, disconnect switches, enclosed circuit breakers or emergency system raceway systems required to support the occupied client area(s), client support area(s) or support utilities shall be contained within a protected area(s) designed and constructed to meet the structural requirements as required by the Florida Building Code and debris impact requirements as specified by Sections 1626.2 through 1626.4 of the Florida Building Code, and shall not rely on systems or devices outside of this protected area(s) for their reliability or continuation of service.

h. The emergency generator(s) shall be air or self-contained liquid cooled and it and other essential electrical equipment shall be installed in a protected area(s) designed and constructed to meet the structural requirements as required by the Florida Building Code and debris impact requirements as specified by Sections 1626.2 through 1626.4 of the Florida Building Code.

i. If the facility does not have a permanent on-site optional standby generator to operate the normal branch electrical system, then there shall be a permanently installed pre-designed electrical service entry for the normal branch electrical system that will allow a quick connection to a temporary electrical generator. This quick connection shall be installed inside of a permanent metal enclosure rated for this purpose and may be located on the exterior of the building.

10. Fire protection standards. If the facility requires fire sprinklers as part of its fire protection, one of the following

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must be met:

- a. On-site water storage capacity to continue sprinkler coverage in accordance with the fire codes adopted by the state fire marshal or a fire watch must be conducted.
- b. If the facility provides a fire watch in lieu of water storage to continue sprinkler coverage, then one 4-A type fire extinguisher or equivalent must be provided for every three or less 2-A fire extinguishers. These additional extinguishers must be equally distributed throughout the area they are protecting.

11. External Emergency Communication. Each new facility must provide for an external electronic communication not dependent on terrestrial telephone lines, cellular, radio or microwave towers, such as on-site radio transmitter, satellite communication systems or a written agreement with an amateur radio operator volunteer group(s). This agreement must provide for a facility volunteer operator and communication equipment to be re-located into the facility in the event of a disaster until communications are restored. Other methods that can be shown to maintain uninterrupted electronic communications not dependent on land-based transmission must be pre-approved by the Agency's Office of Plans and Construction.

ST - I7000 - Disaster Preparedness

Title Disaster Preparedness

Type Rule

59A-26.020 (1)(a) FAC

Regulation Definition

(1) Each licensee must have a written plan with procedures to be followed in the event of an internally or externally caused disaster or emergency event. The initiation, development, and maintenance of this plan must be the responsibility of the

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facility administrator, and must be reviewed and approved by the County Emergency Management Agency. The plan must be reviewed and approved annually and include the following:

(a) Basic information concerning the facility to include:

1. Name of the facility, address, telephone number, 24-hour contact number if different from the facility number, emergency contact telephone number, and fax number;
2. Name, address, and telephone number of the licensee;
3. The year facility was built, including type of construction;
4. Name, address, work, home and other available telephone numbers of the facility's administrator;
5. Name, address, work, home and other available telephone numbers of persons implementing the provisions of this plan, if different from the administrator;
6. An organizational chart showing all positions with key emergency positions identified by title. The name and telephone numbers at home, work and any other available telephone number shall be included for these persons;
7. An organizational chart, if different from the previous chart required, identifying the hierarchy of authority in place during emergencies, and all positions on a day to day basis;
8. A description of the potential hazards that the facility is vulnerable to such as hurricanes, tornadoes, flooding, fires, hazardous materials incidents or transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, including procedures for each of these hazards; and,
9. A copy of the Fire Safety Plan as stated in the Life Safety Code.

ST - I7001 - Disaster Preparedness

Title Disaster Preparedness

Type Rule

59A-26.020 (1)(b) FAC

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Regulation Definition

Interpretive Guideline

(b) Site specific information concerning the facility to include:

1. Number of facility beds and maximum number of clients on site;
2. Type of clients served by the facility;
3. Identification of the flood zone within which the facility is located as indicated on a Flood Insurance Rate Map;
4. Identification of the hurricane evacuation zone within which the facility is located;
5. Proximity of the facility to a railroad or major transportation artery; and,
6. Whether the facility is located within the 10 or 50-mile emergency planning zone of a nuclear power plant. The 10 mile zone is called the Emergency Planning Zone (EPZ) and the 50 mile zone is called the Ingestion Pathway Zone (IPZ).

ST - I7002 - Disaster Preparedness

Title Disaster Preparedness

Type Rule

59A-26.020 (1)(c) FAC

Regulation Definition

Interpretive Guideline

(c) Establish management functions, polices, and procedures for emergency operations that:

1. Identifies by name and title, who is in charge during an emergency, and one alternate, should that person be unable to serve in that capacity;
2. Identifies the chain of command to ensure continuous leadership and authority in key position;
3. Provides the procedures to ensure timely activation and staffing of the facility in emergency functions including any provisions for emergency workers' families.
4. Provides the operational and support roles for all facility

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staff. This may be accomplished through the development of standard operating procedures which must be attached to this plan.

5. Provides procedures to ensure the following are supplied:

- a. Food, water and sleeping arrangements;
- b. The type of emergency power, natural gas, diesel or other. If natural gas, identify alternate means should loss of power occur that would affect the natural gas system. The capacity of the emergency fuel system shall be specified;
- c. Transportation of clients, staff and supplies;
- d. A 72 hour supply of all essential supplies and client medications; and,
- e. 24-hour staffing on a continuing basis until the emergency has abated.

6. Provides procedures for the facility to receive timely information on impending threats and the alerting of facility decision makers, staff and clients to potential emergency conditions, which shall include:

- a. Specification as to how the facility will receive warnings, to include, evenings, nights, weekends, and holidays;
- b. Identification of the facility's 24-hour contact number, if different than the number listed in the introduction;
- c. Specification as to how key staff will be alerted;
- d. Procedures and policy for reporting to work for key workers;
- e. Specification as to how clients will be alerted and the precautionary measures that will be taken;
- f. Identification of the primary notification and the alternative means of notification should the primary system fail for on duty and off duty staff; and,
- g. Identification of procedures for notifying the client's representative that the facility is being evacuated, including contact information for continued communication.

7. Provides the policies, responsibilities and procedures for the evacuation of clients from the facility, which shall include:

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- a. Identification of the individual responsible for implementing facility evacuation procedures;
- b. Identification and provision for transportation arrangements through mutual aid agreements that will be used to evacuate clients. These agreements must be in writing, and copies of these agreements must be submitted during plan review;
- c. Description of transportation arrangements for logistical support to include moving records, medications, food, water, equipment and other necessities. The facility shall provide copies of agreements if transportation is provided by anyone other than the licensee;
- d. Identification of the pre-determined locations to which clients will be evacuated;
- e. A copy of the mutual aid agreement that has been entered into with a facility to receive clients. It must include name, address, telephone number and contact person for the host facility. It must include the number of evacuees to be sheltered, including clients, staff and family members;
- f. Evacuation routes, maps, written instructions and secondary routes that will be used should the primary route be impassable;
- g. Specification of the amount of time it will take to evacuate all clients successfully to the receiving facility;
- h. Procedures that ensure facility staff will accompany evacuating clients;
- i. Procedures that will be used to keep track of clients once they have been evacuated, which includes a log system;
- j. Determination of the items and supplies and the amount of each that should accompany each client during the evacuation. This must provide for a minimum 72-hour stay, with provisions to extend this period of time if needed;
- k. Procedures for notifying client representatives of evacuation;
- l. Procedures for ensuring all clients are accounted for and are out of the facility;

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- m. Description when the facility will begin the pre-positioning of necessary medical supplies and provisions; and,
 - n. Description when and at what point the mutual aid agreements for transportation and the notification of alternative facilities will begin.
8. Procedures that specify prerequisites needed and the process for clients to re-enter the facility, which shall include:
- a. Identification of the responsible person for authorizing re-entry;
 - b. Procedures for inspecting the facility to ensure it is structurally sound; and,
 - c. Identification as to how clients will be transported from the receiving facility back to their home facility and how the facility staff will receive accurate and timely data on re-entry operations.
9. Establish sheltering or hosting procedures that will be used once the evacuating clients arrive, if the facility is to be used as a receiving facility for an evacuating facility. These procedures shall include:
- a. The receiving procedures for clients arriving from the evacuating facility;
 - b. Identification of the location where the additional clients will reside. The plan shall provide a floor plan, which identifies the room area where clients will be housed, room size, and number of clients per room or area;
 - c. Provision of additional food, water and medical needs of clients being hosted for a minimum of 72 hours;
 - d. Description of the procedures for ensuring 24-hour operations;
 - e. Description of the procedures for providing shelter for family members of key workers; and,
 - f. Procedures for tracking additional clients sheltered within the facility.
10. Identify the procedures for increasing employee awareness of possible emergency situations and provide training on the

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emergency roles before, during and after an emergency.

Annually, the facility shall:

- a. Identify how key workers will be instructed in their emergency roles during non-emergency times;
- b. Provide a training schedule for all employees and identify the providers of the training;
- c. Identify the provisions for training new employees regarding their disaster related roles; and,
- d. Provide the schedule for exercising all or portions of the emergency plan on an annual basis with all staff and all shifts.

ST - I7003 - Disaster Preparedness

Title Disaster Preparedness

Type Rule

59A-26.020 (1)(d) FAC

Regulation Definition

(d) If the licensee evacuates, the licensee must immediately, but within no more than 24 hours upon completion of evacuation, report to the Agency's Long Term Care Unit in Tallahassee at (850)412-4303, the location and number of clients evacuated, and contact information for continued communication for the duration of the evacuation. In the event the Long Term Care Unit is unavailable to receive such information, the licensee shall contact the appropriate Agency field office.

Interpretive Guideline