Aspen State Regulation Set: N 4.12 Nursing Home Licensure

ST - N0000 - 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.

Add the most current CORE LICENSURE Regulation Set to the survey (Z-Tags).

ST - N0001 - License Required

Title License Required

Type Rule

400.062(1-2) FS

Regulation Definition

(1) The requirements of part II of chapter 408 apply to the provision of services that require licensure pursuant to this part and part II of chapter 408 and to entities licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to this part. A license issued by the agency is required for the operation of a nursing home in this state.
(2) Separate licenses shall be required for facilities maintained in separate premises, even though operated under the same management. However, a separate license shall not be required for separate buildings on the same grounds.

Interpretive Guideline

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ST - N0002 - Application for Licensure

Title Application for Licensure

Type Rule

400.062(3) FS; 59A-4.103(1)(a) FAC

Regulation Definition

400.062(3)
In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application submitted under this part, part II of chapter 408, and applicable rules. The license fee shall be comprised of two parts. Part I of the license fee shall be the basic license fee. The rate per bed for the basic license fee shall be established biennially and shall be $100 per bed unless modified by rule. Part II of the license fee shall be the resident protection fee, which shall be at the rate of not less than 50 cents per bed. The rate per bed shall be the minimum rate per bed, and such rate shall remain in effect until the effective date of a rate per bed adopted by rule by the agency pursuant to this part. At such time as the amount on deposit in the Health Care Trust Fund for resident protection is less than $1 million, the agency may adopt rules to establish a rate which may not exceed $20 per bed. The rate per bed shall revert back to the minimum rate per bed when the amount on deposit in the Health Care Trust Fund for resident protection reaches $1 million, except that any rate established by rule shall remain in effect until such time as the rate has been equally required for each license issued under this part. Any amount in the fund in excess of $2 million may not be expended without prior approval of the Legislature. The agency may prorate the biennial license fee for those licenses which it issues under this part for less than 2 years. The resident protection fee collected shall be deposited in the Health Care Trust Fund for the sole purpose of paying, in

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accordance with the provisions of s. 400.063, for the appropriate alternate placement, care, and treatment of a resident removed from a nursing home facility on a temporary, emergency basis or for the maintenance and care of residents in a nursing home facility pending removal and alternate placement.

59A-4.103(1)(a)
(1) The licensee or applicant shall make application for an initial, renewal or change of ownership license to operate a nursing home facility and shall provide:
(a) All of the information required by this rule, Chapter 400, Part II, F.S., and Chapter 408, Part II, on the Health Care Licensing Application Nursing Homes, AHCA Form 3110-6001, July 2014, which is incorporated by reference. These forms may be obtained at http://www.flrules.org/Gateway/reference.asp?No=Ref-06014 and are available from the Agency for Health Care Administration, Long-Term Care Unit, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308 or at the web address: http://ahca.myflorida.com/HQAlicensureforms; and,
(b) Proof of Financial Ability to Operate, AHCA Form 3100-0009, July 2009, which is incorporated by reference in subsection 59A-35.062(1), F.A.C., available from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or online at http://ahca.myflorida.com/HQAlicensureforms.

ST - N0003 - Definitions

Title Definitions

Type Memo Tag

400.021; 400.23(3)(b)1a-b

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Regulation Definition

400.021 Definitions.-When used in this part, unless the context otherwise requires, the term:
(1) "Administrator" means the licensed individual who has the general administrative charge of a facility.
(2) "Agency" means the Agency for Health Care Administration, which is the licensing agency under this part.
(3) "Bed reservation policy" means the number of consecutive days and the number of days per year that a resident may leave the nursing home facility for overnight therapeutic visits with family or friends or for hospitalization for an acute condition before the licensee may discharge the resident due to his or her absence from the facility.
(4) "Board" means the Board of Nursing Home Administrators.
(5) "Custodial service" means care for a person which entails observation of diet and sleeping habits and maintenance of a watchfulness over the general health, safety, and well-being of the aged or infirm.
(6) "Department" means the Department of Children and Families.
(7) "Facility" means any institution, building, residence, private home, or other place, whether operated for profit or not, including a place operated by a county or municipality, which undertakes through its ownership or management to provide for a period exceeding 24-hour nursing care, personal care, or custodial care for three or more persons not related to the owner or manager by blood or marriage, who by reason of illness, physical infirmity, or advanced age require such services, but does not include any place providing care and treatment primarily for the acutely ill. A facility offering services for fewer than three persons is within the meaning of this definition if it holds itself out to the public to be an establishment which regularly provides such services.
(8) "Geriatric outpatient clinic" means a site for providing outpatient health care to persons 60 years of age or older,

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The non-nursing direct care staff categories that are allowed to be reported in the Payroll-Based Journal (PBJ) referenced in 42 C.F.R §483.70(q) for food and nutrition services, therapy, activities, social services, and mental health include the following: Dietitian, Occupational Therapist, Occupational Therapy Assistant, Physical, Physical Therapy Assistant, Respiratory Therapist, Speech Language Pathologist, Therapeutic Recreation Specialist, Qualified Activities Professional, Other Activities Staff, Qualified Social Worker, Other Social Worker, and Mental Health Service Worker.

which is staffed by a registered nurse, a physician assistant, or a licensed practical nurse under the direct supervision of a registered nurse, advanced practice registered nurse, physician assistant, or physician.
(9) "Geriatric patient" means any patient who is 60 years of age or older.
(10) "Local ombudsman council" means a local long-term care ombudsman council established pursuant to s. 400.0069, located within the Older Americans Act planning and service areas.
(11) "Nursing home bed" means an accommodation which is ready for immediate occupancy, or is capable of being made ready for occupancy within 48 hours, excluding provision of staffing; and which conforms to minimum space requirements, including the availability of appropriate equipment and furnishings within the 48 hours, as specified by rule of the agency, for the provision of services specified in this part to a single resident.
(12) "Nursing home facility" means any facility which provides nursing services as defined in part I of chapter 464 and which is licensed according to this part.
(13) "Nursing service" means such services or acts as may be rendered, directly or indirectly, to and in behalf of a person by individuals as defined in s. 464.003.
(14) "Office" has the same meaning as in s. 400.0060.
(15) "Planning and service area" means the geographic area in which the Older Americans Act programs are administered and services are delivered by the Department of Elderly Affairs.
(16) "Representative of the State Long-Term Care Ombudsman Program" has the same meaning as in s. 400.0060.
(17) "Respite care" means admission to a nursing home for the purpose of providing a short period of rest or relief or emergency alternative care for the primary caregiver of an individual receiving care at home who, without home-based

care, would otherwise require institutional care.
(18) "Resident care plan" means a written comprehensive person-centered care plan developed in accordance with C.F.R. s. 483.21(b) by an interdisciplinary team within 7 days after completion of a comprehensive assessment and with participation by the resident or the resident's designee. The resident care plan must be reviewed and revised after each comprehensive assessment which may be a new admission assessment, an annual assessment, or an assessment after a significant change in status and after a quarterly review assessment. A resident care plan includes measurable objectives and timeframes to meet the resident's medical, nursing, mental, and psychosocial needs and preferences and must describe the services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being
(19) "Resident designee" means a person, other than the owner, administrator, or employee of the facility, designated in writing by a resident or a resident's guardian, if the resident is adjudicated incompetent, to be the resident's representative for a specific, limited purpose.
(20) "State Long-Term Care Ombudsman Program" has the same meaning as in s. 400.0060.
(21) "Therapeutic spa services" means bathing, nail, and hair care services and other similar services related to personal hygiene.

400.23(3)(a)1.
a. "Direct care staff" means persons who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being, including, but not limited to, disciplines and professions that must be reported in accordance with 42 C.F.R. s. 483.70(q) in the categories of

direct care services of nursing, dietary, therapeutic, and mental health. The term does not include a person whose primary duty is maintaining the physical environment of the facility, including, but not limited to, food preparation, laundry, and housekeeping.
b. "Facility assessment" means a process to determine the staff competencies necessary to provide the level and types of care needed for the facility's resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other facts pertinent to that resident population, and performed in accordance with 42 C.F.R. 99 s. 483.70(e).

ST - N0010 - Administrator Required

Title Administrator Required

Type Rule

400.141(1)(a); 400.20; 59A-4.103(4)(b)

Regulation Definition

400.141(1) FS
(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:
(a) Be under the administrative direction and charge of a licensed administrator.

400.20, FS
Licensed nursing home administrator required.-No nursing home shall operate except under the supervision of a licensed nursing home administrator, and no person shall be a nursing home administrator unless he or she is the holder of a current license as provided in chapter 468.

59A-4.103(4)(b), FAC
The licensee of each facility must designate one person, who

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is licensed by the Florida Department of Health, Board of Nursing Home Administrators under Chapter 468, Part II, F.S., as the Administrator who oversees the day to day administration and operation of the facility.

ST - N0011 - Table of Organization

Title Table of Organization

Type Rule

59A-4.103(4)(c) FAC

Regulation Definition

Each nursing home must be organized according to a written table of organization.

Interpretive Guideline

ST - N0020 - Fiscal Records

Title Fiscal Records

Type Rule

400.141(1)(k) FS; 59A-4.103(5)(a) FAC

Regulation Definition

400.141(1), FS
Every licensed facility shall comply with all applicable standards and rules of the agency and shall:
(k) Keep such fiscal records of its operations and conditions as may be necessary to provide information pursuant to this part.

59A-4.103(5)(a)
The licensee, for each nursing home it operates, must maintain fiscal records in accordance with the requirements of Chapter 400, Part II, F.S., and this rule.

Interpretive Guideline

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ST - N0025 - Resident Property and Personal Affairs

Title Resident Property and Personal Affairs

Type Rule

400.162 FS

Regulation Definition

(1) The admission of a resident to a facility and his or her presence in the facility shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of the aforementioned persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safety and orderly management of the facility.
(2) No licensee, owner, administrator, employee, or representative thereof shall act as guardian, trustee, or conservator for any resident of the facility or any of such resident's property unless the person is the resident's spouse or a blood relative within the third degree of consanguinity.
(3) A licensee shall provide for the safekeeping of personal effects, funds, and other property of the resident in the facility. Whenever necessary for the protection of valuables, or in order to avoid unreasonable responsibility therefor, the licensee may require that such valuables be excluded or removed from the facility and kept at some place not subject to the control of the licensee. At the request of a resident, the facility shall mark the resident's personal property with the resident's name or another type of identification, without defacing the property. Any theft or loss of a resident's personal property shall be documented by the facility. The facility shall develop policies and procedures to minimize the risk of theft or loss of the personal property of residents. A copy of the

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policy shall be provided to every employee and to each resident and the resident's representative if appropriate at admission and when revised. Facility policies must include provisions related to reporting theft or loss of a resident's property to law enforcement and any facility waiver of liability for loss or theft.

(4) A licensee shall keep complete and accurate records of all funds and other effects and property of its residents received by it for safekeeping.

(5)(a) Any funds or other property belonging to a resident which are received by a licensee shall be held in trust. Funds held in trust shall be kept separate from the funds and property of the facility; shall be deposited in a bank, savings association, trust company, or credit union located in this state and, if possible, located in the same district in which the facility is located; shall not be represented as part of the assets of the facility on a financial statement; and shall be used or otherwise expended only for the account of the resident.

(b)1. Any licensee which holds resident funds in trust, as provided in paragraph (a), during the period for which a license is requested or issued shall file a surety bond with the agency in an amount equal to twice the average monthly balance in the resident trust fund during the prior year or $5,000, whichever is greater. The bond shall be executed by the licensee as principal and by a surety company authorized and licensed to do business in the state as surety. The bond shall be conditioned upon the faithful compliance of the licensee with the provisions of this section and shall run to the agency for the benefit of any resident injured by the violation by the licensee of the provisions of this section.

2. A new bond or a proper continuation certificate shall be required on the annual renewal date of each licensee's bond. Such bond or certificate shall be filed with the agency as provided in subparagraph 1.

3. Any surety company which cancels or does not renew the

bond of any licensee shall notify the agency, in writing, not less than 30 days in advance of such action, giving the reason for the cancellation or nonrenewal.
(c) As an alternative to posting a surety bond, the licensee may enter into a self-insurance agreement as specified in rules adopted by the agency. Funds contained in the pool shall run to any resident suffering financial loss as a result of the violation by the licensee of the provisions of this section. Such funds shall be awarded to any resident in an amount equal to the amount that the resident can establish, by affidavit or other adequate evidence, was deposited in trust with the licensee and which could not be paid to the resident within 30 days of the resident's request. The agency shall promulgate rules with regard to the establishment, organization, and operation of such self-insurance pools. Such rules shall include, but shall not be limited to, requirements for monetary reserves to be maintained by such self-insurers to assure their financial solvency.
(d) If, at any time during the period for which a license is issued, a licensee that has not purchased a surety bond or entered into a self-insurance agreement, as provided in paragraphs (b) and (c), is requested to provide safekeeping for the personal funds of a resident, the licensee shall notify the agency of the request and make application for a surety bond or for participation in a self-insurance agreement within 7 days after the request, exclusive of weekends and holidays. Copies of the application, along with written documentation of related correspondence with an insurance agency or group, shall be maintained by the licensee for review by the agency and the State Long-Term Care Ombudsman Program.
(e) Moneys or securities received as advance payment for care may at no time exceed the cost of care for a 6-month period.
(f) At least every 3 months, the licensee shall furnish the resident and the guardian, trustee, or conservator, if any, for the resident a complete and verified statement of all funds and

other property to which this subsection applies, detailing the amounts and items received, together with their sources and disposition. In any event, the licensee shall furnish such a statement annually and upon the discharge or transfer of a resident. Any governmental agency or private charitable agency contributing funds or other property on account of a resident also shall be entitled to receive such statement annually and upon discharge or transfer and such other report as it may require pursuant to law.

(6) In the event of the death of a resident, a licensee shall return all refunds and funds held in trust to the resident's personal representative, if one has been appointed at the time the nursing home disburses such funds, and if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the nursing home to the resident. In the event the resident has no spouse or adult next of kin or such person cannot be located, funds due to the resident shall be placed in an interest-bearing account in a bank, savings association, trust company, or credit union located in this state and, if possible, located within the same district in which the facility is located, which funds shall not be represented as part of the assets of the facility on a financial statement, and the licensee shall maintain such account until such time as the trust funds are disbursed pursuant to the provisions of the Florida Probate Code. All other property of a deceased resident being held in trust by the licensee shall be returned to the resident's personal representative, if one has been appointed at the time the nursing home disburses such property, and if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the nursing home to the resident. In the event the resident has no spouse or adult next of kin or such person cannot be located, property being held in trust shall be safeguarded until such time as the property is disbursed pursuant to the provisions of the Florida Probate Code. The trust funds and property of

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deceased residents shall be kept separate from the funds and the property of the licensee and from the funds and property of the residents of the facility. The nursing home needs to maintain only one account in which the trust funds amounting to less than $100 of deceased residents are placed. However, it shall be the obligation of the nursing home to maintain adequate records to permit compilation of interest due each individual resident's account. Separate accounts shall be maintained with respect to trust funds of deceased residents equal to or in excess of $100. In the event the trust funds of the deceased resident are not disbursed pursuant to the provisions of the Florida Probate Code within 2 years of the death of the resident, the trust funds shall be deposited in the Health Care Trust Fund and expended as provided for in s. 400.063, notwithstanding the provisions of any other law of this state. Any other property of a deceased resident held in trust by a licensee which is not disbursed in accordance with the provisions of the Florida Probate Code shall escheat to the state as provided by law.

ST - N0026 - Penalty - Misapp or Conv of Resident Property

Title Penalty - Misapp or Conv of Resident Property

Type Rule

400.102(2) FS

Regulation Definition

In addition to the grounds listed in part II of chapter 408, any of the following conditions shall be grounds for action by the agency against a licensee:
(2) Misappropriation or conversion of the property of a resident of the facility;

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ST - N0030 - Resident Notice of Policies

Title Resident Notice of Policies

Type Rule

59A-4.106(1)(a) FAC

Regulation Definition

(1) Admission, retention, transfer, and discharge policies:
(a) Each resident must receive the following at the time of admission and as changes are being made and upon request, in a language the resident or his representative understands:
1. A copy of the residents' bill of rights as required by Section 400.022, F.S.;
2. A copy of the facility's admission and discharge policies; and,
3. Information regarding advance directives.

Interpretive Guideline

ST - N0031 - Resident Contracts

Title Resident Contracts

Type Rule

400.151(1-2) FS; 59A-4.106(1)(b) FAC

Regulation Definition

400.151, F.S.
(1) The presence of each resident in a facility shall be covered by a contract, executed by the licensee and the resident or his or her designee or legal representative at the time of admission or prior thereto and at the expiration of the term of a previous contract, and modified by the licensee and the resident or his or her designee or legal representative at the time the source of payment for the resident's care changes. Each party to the

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contract is entitled to a duplicate original thereof, printed in boldfaced type, and the licensee shall keep on file all contracts which it has with residents. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration or such longer period as may be provided in the rules of the agency. Microfilmed records or records reproduced by a similar process of duplication may be kept in lieu of the original records.
(2) Each contract to which this section applies shall contain express provisions specifically setting forth the services and accommodations to be provided by the licensee, the rates or charges therefor, bed reservation and refund policies, and any other matters which the parties deem appropriate. The licensee shall attach to the contract a list of services and supplies available but not covered by the per diem rate of the facility or by Titles XVIII and XIX of the Social Security Act and the standard charge to the resident for each item. The licensee shall provide written notification to each party to the contract of any changes in any attachment thereto, no fewer than 14 days in advance of the effective date of those changes. The agency shall specify by rule an alternative method for notification of changes in the cost of supplies. If the resident is a party to the contract, the licensee shall provide him or her with a written and oral notification of the changes.

59A-4.106(1)(b), FAC

(b) Each resident admitted to the facility must have a contract as required by Section 400.151, F.S., which includes the following:
1. A list of services and supplies, complete with a list of standard charges for those services and supplies, available to the resident, but not covered by the facility's per diem or by Title XVIII and Title XIX of the Social Security Act and a copy of the bed reservation and refund policies of the facility.

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2. When a resident is in a facility offering continuing care, and is transferred from independent living or assisted living to the nursing home section, a new contract need not be executed; an addendum must be attached to describe any additional services, supplies or costs not included in the most recent contract that is in effect.

ST - N0032 - Residents - Communicable Disease

Title Residents - Communicable Disease

Type Rule

59A-4.106(1)(c), FAC

Regulation Definition

(c) No resident who is suffering from a communicable disease shall be admitted or retained unless the medical director or attending physician certifies that adequate or appropriate isolation measures are available to control transmission of the disease.

Interpretive Guideline

ST - N0033 - Resident Not Retained

Title Resident Not Retained

Type Rule

59A-4.106(1)(d) FAC

Regulation Definition

(d) Residents may not be retained in the facility who require services beyond those for which the facility is licensed or has the functional ability to provide as determined by the Medical Director and the Director of Nursing in consultation with the facility administrator.

Interpretive Guideline

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ST - N0034 - Resident Bedroom Assignment

Title Resident Bedroom Assignment

Type Rule

59A-4.106(1)(e) FAC

Regulation Definition

(e) Residents must be assigned to a bedroom area and must not be assigned bedroom space in common areas except in an emergency. Emergencies must be documented and must be for a limited, specified period of time.

Interpretive Guideline

ST - N0035 - Bed Placement in Nursing Homes

Title Bed Placement in Nursing Homes

Type Rule

400.23(2)(a), FS

Regulation Definition

(2) Pursuant to the intention of the Legislature, the agency, in consultation with the Department of Health and the Department of Elderly Affairs, shall adopt and enforce rules to implement this part and part II of chapter 408, which shall include reasonable and fair criteria in relation to:
(a) The location of the facility and housing conditions that will ensure the health, safety, and comfort of residents, including an adequate call system. In making such rules, the agency shall be guided by criteria recommended by nationally recognized reputable professional groups and associations with knowledge of such subject matters. The agency shall update or revise such criteria as the need arises. The agency may require alterations to a building if it determines that an existing

Interpretive Guideline

At admission was the resident presented with a room that meets the requirements of the building code?

Did the resident/resident representative request the bed be moved? If so, did the resident/representative sign a statement indicating their understanding the room will not be in compliance with the Florida Building Code. Is the statement included in the residents care plan?

Does the bed change infringe on the roommate, if applicable?

Do the facility policies outline their procedures should a resident/resident representative request the bed be moved?

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condition constitutes a distinct hazard to life, health, or safety. In performing any inspections of facilities authorized by this part or part II of chapter 408, the agency may enforce the special-occupancy provisions of the Florida Building Code and the Florida Fire Prevention Code which apply to nursing homes. Residents or their representatives shall be able to request a change in the placement of the bed in their room, provided that at admission they are presented with a room that meets requirements of the Florida Building Code. The location of a bed may be changed if the requested placement does not infringe on the resident's roommate or interfere with the resident's care or safety as determined by the care planning team in accordance with facility policies and procedures. In addition, the bed placement may not be used as a restraint. Each facility shall maintain a log of resident rooms with beds that are not in strict compliance with the Florida Building Code in order for such log to be used by surveyors and nurse monitors during inspections and visits. A resident or resident representative who requests that a bed be moved shall sign a statement indicating that he or she understands the room will not be in compliance with the Florida Building Code, but they would prefer to exercise their right to self-determination. The statement must be retained as part of the resident's care plan. Any facility that offers this option must submit a letter signed by the nursing home administrator of record to the agency notifying it of this practice with a copy of the policies and procedures of the facility. The agency is directed to provide assistance to the Florida Building Commission in updating the construction standards of the code relative to nursing homes.

ST - N0036 - Advanced Directives

Title Advanced Directives

Type Rule

59A-4.106(6) FAC

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Regulation Definition

6) Advance directives.
(a) Each nursing home licensee must have written policies and procedures, which delineate the nursing home's position with respect to the state law and rules relative to advance directives. The policies must not condition treatment or admission upon whether or not the individual has executed or waived an advance directive. In the event of conflict between the facility's policies and procedures and the individual's advance directive, provision should be made in accordance with Section 765.1105, F.S.
(b) The facility's policy must include:
1. Providing each adult individual, at the time of the admission as a resident, with a copy of "Health Care Advance Directives - The Patient's Right to Decide," revised April 2006, which is hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-06021, and from the Agency for Health Care Administration at http://www.floridahealthfinder.gov/reports-guides/advance-directives.aspx or with a copy of some other substantially similar document which is a written description of Florida's state law regarding advance directives;
2. Providing each adult individual, at the time of the admission as a resident, with written information concerning the nursing home's policies respecting advance directives; and,
3. Providing documentation of the existence of an advance directive be contained in the medical record. A nursing home licensee that is provided with the individual's advance directive must make the advance directive or a copy thereof a part of the individual's medical record.

Interpretive Guideline

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ST - N0040 - Facility Policies Required

Title Facility Policies Required

Type Rule

59A-4.106(2-3) FAC

Regulation Definition	Interpretive Guideline
(2) Each nursing home licensee must adopt, implement, and maintain written policies and procedures governing all services provided in the facility. (3) All policies and procedures must be reviewed at least annually and revised as needed with input from the facility Administrator, Medical Director, and Director of Nursing.	

ST - N0041 - Facility Policy Components

Title Facility Policy Components

Type Rule

59A-4.106(4) FAC

Regulation Definition	Interpretive Guideline
(4) Each facility shall maintain policies and procedures in the following areas: (a) Activities; (b) Advance directives; (c) Consultant services; (d) Death of residents in the facility; (e) Dental services; (f) Staff education, including HIV/AIDS Training as required by Section 381.0035, F.S.; (g) Diagnostic services; (h) Dietary services;	

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(i) Disaster preparedness;
(j) Fire prevention and control;
(k) Housekeeping;
(l) Infection control;
(m) Laundry service;
(n) Loss of power, water, air conditioning or heating;
(o) Medical director/consultant services;
(p) Medical records;
(q) Mental health;
(r) Nursing services;
(s) Pastoral services;
(t) Pharmacy services;
(u) Podiatry services;
(v) Resident care planning;
(w) Resident identification;
(x) Resident's rights;
(y) Safety awareness;
(z) Social services;
(aa) Specialized rehabilitative and restorative services;
(bb) Therapeutic spa services, if offered;
(cc) Volunteer services; and,
(dd) The reporting of accidents or unusual incidents involving any resident, staff member, volunteer or visitor. This policy shall include reporting within the facility and to the Agency as required by Section 400.147, F.S.

ST - N0042 - Resident Grievances and Complaints

Title Resident Grievances and Complaints

Type Rule

400.1183 FS

Regulation Definition	Interpretive Guideline
(1) Every nursing home must have a grievance procedure available to its residents and their families. The grievance	Use interviews to obtain information on the facility's grievance process. Conduct individual resident, and family

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procedure must include:
(a) An explanation of how to pursue redress of a grievance.
(b) The names, job titles, and telephone numbers of the employees responsible for implementing the facility's grievance procedure. The list must include the address and the toll-free telephone numbers of the ombudsman and the agency.
(c) A simple description of the process through which a resident may, at any time, contact the toll-free telephone hotline of the ombudsman or the agency to report the unresolved grievance.
(d) A procedure for providing assistance to residents who cannot prepare a written grievance without help.
(2) Each nursing home facility shall maintain records of all grievances and a report, subject to agency inspection, of the total number of grievances handled, a categorization of the cases underlying the grievances, and the final disposition of the grievances.
(3) Each facility must respond to the grievance within a reasonable time after its submission.
(4) The agency may investigate any grievance at any time.

interviews, to assess if residents are aware, how to file a grievance, and if their grievance was responded to and resolved timely. If their grievance was not resolved, did they know what options were available to them (i.e., contact the toll free hotline for the ombudsman and/or AHCA). If the resident needed assistance to prepare a written grievance, was this assistance provided? Also interview direct care staff to determine if they know what to do if a resident wanted to file a grievance, verbally or in writing.

If an issue concerning the grievance process is identified from resident and/or family interviews, then review the facility's grievance policy & procedure. Determine if the facility's policy and procedure for grievances was made available to residents and family members. Interview the employee(s) responsible for implementing the grievance procedure, and review a sample of grievances, in particular, any that are similar to the identified concern.

Determine if the facility made a reasonable attempt to resolve the grievance(s).

ST - N0046 - Medical Director Qualifications

Title Medical Director Qualifications

Type Rule

59A-4.1075(2)(a-c) FAC

Regulation Definition

(2)(a) The Medical Director must be a physician licensed under Chapter 458 or 459, F.S., the nursing home administrator may require that the Medical Director be certified or credentialed through a recognized certifying or credentialing organization.
(b) A Medical Director who does not have hospital privileges must be certified or credentialed through a recognized

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certifying or credentialing body, such as The Joint Commission, the American Medical Directors Association, the Healthcare Facilities Accreditation Program of the American Osteopathic Association, the Bureau of Osteopathic Specialists of the American Osteopathic Association, the Florida Medical Directors Association or a health maintenance organization licensed in Florida.
(c) A physician must have his or her principal office within 60 miles of all facilities for which he or she serves as Medical Director. The principal office is the office maintained by a physician as required by Section 458.348 or 459.025(3)(c)1., F.S., and where the physician delivers the majority of medical services. The physician must specify the address of his or her principal office at the time of becoming Medical Director. The agency may approve a request to waive this requirement for rural facilities that exceed this distance requirement as outlined in Section 120.542(2), F.S. A rural facility is a facility located in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other nursing home facility within the same county.

ST - N0048 - Medical Director Responsibilities Requirement

Title Medical Director Responsibilities Requirement

Type Rule

59A-4.1075(2)(d)-(5) FAC

Regulation Definition

(d) The nursing home licensee must appoint a Medical Director who must visit the facility at least once a month. The Medical Director must review all new policies and procedures; review all new incident and new accident reports from the facility to identify clinical risk and safety hazards. The

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Medical Director must review the most recent grievance logs for any complaints or concerns related to clinical issues. Each visit must be documented in writing by the Medical Director.
(3) A physician may be Medical Director of a maximum of 10 nursing homes at any one time. The Medical Director, in an emergency where the health of a resident is in jeopardy and the attending physician or covering physician cannot be located, may assume temporary responsibility of the care of the resident and provide the care deemed necessary.
(4) The Medical Director must meet at least quarterly with the risk management and quality assurance committee of the facility.
(5) The Medical Director must participate in the development of the comprehensive care plan for the resident when he or she is also the attending physician of the resident.

ST - N0050 - Medical Director Required

Title Medical Director Required

Type Rule

400.141(1)(b), FS; 59A-4.1075(1) FAC

Regulation Definition

400.141(1) FS
Every licensed facility shall comply with all applicable standards and rules of the agency and shall:
(b) Appoint a medical director licensed pursuant to chapter 458 or chapter 459. The agency may establish by rule more specific criteria for the appointment of a medical director..

59A-4.1075(1) FAC
Each nursing home licensee must will have only one physician who is designated as Medical Director.

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ST - N0051 - Physician - Resident Selects

Title Physician - Resident Selects

Type Rule

59A-4.107(2), FAC

Regulation Definition	Interpretive Guideline
(2) Each resident or legal representative, must be allowed to select his or her own private physician.	

ST - N0052 - Physician Orders

Title Physician Orders

Type Rule

59A-4.107(3), FAC

Regulation Definition	Interpretive Guideline
(3) Verbal orders, including telephone orders, must be immediately recorded, dated, and signed by the person receiving the order. All verbal treatment orders must be countersigned by the physician or other health care professional on the next visit to the facility.	

ST - N0053 - Physician Fax Orders

Title Physician Fax Orders

Type Rule

59A-4.107(4), FAC

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Regulation Definition	Interpretive Guideline
(4) Physician orders may be transmitted by facsimile machine, email or electronic medical record as required Section 501.171, F.S. and 45 Code of Federal Regulation, Section 164, effective October 1, 2014, which is incorporated by reference and is available at http://www.gpo.gov/fdsys/pkg/CFR-2014-title45-vol1/xml/CFR-2014-title45-vol1-part164.xml and http://www.flrules.org/Gateway/reference.asp?No=Ref-06388 and http://www.flrules.org/Gateway/reference.asp?No=Ref-06389. It is not necessary for a physician to re-sign a facsimile order when he or she visits a facility.	

ST - N0054 - Follow Physician Orders

Title Follow Physician Orders

Type Rule

59A-4.107(5), FAC

Regulation Definition	Interpretive Guideline
All physician orders must be followed as prescribed, and if not followed, the reason must be recorded on the resident's medical record during that shift.	

ST - N0055 - Physician Visit Timeframes

Title Physician Visit Timeframes

Type Rule

59A-4.107(6), FAC

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Regulation Definition	Interpretive Guideline
6) Each resident must be seen by a physician or another licensed health professional acting within their scope of practice at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. If a physician documents that a resident does not need to be seen on this schedule and there is no other requirement for physician's services that must be met due to Title XVIII or XIX of the Social Security Act, the resident's physician may document an alternate visitation schedule.	

ST - N0056 - Physician Designee

Title Physician Designee

Type Rule

59A-4.107(7), FAC

Regulation Definition	Interpretive Guideline
(7) If the physician chooses to designate another health care professional to fulfill the physician's component of resident care, they may do so after the required visit. All responsibilities of a physician, except for the position of medical director, may be carried out by other health care professionals acting within their scope of practice.	

ST - N0057 - Emergency Physician Services

Title Emergency Physician Services

Type Rule

400.141(1)(c), FS; 59A-4.107(8) FAC

Aspen State Regulation Set: N 4.12 Nursing Home Licensure

Regulation Definition	Interpretive Guideline
400.141(1), FS Every licensed facility shall comply with all applicable standards and rules of the agency and shall: (c) Have available the regular, consultative, and emergency services of physicians licensed by the state.	
59A-4.107(8), FAC Each nursing home licensee must have a list of physicians designated to provide emergency services to residents when the resident's attending physician, or designated alternate is not available.	

ST - N0060 - Director of Nursing

Title Director of Nursing

Type Rule

59A-4.108(1), FAC

Regulation Definition	Interpretive Guideline
(1) The Administrator of each nursing home must designate one registered nurse as a Director of Nursing (DON) who shall be responsible and accountable for the supervision and administration of the total nursing services program. When a Director of Nursing is delegated institutional responsibilities, a full time qualified registered nurse (RN), as defined in Chapter 464, F.S., must be designated to serve as Assistant Director of Nursing. In a facility with a census of 121 or more residents, an RN must be designated as an Assistant Director of Nursing.	

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ST - N0061 - Director of Nursing Limitations

Title Director of Nursing Limitations

Type Rule

59A-4.108(2), FAC

Regulation Definition

(2) Persons designated as Director of Nursing or Assistant Director of Nursing must serve only one nursing home facility in this capacity, and shall not serve as the administrator of the nursing home facility.

Interpretive Guideline

ST - N0062 - Nurse Required Each Shift

Title Nurse Required Each Shift

Type Rule

59A-4.108(3), FAC

Regulation Definition

(3) The Director of Nursing must designate one licensed nurse on each shift to be responsible for the delivery of nursing services during that shift.

Interpretive Guideline

ST - N0063 - Minimum Nursing Staff

Title Minimum Nursing Staff

Type Rule

400.23(3)(a)2,(b)1,2,4;59A-4.108(4)

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Regulation Definition	Interpretive Guideline
59A-4.108(4) In accordance with the requirements outlined in subsection 400.23(3)(a), F.S., the nursing home licensee must have sufficient nursing staff, on a 24-hour basis to provide nursing and related services to residents in order to maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.	Use N0066 for the posting requirement noted in 400.23(3)(a)3. Provide the Nursing Home Administrator the AHCA form "Calculating State Minimum Nursing Staff for Long Term Care Facilities" during the Entrance Conference to complete. Review the completed form to determine if the facility meets with this requirement. If the facility has failed to comply with the state minimum staffing requirements for 48 consecutive hours, determine if the facility did not accept any new admissions for those days (review admission log, or similar information). Interview the Director of Nursing about the failure to meet minimum staffing requirements. Investigate if this impacted on resident care and services. If deficient practice exists with this, notify the Field Office.
400.23(3)(a)2 For purposes of this subsection, direct care staffing hours do not include time spent on nursing administration, activities program administration, staff development, staffing coordination, and the administrative portion of the minimum data set and care plan coordination for Medicaid.	Select the two-week period preceding the survey. If conducting a complaint survey involving staff issues, select the two-week time period that was identified in the complaint. Multiply the census on each day by the number of hours required for CNAs and nurses. Compare the require hours with the actual time worked. Request time cards, payroll records, or computer printouts of actual time worked for the same two-week period. The 2.0 hours of direct care provided per resident daily by CNAs may include Nursing Assistants and Personal Care Attendants.
400.23(3)(b)1. Each facility must determine its direct care staffing needs based on the facility assessment and the individual needs of a resident based on the resident's care plan. At a minimum, staffing must include, for each facility, the following requirements: a. A minimum weekly average of 3.6 hours of care by direct care staff per resident per day. As used in this sub-subparagraph, a week is defined as Sunday through Saturday. b. A minimum of 2.0 hours of direct care by a certified nursing assistant per resident per day. A facility may not staff below one certified nursing assistant per 20 residents. c. A minimum of 1.0 hour of direct care by a licensed nurse per resident per day. A facility may not staff below one licensed nurse per 40 residents. 2. Nursing assistants employed under s. 400.211(2) may be included in computing the hours of direct care provided by certified nursing assistants and may be included in computing the staffing ratio for certified nursing assistants if their job	If the facility that licensed nurses are used as certified nursing assistants, then: Ask the administrator or director of nursing for a position description for the staff nurses showing that staff person is performing the functions of a CNA. Ask the staff nurse in the position what duties he/she performs during a shift. Verify those duties include function as a CNA normally performs. Ask resident and other staff about the duties performed by the staff nurse designate as a CNA. Observe staff person functioning as a CNA performing duties normally attributed to certified nursing assistants. If a licensed nurse is used as a CNA on a particular day that the facility does not meet minimum required CNA hours, a resident assignment for the licensed nurse must be made available for review showing the licensed nurse must be made available for review showing the licensed nurse's duties were strictly (no licensed nursing duties on that shift) CNA duties, in order to be counted toward CNA minimum staffing hours for that day, unless otherwise approved by the Agency. If the nurse is performing both licensed nursing and certified nursing assistant duties, verify they received approval

responsibilities include only nursing-assistant-related duties.
4. The agency must recognize the use of licensed nurses for compliance with minimum staffing requirements for certified nursing assistants if the nursing home facility otherwise meets the minimum staffing requirements for licensed nurses and the licensed nurses are performing the duties of a certified nursing assistant. Unless otherwise approved by the agency, licensed nurses counted toward the minimum staffing requirements for certified nursing assistants must exclusively perform the duties of a certified nursing assistant for the entire shift and not also be counted toward the minimum staffing requirements for licensed nurses. If the agency approved a facility's request to use a licensed nurse to perform both licensed nursing and certified nursing assistant duties, the facility must allocate the amount of staff time specifically spent on certified nursing assistant duties for the purpose of documenting compliance with minimum staffing requirements for certified and licensed nursing staff. The hours of a licensed nurse with dual job responsibilities may not be counted twice.
5. Evidence that a facility complied with the minimum direct care staffing requirements under subparagraph 1. is not admissible as evidence of compliance with the nursing services requirements under 42 C.F.R. s. 483.35 or 42 C.F.R. s. 483.70.

from the Agency and how the hours are allocated. Ensure the hours are not counted twice.

For paid feeding assistants, refer to tag N0922. 400.23(3)(b) Paid feeding assistants may count toward the overall direct care minimum staffing hours but not the hours of direct care required for certified nursing assistants or licensed nurses.

Direct care staff include non-nursing staff, such as rehabilitation staff, activities, social services, food & nutrition services staff, paid feeding assistants, and personal care attendants (non-administrative duties).

The non-nursing direct care staff categories that are allowed to be reported in the Payroll-Based Journal (PBJ) referenced in 42 C.F.R §483.70(q) for food and nutrition services, therapy, activities, social services, and mental health include the following: Dietitian, Occupational Therapist, Occupational Therapy Assistant, Physical, Physical Therapy Assistant, Respiratory Therapist, Speech Language Pathologist, Therapeutic Recreation Specialist, Qualified Activities Professional, Other Activities Staff, Qualified Social Worker, Other Social Worker, and Mental Health Service Worker.

ST - N0064 - Nursing Staff at All Times

Title Nursing Staff at All Times

Type Rule

59A-4.108(5), FAC

Regulation Definition

(5) In multi-story, multi-wing, or multi-station nursing home facilities, there must be a minimum of one nursing services staff person who is capable of providing direct care on duty at

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all times on each floor, wing, or station.

ST - N0065 - 16 Hour Limit for Staff

Title 16 Hour Limit for Staff

Type Rule

59A-4.108(6), FAC

Regulation Definition

(6) No nursing services staff person shall be scheduled for more than 16 hours within a 24 hour period, for three consecutive days, except in an emergency. Emergencies shall be documented and must be for a limited, specified period of time.

Interpretive Guideline

ST - N0066 - Posting Staff

Title Posting Staff

Type Rule

400.23(3)(b)3, FS

Regulation Definition

Each nursing home facility must document compliance with staffing standards as required under this paragraph and post daily the names of licensed nurses and certified nursing assistants on duty for the benefit of facility residents and the public. Facilities must maintain the records documenting compliance with minimum staffing standards for a period of 5 years and must report staffing in accordance with 42 C.F.R. s. 483.70(q).

Interpretive Guideline

During the Initial Pool Process for a standard survey or a tour for a complaint survey, observe for the posting of the daily list of the names of the CNA and Licensed Nurse staff on duty. Verify that the facility posts the names of nursing staff on duty for each shift, in a 24 hour period. It should be posted in an area where it is of benefit to residents and the public.

Do not request the facility staffing records for the entire past 5 years routinely on surveys.
If there are staffing concerns identified that occurred in the past, request the facility staffing records for that time period.
If the facility does not have these staffing records, expand your review of staffing records, review the facility policies for staffing record retention; interview the staff responsible for the retention of these staffing records; and interview the nursing home administrator and Director of Nursing.

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ST - N0067 - Dining & Hospitality Attendant

Title Dining & Hospitality Attendant

Type Rule

400.141(1)(p), FS; 400.23(3)(b), FS

Regulation Definition	Interpretive Guideline
400.141(1)(p) If the facility implements a dining and hospitality attendant program, ensure that the program is developed and implemented under the supervision of the facility director of nursing. A licensed nurse, licensed speech or occupational therapist, or a registered dietitian must conduct training of dining and hospitality attendants. A person employed by a facility as a dining and hospitality attendant must perform tasks under the direct supervision of a licensed nurse.	
400.23(3)(b) Paid feeding assistants and nonnursing staff providing eating assistance to residents shall not count toward compliance with minimum staffing standards.	

ST - N0068 - LPN Supervision

Title LPN Supervision

Type Rule

400.23(3)(d), FS

Regulation Definition	Interpretive Guideline
(d) Licensed practical nurses licensed under chapter 464 who provide nursing services in nursing home facilities under this part may supervise the activities of other licensed practical	Review staffing assignments to verify licensed practical nurses are supervising within rules adopted by the Board of Nursing, i.e. license practical nurses cannot supervise registered nurses.

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nurses, certified nursing assistants, and other unlicensed personnel providing services in such facilities in accordance with rules adopted by the Board of Nursing.

Licensed Practical Nurses may supervise Personal Care Attendants.

ST - N0069 - Moratorium for Staff Shortages

Title Moratorium for Staff Shortages

Type Rule

400.141(1)(n) FS

Regulation Definition

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(n) Comply with state minimum-staffing requirements:
1. A facility that has failed to comply with state minimum-staffing requirements for 48 consecutive hours is prohibited from accepting new admissions until the facility has achieved the minimum-staffing requirements for 6 consecutive days. For the purposes of this subparagraph, any person who was a resident of the facility and was absent from the facility for the purpose of receiving medical care at a separate location or was on a leave of absence is not considered a new admission. Failure by the facility to impose such an admissions moratorium is subject to a $1,000 fine.
2. A facility that does not have a conditional license may be cited for failure to comply with the standards in s.400.23(3)(b)1.b. and c. only if it has failed to meet those standards for 48 consecutive hours or if it has failed to meet at least 97 percent of those standards on any one day.
3. A facility that has a conditional license must be in compliance with the standards in s. 400.23(3)(b) 3 at all times.

Interpretive Guideline

Review the completed AHCA form "Calculating State Minimum Nursing Staff for Long Term Care Facilities" for the requested 2 week period, to determine if the facility has complied with the state minimum staffing requirements during the requested time period. If the facility has failed to comply with the minimum direct care staffing for 48 consecutive hours, ask the Administrator for the resident admission and discharge log to determine if no new residents were admitted for 6 consecutive days from the date they failed to meet the minimum staffing requirements for 48 consecutive hours. If the facility failed to impose an admissions moratorium, investigate to see if this impacted resident care and services.

Interview the nursing home administrator, Direct or Nursing and staffing coordinator about their staffing practices.
Review facility policies about staffing.
If deficient practice exists, notify the Field Office.

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ST - N0071 - Components of Care Plan

Title Components of Care Plan

Type Rule

59A-4.109(1), FAC

Regulation Definition	Interpretive Guideline
(1) Each resident admitted to the nursing home facility must have a plan of care. The plan of care must consist of: (a) Physician's orders, diagnosis, medical history, physical exam and rehabilitative or restorative potential.	Determine if the facility developed the care plan interventions/approaches/treatments with specific type and frequency of services to meet the residents' needs. Treatment as ordered and medications as ordered, is not an acceptable approach.
(b) A preliminary nursing evaluation with physician's orders for immediate care, completed upon admission.	Does the care plan address all the resident needs as identified in the comprehensive assessment and physician orders?
(c) A complete, comprehensive, accurate and reproducible assessment of each resident's functional capacity which is standardized in the facility, and is completed within 14 days of the resident's admission to the facility and every twelve months, thereafter. The assessment must be:	Are objectives measurable and realistic? Are timetables identified to meet the needs of the resident?
1. Reviewed no less than once every 3 months; 2. Reviewed promptly after a significant change, which is a need to stop a form of treatment because of adverse consequences (e.g., an adverse drug reaction), or commence a new form of treatment to deal with a problem, in the resident's physical or mental condition; and,	Are care plans consistently evaluated and revised based on response, outcomes and the needs of the resident? If the interventions/approaches/treatments are not working, or if there is a decline in the resident's condition, when and how does the facility make changes to the interventions/approaches/treatments, and the plan of care? If the resident refuses care/services did the facility council the resident about alternatives and consequences, if appropriate?
3. Revised as appropriate to assure the continued accuracy of the assessment.	Did the facility provide adequate information so the resident was able to make an informed decision regarding treatment?

ST - N0072 - Comprehensive Care Plans

Title Comprehensive Care Plans

Type Rule

59A-4.109(2), FAC;

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Regulation Definition	Interpretive Guideline
59A-4.109 FAC (2) The nursing home licensee develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and social well-being. The care plan must be completed within 7 days after completion of the resident assessment.	Review resident medical records to determine if they have a comprehensive care plan that includes measurable objectives and timetables to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. If concerns are identified, expand your resident sample for this, if necessary; interview the person in charge of care plan coordination; and request facility policies.

ST - N0073 - Care Plan - Resident Involvement

Title Care Plan - Resident Involvement

Type Rule

59A-4.109(3), FAC;

Regulation Definition	Interpretive Guideline
59A-4.109 (3) At the resident's option, every effort must be made to include the resident and family or responsible party, including private duty nurse or nursing assistant, in the development, implementation, maintenance and evaluation of the resident's plan of care.	Interview residents who are interviewable if it is their option to be included, as well as family or their responsible party, in the development, implementation, maintenance and evaluation of the resident's plan of care. The residents' private duty nurse or nursing assistant may also be included in the development, implementation, maintenance and evaluation of the resident's plan of care. If this is the resident's option, review the plan of care to see if there is evidence that the resident and family or responsible party, including private duty nurse or nursing assistant, are included in the development, implementation, maintenance and evaluation of the resident's plan of care. If concerns are identified, expand your resident sample, if necessary; interview the person in charge of care plan coordination; and request facility policies.

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ST - N0074 - Staff Knowledge/ Access to Care Plan

Title Staff Knowledge/ Access to Care Plan

Type Rule

59A-4.109(4), FAC

Regulation Definition	Interpretive Guideline
(4) All staff personnel who provide care, and at the resident's option, private duty nurses or personnel who are not employees of the facility, must be knowledgeable of, and have access to, the resident's plan of care.	

ST - N0075 - Care Plan / Adv Dir Sent with Resident

Title Care Plan / Adv Dir Sent with Resident

Type Rule

59A-4.109(5), FAC

Regulation Definition	Interpretive Guideline
(5) A summary of the resident's plan of care and a copy of any advanced directives must accompany each resident discharged or transferred to another health care facility, licensed under Chapter 395 or 400, F.S., or must be forwarded to the receiving facility as soon as possible consistent with good medical practice.	

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ST - N0080 - Dietary Serv - Full Time Supervisor

Title Dietary Serv - Full Time Supervisor

Type Rule

59A-4.110(1), FAC

Regulation Definition

(1) The Administrator must designate one full-time person as a Director of Food Services. In a facility with a census of 61 or more residents, the duties of the Director of Food Services must not include food preparation or service on a regular basis.

Interpretive Guideline

ST - N0081 - Dietary Serv - Qualified Dietitian

Title Dietary Serv - Qualified Dietitian

Type Rule

59A-4.110(2), FAC

Regulation Definition

(2) The Director of Food Services must either be a qualified dietitian or the facility shall obtain consultation from a qualified dietitian. A qualified dietitian is one who:
(a) Is a registered dietitian or nutritionist as defined by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics; or
(b) Has a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, as defined by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics, has one year of supervisory experience in the dietetic service of a health care facility, and participates annually in continuing dietetic education.

Interpretive Guideline

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ST - N0082 - Dietary Serv - Supervisor Qualifications

Title Dietary Serv - Supervisor Qualifications

Type Rule

59A-4.110(3), FAC

Regulation Definition

(3) A Director of Food Services shall be a person who:
(a) Is a qualified dietitian as defined in paragraphs 59A-4.110(2)(a), (b), F.A.C.; or
(b) Has successfully completed a college or university degree program which meets the education standard established by the Academy of Nutrition and Dietetics for a Dietetic Technician, Registered; or
(c) Has successfully completed a Dietetic Assistant correspondence or class room training program, approved by the Academy of Nutrition and Dietetics; or
(d) Has successfully completed a course offered by an accredited college or university that provided 90 or more hours of correspondence or classroom instruction in food service supervision, and has prior work experience as a Dietary Supervisor in a health care institution with consultation from a qualified dietitian; or
(e) Has training and experience in food service supervision and management in the military service equivalent in content to the program in paragraphs (3)(b), (c) or (d) of this rule; or
(f) Is a Certified Dietary Manager who has successfully completed the Dietary Manager's Course and is certified through the Certifying Board for the Association of Nutrition and Food Service Professionals and is maintaining their certification with continuing clock hours at 45 CEU's per three year period.

Interpretive Guideline

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ST - N0083 - Food Supply - One Week

Title Food Supply - One Week

Type Rule

59A-4.110(4), FAC

Regulation Definition	Interpretive Guideline
(4) A one-week supply of a variety of non-perishable food and supplies, that represents a good diet, shall be maintained by the facility.	

ST - N0090 - Pharmacy Policies and Procedures

Title Pharmacy Policies and Procedures

Type Rule

59A-4.112(1), FAC

Regulation Definition	Interpretive Guideline
(1) The nursing home licensee must adopt procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the needs of each resident.	

ST - N0091 - Consultant Pharmacist

Title Consultant Pharmacist

Type Rule

59A-4.112(2), FAC

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Regulation Definition

(2) As required by the Department of Health, the facility shall employ, or obtain, the services of a state licensed consultant pharmacist. A consultant pharmacist is a pharmacist who is licensed by the Department of Health, Board of Pharmacy and registered as a consultant pharmacist by the Board of Pharmacy in accordance with Rules 64B16-26.300 and 64B16-28.501, F.A.C., and who provides consultation on all aspects of the provision of pharmacy services in the facility.

Interpretive Guideline

ST - N0092 - Controlled Drugs - Records

Title Controlled Drugs - Records

Type Rule

59A-4.112(3), FAC

Regulation Definition

(3) The consultant pharmacist must establish a system to accurately record the receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation.

Interpretive Guideline

ST - N0093 - Controlled Drug - Accounting

Title Controlled Drug - Accounting

Type Rule

59A-4.112(4), FAC

Regulation Definition

(4) The consultant pharmacist must determine that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

Interpretive Guideline

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ST - N0094 - Drug Labeling

Title Drug Labeling

Type Rule

59A-4.112(5), FAC

Regulation Definition

(5) Prescription drugs and biologicals used in the facility shall be labeled in accordance with currently accepted professional principles, Chapter 499, F.S. and Rules 64B16-28.108 and 64B16-28.502, F.A.C., as required by the Department of Health.

Interpretive Guideline

ST - N0095 - Drug Storage

Title Drug Storage

Type Rule

59A-4.112(6), FAC

Regulation Definition

(6) Prescription drugs and non-prescription medications requiring refrigeration must be stored in a refrigerator. The refrigerator must be locked or located within a locked medication room and accessible only to licensed staff.

Interpretive Guideline

ST - N0096 - Drug Disposal

Title Drug Disposal

Type Rule

59A-4.112(7), FAC

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Regulation Definition

(7) All controlled substances must be disposed of as required by the Department of Health, Rule 64B16-28.303, F.A.C. All non-controlled substances may be destroyed in accordance with the facility's policies and procedures. Records of the disposition of all substances shall be maintained in sufficient detail to enable an accurate reconciliation and a copy of the disposition must be filed in the resident's record or maintained electronically in a readily accessible format.

Interpretive Guideline

ST - N0097 - Returning Drugs

Title Returning Drugs

Type Rule

59A-4.112(8), FAC

Regulation Definition

(8) Non-controlled substances, in unit dose containers, may be returned to the dispensing pharmacy.

Interpretive Guideline

ST - N0098 - Resident Discharged with Drugs

Title Resident Discharged with Drugs

Type Rule

59A-4.112(9), FAC

Regulation Definition

(9) If ordered by the resident's physician, the resident or his or her representative may, upon discharge, take all current prescription drugs with him or her. An inventory list of the drugs released must be completed, shall be dated, and signed by both the person releasing the drugs and the person

Interpretive Guideline

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receiving the drugs, and must be placed in the resident's record.

ST - N0099 - Emergency Medication Kit

Title Emergency Medication Kit

Type Rule

59A-4.112(10), FAC;

Regulation Definition

59A-4.112
(10) The facility shall maintain an Emergency Medication Kit. The kit must contain a limited supply of medications in the facility for use during emergency or after-hours situations. The contents must be determined by the residents' needs in consultation with the Medical Director, Director of Nursing and Pharmacist and it must be in accordance with facility policies and procedures. The kit must be readily available and kept sealed. All items in the kit must be properly labeled. The licensee must maintain an accurate log of receipt and disposition of each item in the Emergency Medication Kit. An inventory of the contents of the Emergency Medication Kit must be attached to the outside of the kit, which must include the earliest expiration date of the kit drugs. If the seal is broken, the kit must be restocked and resealed the next business day after use.

Interpretive Guideline

ST - N0100 - Medical Records Staff

Title Medical Records Staff

Type Rule

59A-4.118(1), FAC

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Regulation Definition	Interpretive Guideline
(1) The licensee must designate a full-time employee as being responsible and accountable for the facility's medical records.	

ST - N0101 - Resident Medical Records

Title Resident Medical Records

Type Rule

400.141(1)(j), FS; 59A-4.118(2), FAC

Regulation Definition	Interpretive Guideline
400.141(1)(j) FS Keep full records of resident admissions and discharges; medical and general health status, including medical records, personal and social history, and identity and address of next of kin or other persons who may have responsibility for the affairs of the resident; and individual resident care plans, including, but not limited to, prescribed services, service frequency and duration, and service goals. The records must be open to agency inspection. The licensee shall maintain clinical records on each resident in accordance with accepted professional standards and practices, which must be complete, accurately documented, readily accessible, and systematically organized. 59A-4.118(2) FAC Each medical record must contain sufficient information to clearly identify the resident, his or her diagnosis and treatment, and results.	

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ST - N0103 - Retention of Medical Records

Title Retention of Medical Records

Type Rule

59A-4.118(3), FAC

Regulation Definition	Interpretive Guideline
(3) Medical records must be retained for a period of five years from the date of discharge. In the case of a minor, the record must be retained for 3 years after a resident reaches legal age under state law.	

ST - N0110 - Physical Environment - Safe, Clean, Homelike

Title Physical Environment - Safe, Clean, Homelike

Type Rule

400.141(1)(h) FS; 59A-4.122(1) FAC

Regulation Definition	Interpretive Guideline
400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner. 59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible	

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ST - N0111 - Physical Environment - Specifics

Title Physical Environment - Specifics

Type Rule

59A-4.122(2), FAC

Regulation Definition

(2) The licensee must provide:
(a) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;
(b) Clean bed and bath linens that are in good condition;
(c) Furniture, such as a bed-side cabinet, drawer space;
(d) Adequate and comfortable lighting levels in all areas;
(e) Comfortable and safe room temperature levels in accordance with 42 CFR, Section 483.15(h)(6), which is effective October 1, 2014, and is incorporated by reference and available at http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-15.xml and http://www.flrules.org/Gateway/reference.asp?No=Ref-06376; and,
(f) The maintenance of comfortable sound levels. Individual radios, TVs and other such transmitters belonging to the resident will be tuned to stations of the resident's choice.

Interpretive Guideline

ST - N0112 - Physical Environment and Physical Maintenance

Title Physical Environment and Physical Maintenance

Type Rule

59A-4.122(3-6)

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Regulation Definition

(3) Each nursing home licensee must establish written policies designed to maintain the physical plant and overall nursing home environment to assure the safety and well-being of residents.
(4) The building and mechanical maintenance programs must be supervised by a person who is knowledgeable in the areas of building and mechanical maintenance as determined by the facility.
(5) All mechanical and electrical equipment must be maintained in working order and must be accessible for cleaning and inspection.
(6) All heating, ventilation and air conditioning (HVAC) systems must be maintained in accordance with the manufacturer's recommendation to ensure they are operating within specified parameters to meet manufacturers' specifications. Operation manuals and as-built drawings must be maintained for equipment installed after June 1, 2015.

Interpretive Guideline

ST - N0130 - Disaster Preparedness Plan

Title Disaster Preparedness Plan

Type Rule

59A-4.126(1), FAC

Regulation Definition

(1) Each nursing home licensee must have a written plan with procedures to be followed in the event of an internal or externally caused disaster. The initiation, development, and maintenance of this plan is the responsibility of the facility administrator, and must be accomplished in consultation with the Division of Emergency Management, County Emergency Management Agency.

Interpretive Guideline

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ST - N0131 - Disaster Plan Components

Title Disaster Plan Components

Type Rule

59A-4.126(2), FAC; 400.23(2)(g), FS

Regulation Definition

59A-4.126(2) FAC
(2) The plan must include the following:
(a) Criteria as shown in Section 400.23(2)(g), F.S.; and,
(b) The Emergency Management Planning Criteria for Nursing Home Facilities, AHCA 3110-6006, March, 1994, which is incorporated herein by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-06022 and from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #24, Tallahassee, Florida 32308 or on the website at htttp://ahca.myflorida.com/MCHQ/Plans/index.shtml#forms.

400.23(2) FS
(2) Pursuant to the intention of the Legislature, the agency, in consultation with the Department of Health and the Department of Elderly Affairs, shall adopt and enforce rules to implement this part and part II of chapter 408, which shall include reasonable and fair criteria in relation to:
(g) The preparation and annual update of a comprehensive emergency management plan. The agency shall adopt rules establishing minimum criteria for the plan after consultation with the Division of Emergency Management. At a minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate sheltering arrangements; postdisaster activities, including emergency power, food, and water; postdisaster transportation; supplies; staffing; emergency equipment; individual identification of

Interpretive Guideline

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residents and transfer of records; and responding to family inquiries. The comprehensive emergency management plan is subject to review and approval by the local emergency management agency. During its review, the local emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review the plan: the Department of Elderly Affairs, the Department of Health, the Agency for Health Care Administration, and the Division of Emergency Management. Also, appropriate volunteer organizations must be given the opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions.

ST - N0132 - Emergency Environmental Control

Title Emergency Environmental Control

Type Rule

59A-4.1265 FAC

Regulation Definition

59A-4.1265 Emergency Environmental Control for Nursing Homes.
(1) DETAILED NURSING HOME EMERGENCY POWER PLAN. Each nursing home shall prepare a detailed plan ("plan"), to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency power in the event of the loss of primary electrical power in that nursing home, which includes the following information:
(a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the nursing home, to ensure that current licensees of nursing homes will be equipped to ensure the protection of resident health, safety, welfare, and comfort for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. Safe indoor air

Interpretive Guideline

Review the facility's documentation of their Comprehensive Emergency Management Plan and approval, including any approved waivers or extensions.
Review documentation of required notifications for compliance.
Interview residents, family, and staff for information/verification of knowledge of the plan.
Make observations

temperatures in resident occupied areas shall be determined by the licensee to meet the clinical needs of residents, but shall not exceed eighty-one (81) degrees Fahrenheit.
1. The required temperature must be maintained in an area or areas determined by the nursing home of sufficient size to maintain all residents safely at all times and is appropriate for the care needs and life safety requirements. For planning purposes, no less than thirty (30) net square feet per resident must be provided. This may include areas that are less than the entire nursing home if the nursing home's comprehensive emergency management plan includes relocating residents to portions of the building where the health, safety, welfare, and comfort of the residents will be maintained as required by this rule. The plan shall include information regarding the area(s) within the nursing home where the required temperature will be maintained.
2. The alternate power source for the equipment necessary to maintain the safe indoor air temperature required by this rule may be provided by the essential electrical system required by the Florida Building Code for Nursing Home design and construction or onsite optional standby system as defined by NFPA 70 National Electrical Code supplying normal power to the nursing home maintained onsite at all times when the building is occupied. If an optional standby system is used, it must be connected and maintained in accordance with the manufacturer's recommendations. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code.
3. Each nursing home is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to maintain the safe indoor air temperature required by this rule for a minimum of ninety-six (96) hours in the event of

the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the nursing home required to operate the systems and equipment.

a. A nursing home in an evacuation zone pursuant to Chapter 252, F.S., must maintain an alternative power source and fuel as required by this subsection at all times when the facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary.

b. Facilities located on a single campus with other facilities licensed by the Agency under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan.

c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage.

(b) The acquisition of sufficient fuel, and safe maintenance of that fuel onsite at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source required in paragraph (1)(a), to power life safety systems, critical systems, and equipment necessary to maintain safe indoor air temperatures as described in this rule for ninety-six (96) hours after the loss of electrical power during a declared state of emergency. The plan shall include information regarding fuel source and fuel storage.

1. A nursing home located in an area in a declared state of emergency area pursuant to Section 252.36, F.S., that may impact primary power delivery must secure ninety-six (96)

hours of fuel. The nursing home may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.
2. A nursing home must store a minimum of seventy-two (72) hours of fuel onsite.
3. Piped natural gas is an allowable fuel source and meets the onsite fuel requirement under this rule.
4. If local ordinances or other regulations that limit the amount of onsite fuel storage for the nursing home's location and the nursing home does not have access to piped natural gas, then the nursing home must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.
(c) The acquisition of services necessary to install, maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source installed in the nursing home.
(2) SUBMISSION OF THE PLAN.
(a) Each nursing home licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review and approval within thirty (30) days of the effective date of the rule. Nursing Home plans previously received and approved under Emergency Rule 59AER17-1, F.A.C., will require resubmission only if changes are made.
(b) Each new nursing home shall submit the plan required under this rule prior to obtaining a license.
(c) Each existing nursing home that undergoes additions, modifications, alterations, refurbishment, reconstruction or renovations that require modification of the systems or equipment affecting the nursing home's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval.

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(3) PLAN REVIEW. Architectural and engineering plans are subject to review by the Agency's Office of Plans and Construction. The local emergency management agency shall review the emergency power plan for compliance with the subsection and may rely on the technical review of the Office of Plans and Construction. Once the review is complete, the local emergency management agency shall:
(a) Report deficiencies in the plan to the nursing home for resolution. The nursing home must resubmit the plan within ten (10) business days.
(b) Report approval or denial of the plan to the Agency and the nursing home.
(4) APPROVED PLANS.
(a) Each nursing home must maintain a copy of its plan in a manner that makes the plan readily available at the licensee's physical address for review by the authority having jurisdiction. If the plan is maintained in an electronic format, nursing home staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request.
(b) Within two (2) business days of the approval of the plan from the local emergency management agency, the nursing home shall submit in writing proof of the approval to the Agency for Health Care Administration.
(c) The nursing home shall submit a consumer friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the nursing home emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation.
(5) IMPLEMENTATION OF THE PLAN.
(a) Each nursing home licensed prior to the effective date of this rule shall, no later than June 1, 2018 have implemented

the plan required under this rule.
(b) The Agency shall grant an extension up to January 1, 2019 to providers in compliance with paragraph (c), below, and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Nursing homes granted an extension must keep the Agency apprised of progress on a monthly basis to ensure there are no unnecessary delays.
(c) During the extension period, a nursing home must make arrangements pending full implementation of its plan that the residents are housed in an area that meets the safe indoor air temperature requirements of paragraph (1)(a), for a minimum of ninety-six (96) hours.
1. A nursing home not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the nursing home, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite.
2. A nursing home located in an evacuation zone pursuant to Chapter 252, F.S., must either:
a. Fully and safely evacuate its residents prior to the arrival of the event, or
b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the nursing home,
(d) Each new nursing home shall implement the plan prior to obtaining a license.
(e) Each nursing home that undergoes any additions, modifications, alterations, refurbishment, reconstruction or renovations that require modification of the systems or equipment affecting the nursing home's compliance with this

rule shall implement its amended plan subsequent with the completion of construction.
(f) The Agency may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule.
(6) POLICIES AND PROCEDURES.
(a) Each nursing home shall develop and implement written policies and procedures to ensure that each nursing home can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall be resident-focused to ensure that residents do not experience complications from heat exposure, and shall include a contingency plan to transport residents to a safe facility if the current nursing home's plan to keep the residents in a safe and comfortable location within the nursing home at or below the indoor air temperature required by this rule becomes compromised.
(b) Each nursing home shall maintain its written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by the authority having jurisdiction. If the policies and procedures are maintained in an electronic format, nursing home staff must be readily available to access the policies and procedures and produce the requested information.
(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and all parties authorized in writing or by law.
(7) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency may seek any remedy authorized by Chapter 400, Part II, or Chapter 408, Part II, F.S., including but not limited to, license revocation, license suspension, and the imposition of

administrative fines.
(8) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.
(a) Nursing homes whose comprehensive emergency management plan is to evacuate must comply with this rule.
(b) Once the plan has been approved, the nursing home shall submit the plan as an addendum with any future submissions for approval of its Comprehensive Emergency Management Plan.
(9) NOTIFICATION.
(a) Within three (3) business days, each nursing home must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative:
1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval;
2. Upon final implementation of the plan by the nursing home following review by the State Fire Marshal or the Agency's Office of Plans and Construction.
(b) The nursing home shall keep a copy of each written or electronic notification sent by the nursing home to the resident and resident's representative on file.

ST - N0150 - Staff Education Plan

Title Staff Education Plan

Type Rule

59A-4.106(5)(a), FAC

Regulation Definition

(a) Each nursing home licensee must develop, implement, and maintain a written staff education plan which ensures a coordinated program for staff education for all facility employees. The staff education plan must be reviewed at least

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annually by the risk management and quality assurance committee and revised as needed.

ST - N0151 - Staff Education Plan - Preservice/ Inservice

Title Staff Education Plan - Preservice/ Inservice

Type Rule

59A-4.106(5)(b), FAC

Regulation Definition	Interpretive Guideline
(b) The staff education plan must include both pre-service and in-service programs.	

ST - N0152 - Staff Education - Annual Requirements

Title Staff Education - Annual Requirements

Type Rule

59A-4.106(5)(c), FAC

Regulation Definition	Interpretive Guideline
(c) The staff education plan must ensure that education is conducted annually for all facility employees, at a minimum, in the following areas: 1. Prevention and control of infection; 2. Fire prevention, life safety, and disaster preparedness; 3. Accident prevention and safety awareness program; 4. Resident's rights'; 5. Federal law, 42 CFR 483, Requirements for State and Long Term Care Facilities, October 1, 2014, which is incorporated by reference and available at http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-part483.xml and http://www.flrules.org/Gateway/reference.asp?No=Ref-06385,	

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Chapter 400, Part II, F.S., and subsection 59A-4.106(5), F.A.C.;

ST - N0153 - Staff Education - HIV/AIDS

Title Staff Education - HIV/AIDS

Type Rule

59A-4.106(5)(d), FAC

Regulation Definition

(d) The staff education plan must ensure that all employees of the nursing home complete an initial educational course on HIV/AIDS as required by Section 381.0035, F.S. If the employee does not have a certificate of completion at the time they are hired, they must complete the course within six months of employment or before the employee provides care for an HIV/AIDS diagnosed resident.

Interpretive Guideline

ST - N0156 - Bribes/ Kickbacks Prohibited

Title Bribes/ Kickbacks Prohibited

Type Rule

400.17(2-5), FS

Regulation Definition

(1) As used in this section, the term:
(a) "Bribe" means any consideration corruptly given, received, promised, solicited, or offered to any individual with intent or purpose to influence the performance of any act or omission.
(b) "Kickback" means that part of the payment for items or services which is returned to the payor by the provider of such items or services with the intent or purpose to induce the payor to purchase the items or services from the provider.

Interpretive Guideline

(2) Whoever furnishes items or services directly or indirectly to a nursing home resident and solicits, offers, or receives any:
(a) Kickback or bribe in connection with the furnishing of such items or services or the making or receipt of such payment; or
(b) Return of part of an amount given in payment for referring any such individual to another person for the furnishing of such items or services;
is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or by fine not exceeding $5,000, or both.
(3) No person shall, in connection with the solicitation of contributions to nursing homes, willfully misrepresent or mislead anyone, by any manner, means, practice, or device whatsoever, to believe that the receipts of such solicitation will be used for charitable purposes, if such is not the fact.
(4) Solicitation of contributions of any kind in a threatening, coercive, or unduly forceful manner by or on behalf of a nursing home by any agent, employee, owner, or representative of a nursing home shall be grounds for denial, suspension, or revocation of the license for any nursing home on behalf of which such contributions were solicited.
(5) The admission, maintenance, or treatment of a nursing home resident whose care is supported in whole or in part by state funds may not be made conditional upon the receipt of any manner of contribution or donation from any person. However, this may not be construed to prohibit the offer or receipt of contributions or donations to a nursing home which are not related to the care of a specific resident. Contributions solicited or received in violation of this subsection shall be grounds for denial, suspension, or revocation of a license for any nursing home on behalf of which such contributions were solicited.

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ST - N0158 - Rebates Prohibited/ Penalties

Title Rebates Prohibited/ Penalties

Type Rule

400.176(1), FS

Regulation Definition

Rebates prohibited; penalties.-
(1) It is unlawful for any person to pay or receive any commission, bonus, kickback, or rebate or engage in any split-fee arrangement in any form whatsoever with any physician, surgeon, organization, agency, or person, either directly or indirectly, for residents referred to a nursing home licensed under this part.
(2) The agency shall enforce subsection (1). In the case of an entity not licensed by the agency, administrative penalties may include:
(a) A fine not to exceed $5,000; and
(b) If applicable, a recommendation by the agency to the appropriate licensing board that disciplinary action be taken.

Interpretive Guideline

ST - N0159 - Alzheimer's Disclosure

Title Alzheimer's Disclosure

Type Rule

400.175, FS

Regulation Definition

Patients with Alzheimer's disease or other related disorders; certain disclosures.-A facility licensed under this part which claims that it provides special care for persons who have Alzheimer's disease or other related disorders must disclose in

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

ST - N0160 - Alzheimer's Information

Title Alzheimer's Information

Type Rule

400.1755(1), FS

Regulation Definition	Interpretive Guideline
(1) As a condition of licensure, facilities licensed under this part must provide to each of their employees, upon beginning employment, basic written information about interacting with persons with Alzheimer's disease or a related disorder.	Look at policies and procedures regarding training and related disorders and ensure compliance.

ST - N0163 - Alzheimer's Training

Title Alzheimer's Training

Type Rule

400.1755(2-6), FS

Regulation Definition	Interpretive Guideline
(2) All employees who are expected to, or whose responsibilities require them to, have direct contact with residents with Alzheimer's disease or a related disorder must,	If quality of care deficient practices have been identified review, as appropriate, training received by staff in that corresponding subject area.

in addition to being provided the information required in subsection (1), also have an initial training of at least 1 hour completed in the first 3 months after beginning employment. This training must include, but is not limited to, an overview of dementias and must provide basic skills in communicating with persons with dementia.
(3) An individual who provides direct care shall be considered a direct caregiver and must complete the required initial training and an additional 3 hours of training within 9 months after beginning employment. This training shall include, but is not limited to, managing problem behaviors, promoting the resident's independence in activities of daily living, and skills in working with families and caregivers.
(a) The required 4 hours of training for certified nursing assistants are part of the total hours of training required annually.
(b) For a health care practitioner as defined in s. 456.001, continuing education hours taken as required by that practitioner's licensing board shall be counted toward this total of 4 hours.
(4) For an employee who is a licensed health care practitioner as defined in s. 456.001, training that is sanctioned by that practitioner's licensing board shall be considered to be approved by the Department of Elderly Affairs.
(5) The Department of Elderly Affairs or its designee must approve the initial and continuing training provided in the facilities. The department must approve training offered in a variety of formats, including, but not limited to, Internet-based training, videos, teleconferencing, and classroom instruction. The department shall keep a list of current providers who are approved to provide initial and continuing training. The department shall adopt rules to establish standards for the trainers and the training required in this section.
(6) Upon completing any training listed in this section, the employee or direct caregiver shall be issued a certificate that

NOTE: For licensed health care professionals, the continuing education requirements required by the licensing board are accepted in lieu of the four (4) hours of Alzheimer's disease or related disorders training required in this section.

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includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different facility or to an assisted living facility, home health agency, adult day care center, or adult family-care home. The direct caregiver must comply with other applicable continuing education requirements.

ST - N0165 - Closing a Nursing Home - Requirements

Title Closing a Nursing Home - Requirements

Type Rule

400.18, FS

Regulation Definition

(1) In addition to the requirements of part II of chapter 408, the licensee also shall inform each resident or the next of kin, legal representative, or agency acting on behalf of the resident of the fact, and the proposed time, of discontinuance of operation and give at least 90 days' notice so that suitable arrangements may be made for the transfer and care of the resident. In the event any resident has no such person to represent him or her, the licensee shall be responsible for securing a suitable transfer of the resident before the discontinuance of operation. The agency shall be responsible for arranging for the transfer of those residents requiring transfer who are receiving assistance under the Medicaid program.
(2) A representative of the agency shall be placed in a facility 30 days before the voluntary discontinuance of operation, or immediately upon the determination by the agency that the licensee is discontinuing operation or that existing conditions

Interpretive Guideline

or practices represent an immediate danger to the health, safety, or security of the residents in the facility, to:
(a) Monitor the transfer of residents to other facilities.
(b) Ensure that the rights of residents are protected.
(c) Observe the operation of the facility.
(d) Assist the management of the facility by advising the management on compliance with state and federal laws and rules.
(e) Recommend further action by the agency.
(3) The agency shall discontinue the monitoring of a facility pursuant to subsection (2) when:
(a) All residents in the facility have been relocated; or
(b) The agency determines that the conditions which gave rise to the placement of a representative of the agency in the facility no longer exist and the agency is reasonably assured that those conditions will not recur.

ST - N0181 - Right to Civil, Religious Liberties & Choice

Title Right to Civil, Religious Liberties & Choice

Type Rule

400.022(1)(a), FS

Regulation Definition

(1) All licensees of nursing home facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that statement. The statement shall assure each resident the following:
(a) The right to civil and religious liberties, including knowledge of available choices and the right to independent personal decision, which will not be infringed upon, and the right to encouragement and assistance from the staff of the facility in the fullest possible exercise of these rights.

Interpretive Guideline

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ST - N0182 - Right to Private, Uncensored Communication/Vi

Title Right to Private, Uncensored Communication/Vi

Type Rule

400.022(1)(b), FS

Regulation Definition

(b) The right to private and uncensored communication, including, but not limited to, receiving and sending unopened correspondence, access to a telephone, visiting with any person of the resident's choice during visiting hours, and overnight visitation outside the facility with family and friends in accordance with facility policies, physician orders, and Title XVIII (Medicare) and Title XIX (Medicaid) of the Social Security Act regulations, without the resident's losing his or her bed. Facility visiting hours shall be flexible, taking into consideration special circumstances such as, but not limited to, out-of-town visitors and working relatives or friends. Unless otherwise indicated in the resident care plan, the licensee shall, with the consent of the resident and in accordance with policies approved by the agency, permit recognized volunteer groups, representatives of community-based legal, social, mental health, and leisure programs, and members of the clergy access to the facility during visiting hours for the purpose of visiting with and providing services to any resident.

Interpretive Guideline

ST - N0185 - Access to Residents - Govt Officials

Title Access to Residents - Govt Officials

Type Rule

400.022(1)(c)1, & 2 FS

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Regulation Definition

(c) Any entity or individual that provides health, social, legal, or other services to a resident has the right to have reasonable access to the resident. The resident has the right to deny or withdraw consent to access at any time by any entity or individual. Notwithstanding the visiting policy of the facility, the following individuals must be permitted immediate access to the resident:
1. Any representative of the federal or state government, including, but not limited to, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elderly Affairs; any law enforcement officer; any representative of the State Long-Term Care Ombudsman Program; and the resident's individual physician.
2. Subject to the resident's right to deny or withdraw consent, immediate family or other relatives of the resident.
The facility must allow representatives of the State Long-Term Care Ombudsman Program to examine a resident's clinical records with the permission of the resident or the resident's legal representative and consistent with state law.

Interpretive Guideline

ST - N0188 - Right to File Grievances

Title Right to File Grievances

Type Rule

400.022(1)(d), FS.

Regulation Definition

(d) The right to present grievances on behalf of himself or herself or others to the staff or administrator of the facility, to governmental officials, or to any other person; to recommend changes in policies and services to facility personnel; and to

Interpretive Guideline

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join with other residents or individuals within or outside the facility to work for improvements in resident care, free from restraint, interference, coercion, discrimination, or reprisal. This right includes access to ombudsmen and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. The right also includes the right to prompt efforts by the facility to resolve resident grievances, including grievances with respect to the behavior of other residents.

ST - N0189 - Right to Organize Resident/ Family Groups

Title Right to Organize Resident/ Family Groups

Type Rule

400.022(1)(e), FS

Regulation Definition

(e) The right to organize and participate in resident groups in the facility and the right to have the resident's family meet in the facility with the families of other residents.

Interpretive Guideline

ST - N0190 - Right to Activities - Social, Religious, Comm

Title Right to Activities - Social, Religious, Comm

Type Rule

400.022(1)(f), FS

Regulation Definition

(f) The right to participate in social, religious, and community activities that do not interfere with the rights of other residents.

Interpretive Guideline

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ST - N0191 - Right to View Inpection Results

Title Right to View Inpection Results

Type Rule

400.022(1)(g), FS

Regulation Definition	Interpretive Guideline
(g) The right to examine, upon reasonable request, the results of the most recent inspection of the facility conducted by a federal or state agency and any plan of correction in effect with respect to the facility.	

ST - N0192 - Right to Handle Finances

Title Right to Handle Finances

Type Rule

400.022(1)(h), FS

Regulation Definition	Interpretive Guideline
(h) The right to manage his or her own financial affairs or to delegate such responsibility to the licensee, but only to the extent of the funds held in trust by the licensee for the resident. A quarterly accounting of any transactions made on behalf of the resident shall be furnished to the resident or the person responsible for the resident. The facility may not require a resident to deposit personal funds with the facility. However, upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility as follows:	

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ST - N0193 - Resident Funds Accounting

Title Resident Funds Accounting

Type Rule

400.022(1)(h)1, FS

Regulation Definition	Interpretive Guideline
1. The facility must establish and maintain a system that ensures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.	

ST - N0194 - Accounting Precludes Commingling of Funds

Title Accounting Precludes Commingling of Funds

Type Rule

400.022(1)(h)2, FS

Regulation Definition	Interpretive Guideline
2. The accounting system established and maintained by the facility must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.	

ST - N0195 - Right to Quarterly Accounting of Funds

Title Right to Quarterly Accounting of Funds

Type Rule

400.022(1)(h)3, FS

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Regulation Definition	Interpretive Guideline
3. A quarterly accounting of any transaction made on behalf of the resident shall be furnished to the resident or the person responsible for the resident.	

ST - N0196 - Deceased Resident Funds to Estate

Title Deceased Resident Funds to Estate

Type Rule

400.022(1)(h)4, FS

Regulation Definition	Interpretive Guideline
4. Upon the death of a resident with personal funds deposited with the facility, the facility must convey within 30 days the resident's funds, including interest, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate, or, if a personal representative has not been appointed within 30 days, to the resident's spouse or adult next of kin named in the beneficiary designation form provided for in s. 400.162(6).	

ST - N0197 - Charge Against Resident Funds

Title Charge Against Resident Funds

Type Rule

400.022(1)(h)5, FS

Regulation Definition	Interpretive Guideline
5. The facility may not impose a charge against the personal funds of a resident for any item or service for which payment is made under Title XVIII or Title XIX of the Social Security Act.	

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ST - N0198 - Right to be Informed of Charges

Title Right to be Informed of Charges

Type Rule

400.022(1)(i), FS

Regulation Definition

(i) The right to be fully informed, in writing and orally, prior to or at the time of admission and during his or her stay, of services available in the facility and of related charges for such services, including any charges for services not covered under Title XVIII or Title XIX of the Social Security Act or not covered by the basic per diem rates and of bed reservation and refund policies of the facility.

Interpretive Guideline

ST - N0199 - Right to be Informed of Medical Condition

Title Right to be Informed of Medical Condition

Type Rule

400.022(1)(j), FS

Regulation Definition

(j) The right to be adequately informed of his or her medical condition and proposed treatment, unless the resident is determined to be unable to provide informed consent under Florida law, or the right to be fully informed in advance of any nonemergency changes in care or treatment that may affect the resident's well-being; and, except with respect to a resident adjudged incompetent, the right to participate in the planning of all medical treatment, including the right to refuse medication and treatment, unless otherwise indicated by the resident's physician; and to know the consequences of such

Interpretive Guideline

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actions.

ST - N0200 - Right to Refuse Treatment

Title Right to Refuse Treatment

Type Rule

400.022(1)(k), FS

Regulation Definition	Interpretive Guideline
(k) The right to refuse medication or treatment and to be informed of the consequences of such decisions, unless determined unable to provide informed consent under state law. When the resident refuses medication or treatment, the nursing home facility must notify the resident or the resident's legal representative of the consequences of such decision and must document the resident's decision in his or her medical record. The nursing home facility must continue to provide other services the resident agrees to in accordance with the resident's care plan.	

ST - N0201 - Right to Adequate and Appropriate Health Care

Title Right to Adequate and Appropriate Health Care

Type Rule

400.022(1)(l), FS

Regulation Definition	Interpretive Guideline
(l) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with	

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rules as adopted by the agency.

ST - N0202 - Right to Privacy

Title Right to Privacy

Type Rule

400.022(1)(m), FS

Regulation Definition	Interpretive Guideline
(m) The right to have privacy in treatment and in caring for personal needs; to close room doors and to have facility personnel knock before entering the room, except in the case of an emergency or unless medically contraindicated; and to security in storing and using personal possessions. Privacy of the resident's body shall be maintained during, but not limited to, toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. Residents' personal and medical records shall be confidential and exempt from the provisions of s. 119.07(1).	

ST - N0203 - Right to be Treated with Dignity

Title Right to be Treated with Dignity

Type Rule

400.022(1)(n), FS

Regulation Definition	Interpretive Guideline
(n) The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement and an oral explanation of the services provided by the licensee, including those required to be offered on an as-needed basis.	

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ST - N0204 - Right to be Free from Abuse, Restraints, etc

Title Right to be Free from Abuse, Restraints, etc

Type Rule

400.022(1)(o), FS

Regulation Definition

(o) The right to be free from mental and physical abuse, corporal punishment, extended involuntary seclusion, and from physical and chemical restraints, except those restraints authorized in writing by a physician for a specified and limited period of time or as are necessitated by an emergency. In case of an emergency, restraint may be applied only by a qualified licensed nurse who shall set forth in writing the circumstances requiring the use of restraint, and, in the case of use of a chemical restraint, a physician shall be consulted immediately thereafter. Restraints may not be used in lieu of staff supervision or merely for staff convenience, for punishment, or for reasons other than resident protection or safety.

Interpretive Guideline

ST - N0205 - Rights to Choose Physician/ Pharmacy

Title Rights to Choose Physician/ Pharmacy

Type Rule

400.022(1)(q), FS

Regulation Definition

(q) The right to freedom of choice in selecting a personal physician; to obtain pharmaceutical supplies and services from a pharmacy of the resident's choice, at the resident's own expense or through Title XIX of the Social Security Act; and to obtain information about, and to participate in,

Interpretive Guideline

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community-based activities programs, unless medically contraindicated as documented by a physician in the resident's medical record. If a resident chooses to use a community pharmacy and the facility in which the resident resides uses a unit-dose system, the pharmacy selected by the resident shall be one that provides a compatible unit-dose system, provides service delivery, and stocks the drugs normally used by long-term care residents. If a resident chooses to use a community pharmacy and the facility in which the resident resides does not use a unit-dose system, the pharmacy selected by the resident shall be one that provides service delivery and stocks the drugs normally used by long-term care residents.

ST - N0206 - Right to Use Personal Belongings and Possess

Title Right to Use Personal Belongings and Possess

Type Rule

400.022(1)(r), FS

Regulation Definition

(r) The right to retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other residents or unless medically contraindicated as documented in the resident's medical record by a physician. If clothing is provided to the resident by the licensee, it shall be of reasonable fit.

Interpretive Guideline

ST - N0207 - Right to Copies of Rules and Regulations

Title Right to Copies of Rules and Regulations

Type Rule

400.022(1)(s), FS

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Regulation Definition	Interpretive Guideline
(s) The right to have copies of the rules and regulations of the facility and an explanation of the responsibility of the resident to obey all reasonable rules and regulations of the facility and to respect the personal rights and private property of the other residents.	

ST - N0208 - Right to Notice of Room Change

Title Right to Notice of Room Change

Type Rule

400.022(1)(t), FS

Regulation Definition	Interpretive Guideline
(t) The right to receive notice before the room of the resident in the facility is changed.	

ST - N0209 - Right to Bed Hold Policy

Title Right to Bed Hold Policy

Type Rule

400.022(1)(u), FS

Regulation Definition	Interpretive Guideline
(u) The right to be informed of the bed reservation policy for a hospitalization. The nursing home shall inform a private-pay resident and his or her responsible party that his or her bed will be reserved for any single hospitalization for a period up to 30 days provided the nursing home receives reimbursement. Any resident who is a recipient of assistance under Title XIX of the Social Security Act, or the resident's designee or legal representative, shall be informed by the licensee that his or her	

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bed will be reserved for any single hospitalization for the length of time for which Title XIX reimbursement is available, up to 15 days; but that the bed will not be reserved if it is medically determined by the agency that the resident will not need it or will not be able to return to the nursing home, or if the agency determines that the nursing home's occupancy rate ensures the availability of a bed for the resident. Notice shall be provided within 24 hours of the hospitalization.

ST - N0210 - Right to Challenge Discharge/ Transfer Dec

Title Right to Challenge Discharge/ Transfer Dec

Type Rule

400.022(1)(v), FS

Regulation Definition

(v) For residents of Medicaid or Medicare certified facilities, the right to challenge a decision by the facility to discharge or transfer the resident, as required under 42 C.F.R. s. 483.12.

Interpretive Guideline

ST - N0211 - Resident Rights Notice

Title Resident Rights Notice

Type Rule

400.022(2), FS

Regulation Definition

(2) The licensee for each nursing home shall orally inform the resident of the resident's rights and provide a copy of the statement required by subsection (1) to each resident or the resident's legal representative at or before the resident's admission to a facility. The licensee shall provide a copy of the resident's rights to each staff member of the facility. Each

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such licensee shall prepare a written plan and provide appropriate staff training to implement the provisions of this section. The written statement of rights must include a statement that a resident may file a complaint with the agency or state or local ombudsman council. The statement must be in boldfaced type and include the telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone numbers of the local ombudsman council and the Elder Abuse Hotline operated by the Department of Children and Families.

ST - N0212 - Violation of Rights - Grounds for Action

Title Violation of Rights - Grounds for Action

Type Rule

400.022(3), FS

Regulation Definition

(3) Any violation of the resident's rights set forth in this section constitutes grounds for action by the agency under s. 400.102, s. 400.121, or part II of chapter 408. In order to determine whether the licensee is adequately protecting residents' rights, the licensure inspection of the facility must include private informal conversations with a sample of residents to discuss residents' experiences within the facility with respect to rights specified in this section and general compliance with standards and consultation with the State Long-Term Care Ombudsman Program.

Interpretive Guideline

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ST - N0213 - Right for Discharge/Transfer

Title Right for Discharge/Transfer

Type Rule

400.022(1)(p), FS

Regulation Definition

(p) The right to be transferred or discharged only for medical reasons or for the welfare of other residents, and the right to be given reasonable advance notice of no less than 30 days of any involuntary transfer or discharge, except in the case of an emergency as determined by a licensed professional on the staff of the nursing home, or in the case of conflicting rules and regulations which govern Title XVIII or Title XIX of the Social Security Act. For nonpayment of a bill for care received, the resident shall be given 30 days' advance notice. A licensee certified to provide services under Title XIX of the Social Security Act may not transfer or discharge a resident solely because the source of payment for care changes. Admission to a nursing home facility operated by a licensee certified to provide services under Title XIX of the Social Security Act may not be conditioned upon a waiver of such right, and any document or provision in a document which purports to waive or preclude such right is void and unenforceable. Any licensee certified to provide services under Title XIX of the Social Security Act that obtains or attempts to obtain such a waiver from a resident or potential resident shall be construed to have violated the resident's rights as established herein and is subject to disciplinary action as provided in subsection (3). The resident and the family or representative of the resident shall be consulted in choosing another facility.

Interpretive Guideline

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ST - N0214 - Falsifying Records

Title Falsifying Records

Type Rule

400.1415(1), FS

Regulation Definition

(1) Any person who fraudulently alters, defaces, or falsifies any medical record or releases medical records for the purposes of solicitation or marketing the sale of goods or services absent a specific written release or authorization permitting utilization of patient information, or other nursing home record, or causes or procures any of these offenses to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Interpretive Guideline

ST - N0215 - Penalty for Falsifying of Records

Title Penalty for Falsifying of Records

Type Rule

400.1415(2), FS; 400.102(4), FS

Regulation Definition

400.1415(2) FS
A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges.

400.102 FS
In addition to the grounds listed in part II of chapter 408, any of the following conditions shall be grounds for action by the agency against a licensee:

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(4) Fraudulent altering, defacing, or falsifying any medical or nursing home records, or causing or procuring any of these offenses to be committed.

ST - N0216 - Health and Safety of Resident

Title Health and Safety of Resident

Type Rule

400.102(1), FS

Regulation Definition

In addition to the grounds listed in part II of chapter 408, any of the following conditions shall be grounds for action by the agency against a licensee:
(1) An intentional or negligent act materially affecting the health or safety of residents of the facility;

Interpretive Guideline

Use this deficiency where a resident's safety has been materially affected and in conjunction with other cited non-compliance.

ST - N0217 - Orders Not to Resuscitate

Title Orders Not to Resuscitate

Type Rule

400.142(3) FS

Regulation Definition

(3) Facility staff may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45. Facility staff and facilities are not subject to criminal prosecution or civil liability, or considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such order. The absence of an order not to resuscitate executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing

Interpretive Guideline

cardiopulmonary resuscitation as otherwise permitted by law.

ST - N0270 - Pediatric Residents - Standards

Title Pediatric Residents - Standards

Type Rule

59A-4.1295, FAC

Regulation Definition

59A-4.1295 Additional Standards for Homes That Admit Children 0 Through 20 Years of Age.
(1) Nursing homes who accept children with a level of care of Intermediate I or II, skilled or medically fragile must meet the following standards as indicated. Intermediate I and II are defined in Rule 59G-4.180, F.A.C. Children considered skilled have a chronic debilitating disease or condition of one or more physiological or organ systems that generally make the child dependent upon 24 hour per day medical, nursing, or health supervision or intervention. Medically fragile children are medically complex and the medical condition is such that they are technologically dependent upon medical equipment or procedure(s) to sustain life and who can expire, without warning unless continually under observation.
(2) Each child must have an assessment upon admission by licensed physical, occupational, and speech therapists experienced in working with children. Therapies must be administered based upon the outcome of these assessments and the orders of the child's physician.
(3) Admission criteria:
(a) The child must require intermediate, skilled or medically fragile nursing care, and be medically stable, as documented by the physician determining level of care.
(b) For nursing home placement a recommendation must be made in the form of a written order by the child's attending physician in consultation with the parent(s) or legal

Interpretive Guideline

guardian(s). For Medicaid certified nursing facilities, the recommendations for placement of a Medicaid applicant or recipient in the nursing home must be made by the Department of Health's Children's Medical Services Multidisciplinary Assessment Team (CMAT). Consideration must be given to relevant medical, emotional, psychosocial, and environmental factors.

(c) Each child admitted to the nursing home must have a plan of care developed by the interdisciplinary care plan team. The plan of care must consist of those items listed below.

1. Physician's orders, diagnosis, medical history, physical examination and rehabilitative or restorative needs.

2. A preliminary nursing evaluation with physician orders for immediate care, completed on admission.

3. A comprehensive, accurate, reproducible, and standardized assessment of each child's functional capability which is completed within 14 days of the child's admission to the nursing home and every twelve months thereafter. The assessment must be:

a. Reviewed no less than once every 120 days;

b. Reviewed promptly after a significant change, which is a need to stop a form of treatment because of adverse consequences (e.g., an adverse drug reaction), or commence a new form of treatment to deal with a problem in the child's physical or mental condition;

c. Revised as appropriate to assure the continued usefulness of the assessment.

4. The plan of care must also include measurable objectives and timetables to meet the child's medical, nursing, mental and psychosocial needs identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the child's highest practicable physical, mental, social and educational well-being. The care plan must be completed within 7 days after completion of the child's assessments.

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5. The facility must, upon admission and quarterly, conduct and include in the resident's plan of care a comprehensive assessment of the resident's functional capacity and a post-discharge plan of care that includes plans, actions and goals to transition the child to a home and community-based, non-institutional setting.
6. To enhance the quality of life of each child ages 3 years through 15 years, the nursing home must notify by certified mail the school board in the county in which the nursing home is located that there is a school-age child residing in the nursing home. Children ages 16 through 20 years may be enrolled in an education program according to their ability to participate. Program participation for each child regardless of age is predicated on his or her intellectual function, physical limitations, and medical stability. Collaborative planning with the public school system and community at-large is necessary to produce integrated and inclusive settings which meet each child's needs. The failure or inability on the part of city, county, state, or federal school system to provide an educational program according to the child's ability to participate shall not obligate the nursing home to supply or furnish an educational program or bring suit against any city, county, state, or federal organizations for their failure or inability to provide an educational program. Nothing contained herein is intended to prohibit, restrict or prevent the parents or legal guardian of the child from providing a private educational program that meets applicable state laws.
7. At the child's guardian's option, every effort must be made to include the child and his or her family or responsible party, including private duty nurse or nursing assistant, in the development, implementation, maintenance and evaluation of the child's plan of care.
8. All employees of the nursing home who provide hands-on care, must be knowledgeable of, and have access to, the child's plan of care.

9. A summary of the child's plan of care must accompany each child discharged or transferred to another health care facility or must be forwarded to the facility receiving the child as soon as possible consistent with good medical practice.
(4) The child's attending physician, licensed under Rule Chapter 458 or 459, F.S., must maintain responsibility for the overall medical management and therapeutic plan of care and must be available for face-to-face consultation and collaboration with the nursing home medical and nursing director. The physician or his or her designee must:
(a) Evaluate and document the status of the child's condition at least monthly;
(b) Review and update the plan of care every 60 days;
(c) Prepare orders as needed and accompany them by a signed progress note in the child's medical record; and,
(d) Co-sign verbal orders no more than 72 hours after the order is given. Physician orders may be transmitted by facsimile machine. It is not necessary for a physician to re-sign a facsimile order when he or she visits a nursing home. Orders transmitted via computer mail are not acceptable. Verbal orders not co-signed within seventy-two (72) hours shall not be held against the nursing home if it has documented timely, good-faith efforts to obtain said co-signed orders.
(5) The following must be completed for each child. A registered nurse must be responsible for ensuring these tasks are accomplished:
(a) Informing the attending physician and medical director of beneficial and untoward effects of the therapeutic interventions;
(b) Maintaining the child's record in accordance with nursing home policies and procedures; and,
(c) Instructing or arranging for the instruction of the parent(s), legal guardian(s), or other caretakers(s) on how to provide the necessary interventions, how to interpret responses to therapies, and how to manage unexpected responses in order

to facilitate a smooth transition from the nursing home to the home or other placement. This instruction must cover care coordination and must gradually pass the role of care coordinator to the parent or legal guardian, as appropriate.
(6) In addition to the requirements of Rule 59A-4.133, F.A.C., the nursing home must provide the following:
(a) A minimum of 100 square feet in a single bedroom and 80 square feet per child in multiple bedrooms;
(b) Bathroom and bathing facilities appropriate to the child's needs to allow for:
1. Toileting functions with privacy (a door to the bathroom must be provided); and,
2. Stall showers and tubs.
(c) There must be indoor activities area that:
1. Encourage exploration and maximize the child's capabilities;
2. Accommodate mobile and non-mobile children; and,
3. Support a range of activities for children and adolescents of varying ages and abilities.
(d) There must be an outdoor activity area that is:
1. Secure with areas of sun and shade;
2. Free of safety hazards; and,
3. Equipped with age appropriate recreational equipment for developmental level of children and has storage space for same.
(e) All furniture and adaptive equipment must be physically appropriate to the developmental and medical needs of the children;
(f) Other equipment and supplies must be made available to meet the needs of the children as prescribed or recommended by the attending physician or medical director and in accordance with professional standards of care.
(7) For those nursing homes who admit children age 0 through 15 years of age the following standards apply in addition to those above and throughout Chapter 59A-4, F.A.C.

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(a) Each child must have an assessment upon admission by licensed physical, occupational, and speech therapists who are experienced in working with children. Therapies must be administered based upon the outcome of these assessments and the orders of the child's physician.
(b) The nursing home must have a contract with a board certified pediatrician who serves as a consultant and liaison between the nursing home and the medical community for quality and appropriateness of services to children.
(c) The nursing home must essure that pediatric physicians are available for routine and emergency consultation to meet the children's needs.
(d) The nursing home must ensure that children reside in distinct and separate units from adults.
(e) The nursing home must provide access to emergency and other forms of transportation for children.
(f) At least one licensed health care staff person with current Pediatric Advanced Life Support (PALS) certification for children must be on the unit where children are residing at all times.
(g) The nursing home must maintain an Emergency Medication Kit of pediatric medications, as well as adult dosages for those children who require adult doses. The contents in the Emergency Medication Kit must be determined by the children's needs in consultation with the Medical Director, Director of Nursing, a registered nurse who has current experience working with children, and a Pharmacist who has pediatric expertise. The kit must be readily available and must be kept sealed. All items in the kit must be properly labeled. The nursing home must maintain an accurate log of receipt and disposition of each item in the Emergency Medication Kit. An inventory to include expiration dates of the contents of the Emergency Medication Kit must be attached to the outside of the kit. If the seal is broken, the kit must be restocked and resealed the next business day after use.

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(h) Each nursing home must develop, implement, and maintain a written staff education plan which ensures a coordinated program for staff education for all nursing home employees who work with children. The plan must:
1. Be reviewed at least annually by the quality assurance committee and revised as needed.
2. Include both pre-service and in-service programs. In-service for each department must include pediatric-specific requirements as relevant to its discipline.
3. Ensure that education is conducted annually for all nursing home employees who work with children in the following areas:
a. Childhood diseases to include prevention and control of infection;
b. Childhood accident prevention and safety awareness programs; and,
4. Ensure that all employees of the nursing home complete an initial educational course on HIV and AIDS, preferably pediatric HIV and AIDS in accordance with Section 381.0035, F.S. If the employee does not have a certificate of completion at the time they are hired, they must have completed the course within six months of employment.
(i) All nursing home staff must receive in-service training in and demonstrate awareness of issues particular to pediatric residents annually.
(8) The nursing home must have at least one registered nurse for every 40 children. This registered nurse must be on duty, onsite, 24 hours per day on the unit where the children reside.
(9) A qualified dietitian with knowledge, expertise and experience in the nutritional management of medically involved children must evaluate the needs and special diet of each child at least every 60 days.
(10) The pharmacist must have access to appropriate knowledge concerning pediatric pharmaceutical procedures, i.e., total parenteral nutrition (TPN) infusion regime and be

familiar with pediatric medications and dosages.
(11) The nursing home must maintain or contract as needed for pediatric dental services.
(12) Safety equipment, such as, child proof safety latches on closets, cabinets, straps on all seating services, locks on specific storage cabinets, bumper pads on cribs and car seats for transporting must be used whenever appropriate to ensure the safety of the child.
(13) Pediatric equipment and supplies must be available as follows:
(a) Suction machines, one per child requiring suction, plus one suction machine for emergency use;
(b) Oxygen, in portable tanks with age appropriate supplies;
(c) Thermometers;
(d) Spyhgmomanometers, stethoscopes, otoscopes; and,
(e) Apnea monitor and pulse oximeter.
(14) Other equipment and supplies must be made available to meet the needs of the children as prescribed or recommended by the attending physician or medical director and in accordance with professional standards of care.
(15) Prior to initiating or expanding services to pediatric residents, the nursing home licensee or applicant must receive written approval from the Agency. In order to convert existing nursing home beds to pediatric beds, nursing home licensees must:
(a) Have a standard license pursuant to Section 400.062, F.S.;
(b) Submit approval from the Office of Plans and Construction based upon submission of plans and specifications of the building for approval as outlined in Rule 59A-4.133, F.A.C.;
(c) Submit a completed Health Care Licensing Application, Nursing Homes, AHCA Form 3110-6001, as incorporated in Rule 59A-4.103, F.A.C., no less than 30 days prior to the anticipated date that services will be provided. The application must include the number and configuration of beds to be used to serve pediatric residents and a listing of services that will be

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provided.
(16) Approval to provide pediatric services shall be based upon demonstration of compliance with this rule and Chapter 400, Part II, F.S.
(17) Any changes in pediatric services, including cessation of services, must be reported to the Agency in writing at least 30 days prior to the change.

ST - N0280 - Geriatric Outpatient Clinic Standards

Title Geriatric Outpatient Clinic Standards

Type Rule

59A-4.150, FAC

Regulation Definition

59A-4.150 Geriatric Outpatient Clinic.
(1) Definitions:
(a) Appropriate Resources - those service providers who provide most effectively and efficiently the specific services needed by the geriatric patient.
(b) Geriatric Outpatient Clinic - a site in a nursing home treatment room for the provision of health care to geriatric patients on an outpatient basis which is staffed by a registered nurse or by a physician's assistant or a licensed practical nurse under the direct supervision of a registered nurse, advanced practice registered nurse (APRN), physical assistant or a physician.
(c) Geriatric Patient - any patient who is 60 years of age or older.
(d) Pre-established Protocols - a statement prepared by or with the responsible or attending physician and/or physician assistant and advanced practice registered nurse (APRN) defining the extent and limits of the medical services provided by the nurse. Such protocols are to be reviewed at periods not to exceed one year, to be dated and signed by the physician,

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and to be kept readily available.
(e) Responsible Physician - the licensed physician delegated by the supervising physician as responsible for the services rendered by the registered nurse, physician's assistant, advanced practice registered nurse (APRN) or a licensed practical nurse under the direct supervision of a registered nurse, advanced practice registered nurse (APRN), physician assistant or a physician in the absence of the supervising physician.
(f) Routine Health Care - preventive care, detection of health problems, referral for medical care, and management of chronic illness within medical prescriptions.
(g) Substantive Change - a change in the patient's condition indicating the need for change in treatment and/or medication orders.
(h) Supervising Physician - the licensed physician assuming responsibility and legal liability for the services rendered by the registered nurse, physician's assistant, advanced practice registered nurse (APRN) or a licensed practical nurse under the direct supervision of a registered nurse, advanced practice registered nurse (APRN), physician assistant or a physician. (Sections 458.135(2)(e), 459.151(2), (3), F.S.)
(i) Treatment Room - the room or suite of rooms set aside for the examination and care of patients.
(2) Applications.
(a) The nursing home licensee must submit a letter to the Agency for Health Care Administration, Long-Term Care Unit, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308, stating intent to establish a geriatric outpatient clinic in compliance with Chapter 400, F.S., and this rule. Such notice may also be provided at the time of initial licensure or licensure renewal. This letter must be sent at least sixty (60) days prior to the anticipated date of the establishment of the clinic.
(b) The licensee must be compliant with Chapter 400, Part II,

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Chapter 408, Part II, F.S. this rule chapter and Florida Building Code during an inspection by the Agency.
(c) Receipt of the letter of notification stating compliance shall constitute authority to operate a geriatric outpatient clinic within the facility.
(d) Application for renewal of authority to operate a geriatric outpatient clinic must be submitted in the manner described above at the same time the application for the nursing home licensure renewal is submitted.
(e) Suspension or revocation of the nursing home license automatically suspends or revokes authority to operate the geriatric outpatient clinic.
(3) Treatment Rooms and Access Areas.
(a) Plant maintenance and housekeeping must be in accordance with Rule 59A-4.122, F.A.C.
(b) Every nursing home licensee conducting a geriatric outpatient clinic must:
1. Use an existing treatment room exclusively for the examination and treatment of patients.
2. Store supplies and equipment in such a manner that safeguards patients and staff from hazards.
3. Have a waiting area which does not interfere with regular in-patient functions.
4. Provide clinic patients with the most direct route to and from the treatment room.
(4) Administration.
(a) The business and administrative management of the geriatric outpatient clinic must be under the management control of the nursing home administrator. This must include, maintenance of the following written records;
1. An accident and incident record, containing a clear description of each accident and any other incident hazardous or deviant behavior of a patient or staff member with names of individuals involved, description of medical and other services provided, by whom such services were provided and the steps

taken to prevent recurrence.
2. Personnel records for each clinic employee and/or contractual provider. Employees of a geriatric outpatient clinic must have a Level 2 background screening as required in Section 408.809 and Chapter 435, F.S. These records must be kept updated and include current Florida license and certificate numbers. The original application for the position, references furnished and an annual performance evaluation must be included.
3. A record of personnel policies, including statement of policies affecting personnel and a job description for each person providing clinic services.
4. Clinic Schedule.
5. Compliance with the requirements of Title VI of the Civil Rights Act of 1964, § 2000, effective date July 2, 1964, is incorporated herein by reference at http://www.flrules.org/Gateway/reference.asp?No=Ref-06377 and http://www.gpo.gov/fdsys/pkg/USCODE-2008-title42/html/USCODE-2008-title42-chap21-subchapV.htm.
(b) The provision of health services through geriatric outpatient clinics must be under the direct management control of the registered nurse, physician's assistant or a licensed practical nurse under the direct supervision of a registered nurse, advanced practice registered nurse (APRN), physician assistant or physician, providing those services. The licensee must oversee the provision of health services to ensure all health services are provided to protect the health, safety and well-being of the patients. The licensee must also:
1. Maintain the confidentiality of clinical records for each patient as required in this rule, Section 400.022(m) and 400.0222, F.S., Title 42 Code of Federal Regulation § 483.10, effective October 1, 2003, Title 45 Code of Federal Regulation Chapters 160, 162 and 164 with an effective date of August 14, 2002, which is incorporated by reference and

available at http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=%2Findex.tpl.
2. Develop and periodically review the written policies and protocols governing patient care, including emergency procedures.
3. Develop and periodically review the patient referral system.
4. Administer and handle drugs and biological as required in this rule, Chapter 400 Part II, F.S., Title 42 C.F.R. §§ 483.25(1) and 483.25(m), effective October 1, 2014 and incorporated by reference and available at http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-25.xml and at http://www.flrules.org/Gateway/reference.asp?No=Ref-06378; and 42 C.F.R. § 483.60, effective October 1, 2014, which is incorporated by reference and available at http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-60.xml and http://www.flrules.org/Gateway/reference.asp?No=Ref-06379.
5. Maintain an individual and cumulative clinic census record.
6. Coordinate patient care with the attending physician and other community health and social agencies and/or facilities.
7. Maintain a safe and sanitary clinic environment.
(5) Fiscal Management.
(a) There must be a recognized system of accounting used to accurately reflect business details of the clinic operation, documentation of all transactions and services kept separate from the nursing home's fiscal records.
(b) A reasonable fee, based on cost of operation and services, may be charged for clinic services rendered.
(c) Personnel involved in operating and/or providing clinic services must not:
1. Pay any commission, bonus, rebate or gratuity to any organization, agency, physician, employee or other person for referral of any patients to the clinic.

2. Request or accept any remuneration, rebate, gift, benefit, or advantage of any form from any vendor or other supplier because of the purchase, rental, or loan, of equipment, supplies or services for the resident and/or patient.
(6) Personnel Policies.
(a) Staff in the geriatric outpatient nurse clinic must be governed by the personnel standards in this rule, Section 400.141, F.S., Title 42 Code of Federal Regulation § 483.75, effective October 1, 2014, and incorporated by reference and available at http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-75.xml and http://www.flrules.org/Gateway/reference.asp?No=Ref-06382, 42 C.F.R. § 483.30, effective October 1, 2014, which is incorporated by reference and available at http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-30.xml and http://www.flrules.org/Gateway/reference.asp?No=Ref-06383.
(b) Staff in the geriatric outpatient clinic must be qualified and sufficient in numbers to perform the necessary services.
(c) Services of this clinic must not reduce the minimum staffing standards for in-patient care.
(d) Staff in the geriatric outpatient clinic may be regularly employed or serve on a contractual basis.
(7) Personnel Functions and Responsibilities.
(a) The registered nurse, advanced practice registered nurse (APRN), physician assistant or a licensed practical nurse under the direct supervision of a registered nurse, APRN, physician assistant or physician staffing the geriatric outpatient clinic must:
(b) Be responsible for eliciting and recording a health history, observation and assessment nursing diagnosis, counseling and health teaching of patients and the maintenance of health and prevention of illness.
(c) Provide treatment for the medical aspects of care according

to pre-established protocols or physician's orders.
(d) Note findings and activities on the clinical record.
(e) Provide progress reports to the attending physicians about patients under the physician's care when there is a substantive change in the patient's condition, there are deviations from the plan of care, or at least every sixty (60) days.
(8) Patient Eligibility Criteria.
(a) Acceptance of patients and discharge policies must include the following:
(b) Patients must be accepted for clinic services on self-referral for nursing care, or upon a plan of treatment established by the patient's attending physician.
(c) Patients with an attending physician will be held responsible for providing the clinic with a written medical plan of treatment reviewed and signed by their physician.
(d) When services are to be terminated, the patient must be notified of the date of termination and the reason for termination which shall be documented in the patient's clinical record. A plan shall be developed for a referral made for any continuing care required.
(9) Patient's Rights.
(a) The nursing home licensee must adopt, implement and make public a statement of the rights and responsibilities of the clinic patients and must treat such patients in accordance with the provisions of the statement. This statement must be conspicuously posted and available to clinic patients in pamphlet form. The statement must ensure each patient the following:
1. The right to have private communication with any person of his or her choice.
2. The right to present grievances on behalf of himself, herself, or others to the facility's staff or administrator, to government officials, or to any person without fear of reprisal, and to join with other patients or individuals to work for improvements in patient care.

3. The right to be fully informed in writing, prior to or at the time of admission and during his or her attendance, of fees and services not covered under Title XVIII or Title XIX of the Social Security Act or other third party reimbursement agents.
4. The right to be adequately informed of his or her medical condition and proposed treatment unless otherwise indicated in the written medical plan of treatment by the physician, and to participate in the planning of all medical treatment, including the right to refuse medication and treatment, unless otherwise indicated in the written medical plan of treatment by the physician, and to know the consequences of such actions.
5. The right to receive adequate and appropriate health care consistent with established and recognized practice standards within the community and with the rules promulgated by the Agency.
6. The right to have privacy in treatment and in caring for personal needs and confidentiality of personal and medical records.
7. The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement of the services provided by the nursing home licensee.
(b) Any violation of the patient's rights set forth in this section shall constitute grounds for action by the Agency under the provisions of Section 400.102, F.S.
(10) The scope of services of the Geriatric Outpatient Clinic must include:
(a) Observation of signs and symptoms.
(b) Assessment of health status/progress.
(c) Nursing diagnosis and plan of care.
(d) Nursing care of patients and counseling to maintain health and prevent disease, including diet counseling.
(e) Health instruction to control progression of disease and/or disability and self-care measures.
(f) Administration of medication and treatment as prescribed by a person licensed in this state to prescribe such medications

and treatment.
(g) Provision of progress reports to the attending physician.
(h) Referral for additional services as needed.
(i) Follow-up on a regular basis by communication with the patient, the patient's physician, and other agencies or persons to which referrals were made.
(j) When staffed by an APRN or physician's assistant, additional services may be provided dependent upon their respective certification authority. (Sections 458.347 and 459.022, F.S.)
(11) Clinical Records.
(a) The clinic must maintain a clinical record for every patient receiving health services that contain the following:
1. Identification data including name, address, telephone number, date of birth, sex, social security number, clinic case number if used, next of kin or guardian and telephone number, name and telephone number of patient's attending physician.
2. Assessment of problems.
3. A health care plan including diagnoses, type, and frequency of services and when receiving medications and medical treatments, the medical treatment plan and dated signature of the physician or designee licensed in this state to prescribe such medications and treatments.
4. Clinical notes, signed and dated by staff providing service.
a. Progress notes with changes in the patient's condition.
b. Services rendered with progress reports.
c. Observations.
d. Instructions to the patient and family.
e. Referrals made.
f. Consultation reports.
g. Case conferences.
h. Reports to physicians.
i. Termination summary which must include:
(I) Date of first and last visit.
(II) Total number of visits by discipline.

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(III) Reason for termination of service.
(IV) Evaluation of achievements of previously established goals at time of termination.
(V) Condition of patient on discharge.
j. Clinical records must be confidential. Information may be released by the nurse, APRN or physician's assistant responsible for clinical services only in accordance with state and federal regulations related to patient records and confidentiality.
(12) Medications. The clinic shall have policies and procedures for the administration of medications by health care professionals acting within the scope of practice defined by the Department of Health, chapter 464, part I, F.S. and rule 64B9-15.002, F.A.C., which must include the following:
(a) All prescriptions for medications must be noted on the patient record, and include the date, drug, dosage, frequency, method or site of administration, and the authorized health care professional's signature.
(b) All verbal orders for medication or medication changes must be taken by the clinic registered nurse, APRN or physician's assistant. Such must be in writing and signed by the authorized health care professional within eight (8) days and added to the patient's record.
(c) The clinic registered nurse, APRN or physician's assistant must record and sign for each medication administrated by drug, dosage, method, time and site on patient's record.
(d) An emergency plan for reversal of drug reaction to include the nursing licensee's pro re nata (P.R.N.) or "as needed" standing orders for medications available in the emergency drug kit.
(e) If there is not a separate emergency drug kit in the clinic, the nursing home licensee's emergency drug kit must be immediately accessible for use in the outpatient clinic.
(f) A drug storage system which includes:
1. Prescribed medications for individual outpatients may be

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retained in the clinic. These medications must be stored separately from those of the nursing home in-patients for preventive measures and the treatment of minor illnesses.
2. Multi-dose containers must be limited to medications or biologicals commonly prescribed for preventive measures and the treatment of minor illnesses.
3. A list must be kept of patients receiving medication from multi-dose medication containers.

ST - N0300 - Life Safety & Building Code Standards

Title Life Safety & Building Code Standards

Type Rule

59A-4.130(1), FAC

Regulation Definition

(1) Each nursing home licensee must provide fire protection through the elimination of fire hazards as evidenced by compliance with the fire codes adopted by the State Fire Marshall. The fire codes adopted by the State Fire Marshal for nursing homes is contained Rule Chapter 69A-53, F.A.C., and is known as "Uniform Fire Safety Standards for Hospitals and Nursing Homes."

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ST - N0301 - Administrator Responsible for Fire/ Life Safe

Title Administrator Responsible for Fire/ Life Safe

Type Rule

59A-4.130(2), FAC

Regulation Definition

All fires or explosions shall be reported to the Agency's Office of Plans and Construction by telephone at (850)412-4477 or

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by fax at (850)922-6483 by the next working day after the occurrence. The nursing home licensee shall complete and submit a Fire Incident Report, AHCA form 3500-0031, July 2014, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-06023, to the Office of Plans and Construction and a copy to the appropriate Agency field office within 15 calendar days of the incident. All reports shall be complete and thorough and shall record the cause of the fire or explosion, the date and time of day it occurred, the location within the facility, how it was extinguished, any injuries which may have occurred and a description of the local fire department participation. The Fire Incident Report is available from the Agency for Health Care Administration, Office of Plans and Construction, 2727 Mahan Drive, Mail Stop 24, Tallahassee, Florida 32308 or at the web address: http://ahca.myflorida.com/plansandconstruction.

ST - N0302 - Reports of Fire/ Explosion

Title Reports of Fire/ Explosion

Type Rule

59A-4.130(3), FAC

Regulation Definition

(3) If a system failure of the fire alarm system, smoke detection system, or sprinkler system occurs, the following actions shall be taken by the licensee:
(a) Immediately notify the local fire department and document the response and any instructions given by the local fire department.
(b) Notify the Agency's Office of Plans and Construction and the appropriate Agency field office within one business day after the occurrence.
(c) Assess the extent of the condition, effect corrective action

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and document the estimated length of time for the corrective action. If the corrective action will take more than four hours, the following must be completed:
1. Implement a contingency plan to the facility fire plan containing a description of the problem, a specific description of the system failure, and the projected correction period. All staff on the shifts involved must have documented in-service training for the emergency contingency.
2. Begin a documented fire watch until the system is restored. Staff performing the fire watch must be trained in appropriate observations and actions, as well as be able to expeditiously contact the fire department. To maintain a fire watch, the licensee must utilize only certified public fire safety personnel, a security guard service, or facility staff. If facility staff are used for this function, they must meet the following criteria:
a. Be off duty from their regular facility position or assigned only to fire watch duty. The licensee must maintain compliance with direct care staffing requirements at all times;
b. Be trained and competent, as determined by the licensee, in the duties and responsibilities of a fire watch;
c. Have immediate access to two-way electronic communication.
3. If the projected correction period changes or the system is restored to normal operation, the licensee must notify the appropriate Agency's field office and local fire authorities.

ST - N0303 - Copies of Fire Reports to AHCA - 10 days

Title Copies of Fire Reports to AHCA - 10 days

Type Rule

59A-4.130(4), FAC

Regulation Definition

(4) External Emergency Communication. Each newly constructed facility that has not received a Preliminary Stage

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II Plan Approval from the Office of Plans and Construction by June 1, 2015, shall 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. 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 that can be shown to maintain uninterrupted electronic communications not dependent on a land-based transmission must be approved by the Agency's Office of Plans and Construction.

ST - N0400 - Clinical Laboratory Standards

Title Clinical Laboratory Standards

Type Rule

400.0625(1), FS

Regulation Definition

(1) Each nursing home, as a requirement for issuance or renewal of its license, shall require that all clinical laboratory tests performed for the nursing home be performed by a laboratory appropriately certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder, except for such self-testing procedures as are approved by the agency by rule.

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ST - N0401 - Xray Standards

Title Xray Standards

Type Standard

400.0625(2), FS

Regulation Definition

(2) Each nursing home, as a requirement for issuance or renewal of its license, shall establish minimum standards for acceptance of results of diagnostic X rays performed by or for the nursing home. Such minimum standards shall require licensure or registration of the source of ionizing radiation under the provisions of chapter 404. Diagnostic X-ray results which meet the minimum standards shall be accepted in lieu of routine examinations required upon admission and in lieu of diagnostic X rays which may be ordered by a physician for residents of the nursing home.

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ST - N0402 - Provide Resident Access to Services

Title Provide Resident Access to Services

Type Rule

400.141(1)(e), FS

Regulation Definition

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(e) Provide for the access of the facility residents to dental and other health-related services, recreational services, rehabilitative services, and social work services appropriate to their needs and conditions and not directly furnished by the

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licensee. When a geriatric outpatient nurse clinic is conducted in accordance with rules adopted by the agency, outpatients attending such clinic shall not be counted as part of the general resident population of the nursing home facility, nor shall the nursing staff of the geriatric outpatient clinic be counted as part of the nursing staff of the facility, until the outpatient clinic load exceeds 15 a day.

ST - N0403 - Respite, Adult Day Care Conditions

Title Respite, Adult Day Care Conditions

Type Rule

400.141(1)(f), FS; 400.172 FS

Regulation Definition

400.141(1)
Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(f) Be allowed and encouraged by the agency to provide other needed services under certain conditions. If the facility has a standard licensure status, it may provide services, including, but not limited to, respite, therapeutic spa, and adult day services to nonresidents of the facility. A facility is not subject to any additional licensure requirements for providing these services. Respite care may be offered to persons in need of short-term or temporary nursing home services. Respite care must be provided in accordance with this part. Providers of adult day services must comply with the requirements of s. 429.905(2). The agency shall allow for shared programming and staff in a facility which meets minimum standards and offers services pursuant to this paragraph, but, if the facility is cited for deficiencies in patient care, may require additional staff and programs appropriate to the needs of service recipients. A person who receives respite care may not be

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counted as a resident of the facility for purposes of the facility's licensed capacity unless that person receives 24-hour respite care. A person receiving either respite care for 24 hours or longer or adult day services must be included when calculating minimum staffing for the facility. Any costs and revenues generated by a nursing home facility from nonresidential programs or services shall be excluded from the calculations of Medicaid per diems for nursing home institutional care reimbursement.

400.172 Respite care provided in nursing home facilities.-
(1) For each person admitted for respite care as authorized under s. 400.141(1)(f), a nursing home facility operated by a licensee must:
(a) Have a written abbreviated plan of care that, at a minimum, includes nutritional requirements, medication orders, physician orders, nursing assessments, and dietary preferences. The nursing or physician assessments may take the place of all other assessments required for full-time residents.
(b) Have a contract that, at a minimum, specifies the services to be provided to a resident receiving respite care, including charges for services, activities, equipment, emergency medical services, and the administration of medications. If multiple admissions for a single person for respite care are anticipated, the original contract is valid for 1 year after the date the contract is executed.
(c) Ensure that each resident is released to his or her caregiver or an individual designated in writing by the caregiver.
(2) A person admitted under the respite care program shall:
(a) Be exempt from department rules relating to the discharge planning process.
(b) Be covered by the residents ' rights specified in s. 400.022(1)(a)-(o) and (r)-(t). Funds or property of the resident are not to be considered trust funds subject to the requirements

of s. 400.022(1)(h) until the resident has been in the facility for more than 14 consecutive days.
(c) Be allowed to use his or her personal medications during the respite stay if permitted by facility policy. The facility must obtain a physician ' s order for the medications. The caregiver may provide information regarding the medications as part of the nursing assessment, and that information must agree with the physician ' s order. Medications shall be released with the resident upon discharge in accordance with current physician ' s orders.
(d) Be entitled to reside in the facility for a total of 60 days within a contract year or for a total of 60 days within a calendar year if the contract is for less than 12 months. However, each single stay may not exceed 14 days. If a stay exceeds 14 consecutive days, the facility must comply with all assessment and care planning requirements applicable to nursing home residents.
(e) Reside in a licensed nursing home bed.
(3) A prospective respite care resident must provide medical information from a physician, physician assistant, or nurse practitioner and any other information provided by the primary caregiver required by the facility before or when the person is admitted to receive respite care. The medical information must include a physician ' s order for respite care and proof of a physical examination by a licensed physician, physician assistant, or nurse practitioner. The physician ' s order and physical examination may be used to provide intermittent respite care for up to 12 months after the date the order is written.
(4) The facility shall assume the duties of the primary caregiver. To ensure continuity of care and services, the resident may retain his or her personal physician and shall have access to medically necessary services such as physical therapy, occupational therapy, or speech therapy, as needed. The facility shall arrange for transportation of the resident to these services, if necessary.

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ST - N0405 - Shared Programming and Staff

Title Shared Programming and Staff

Type Rule

400.141(1)(g), FS

Regulation Definition

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(g) If the facility has a standard license, exceeds the minimum required hours of direct care provided by licensed nurses and certified nursing assistants per resident per day, and is part of a continuing care facility licensed under chapter 651 or is a retirement community that offers other services pursuant to part III of this chapter or part I or part III of chapter 429 on a single campus, be allowed to share programming and staff. At the time of inspection, a continuing care facility or retirement community that uses this option must demonstrate through staffing records that minimum staffing requirements for the facility were met. Licensed nurses and certified nursing assistants who work in the facility may be used to provide services elsewhere on campus if the facility exceeds the minimum number of direct care hours required per resident per day and the total number of residents receiving direct care services from a licensed nurse or a certified nursing assistant does not cause the facility to violate the staffing ratios required under s. 400.23(3)(b) Compliance with the minimum staffing ratios must be based on the total number of residents receiving direct care services, regardless of where they reside on campus. If the facility receives a conditional license, it may not share staff until the conditional license status ends. This paragraph does not restrict the agency's authority under federal or state law to require additional staff if a facility is cited for

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If the facility is part of a continuing care facility licensed under chapter 651 or is a continuing care retirement community (CCRC), review the completed AHCA form "Calculating State Minimum Nursing Staff for Long Term Care Facilities" for the requested 2 week period, to determine if the facility has exceeded the minimum required hours of direct care staff provided by licensed nurses and certified nursing assistants per day.

Ask the facility administrator if any of the nursing home programming and staff are shared in the continuing care community. If the nursing home uses this option, then request staffing records to confirm that the minimum staffing requirements are met.

If staffing ratios are not met, interview the nursing home staffing coordinator, the Director of Nursing, and the nursing home administrator about their staffing practices.

Review facility policies for staffing and look to see if there is a negative impact on the nursing home resident care and services.

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deficiencies in care which are caused by an insufficient number of certified nursing assistants or licensed nurses. The agency may adopt rules for the documentation necessary to determine compliance with this provision.

ST - N0407 - Dietary Services

Title Dietary Services

Type Rule

400.141(1)(i), FS

Regulation Definition

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(i) If the licensee furnishes food service, provide a wholesome and nourishing diet sufficient to meet generally accepted standards of proper nutrition for its residents and provide such therapeutic diets as may be prescribed by attending physicians. In making rules to implement this paragraph, the agency shall be guided by standards recommended by nationally recognized professional groups and associations with knowledge of dietetics.

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ST - N0410 - Share Personnel Records with Other Facilities

Title Share Personnel Records with Other Facilities

Type Rule

400.141(1)(l), FS

Regulation Definition

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

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(l) Furnish copies of personnel records for employees affiliated with such facility, to any other facility licensed by this state requesting this information pursuant to this part. Such information contained in the records may include, but is not limited to, disciplinary matters and any reason for termination. Any facility releasing such records pursuant to this part shall be considered to be acting in good faith and may not be held liable for information contained in such records, absent a showing that the facility maliciously falsified such records.

ST - N0411 - Community Pharmacy/ Repackaging

Title Community Pharmacy/ Repackaging

Type Rule

400.141(1)(d), FS

Regulation Definition

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(d) Provide for resident use of a community pharmacy as specified in s. 400.022(1)(q). Any other law to the contrary notwithstanding, a registered pharmacist licensed in Florida, that is under contract with a facility licensed under this chapter or chapter 429, shall repackage a nursing facility resident's bulk prescription medication which has been packaged by another pharmacist licensed in any state in the United States into a unit dose system compatible with the system used by the nursing facility, if the pharmacist is requested to offer such service. In order to be eligible for the repackaging, a resident or the resident's spouse must receive prescription medication benefits provided through a former employer as part of his or her retirement benefits, a qualified pension plan as specified in

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s. 4972 of the Internal Revenue Code, a federal retirement program as specified under 5 C.F.R. part 831, or a long-term care policy as defined in s. 627.9404(1). A pharmacist who correctly repackages and relabels the medication and the nursing facility which correctly administers such repackaged medication under this paragraph may not be held liable in any civil or administrative action arising from the repackaging. In order to be eligible for the repackaging, a nursing facility resident for whom the medication is to be repackaged shall sign an informed consent form provided by the facility which includes an explanation of the repackaging process and which notifies the resident of the immunities from liability provided in this paragraph. A pharmacist who repackages and relabels prescription medications, as authorized under this paragraph, may charge a reasonable fee for costs resulting from the implementation of this provision.

ST - N0412 - Immunization Requirements

Title Immunization Requirements

Type Rule

400.141(1)(s-u), FS

Regulation Definition

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(s) Before November 30 of each year, subject to the availability of an adequate supply of the necessary vaccine, provide for immunizations against influenza viruses to all its consenting residents in accordance with the recommendations of the United States Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or personal beliefs. Subject to these exemptions, any consenting person who becomes a

Interpretive Guideline

resident of the facility after November 30 but before March 31 of the following year must be immunized within 5 working days after becoming a resident. Immunization shall not be provided to any resident who provides documentation that he or she has been immunized as required by this paragraph. This paragraph does not prohibit a resident from receiving the immunization from his or her personal physician if he or she so chooses. A resident who chooses to receive the immunization from his or her personal physician shall provide proof of immunization to the facility. The agency may adopt and enforce any rules necessary to comply with or implement this paragraph.

(t) Assess each resident within 5 business days after admission for eligibility for pneumococcal vaccination or revaccination. If indicated, the resident shall be vaccinated or revaccinated within 60 days after admission in accordance with the recommendations of the United States Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or personal beliefs. Immunization may not be provided to a resident who provides documentation that he or she has been immunized as required by this paragraph. A resident may elect to receive the immunization from his or her personal physician and, if such election is made, the resident shall provide proof of the immunization to the facility. The agency may adopt and enforce any rules necessary to comply with or implement this paragraph.

(u) Annually encourage and promote to its employees the benefits associated with immunizations against influenza viruses in accordance with the recommendations of the United States Centers for Disease Control and Prevention. The agency may adopt and enforce any rules necessary to comply with or implement this paragraph.

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ST - N0415 - Itemized Bill for Resident

Title Itemized Bill for Resident

Type Rule

400.165(1), FS

Regulation Definition	Interpretive Guideline
(1) Within 7 days following discharge or release from a nursing home, or within 7 days after the earliest date at which the cost of all goods or services provided on behalf of the resident are billed to the facility, the nursing home shall submit to the resident, or to his or her survivor or legal guardian, an itemized statement detailing in language comprehensible to an ordinary layperson the specific nature of charges or expenses incurred by the resident. The initial billing shall contain a statement of specific services received and expenses incurred for such items of service, enumerating in detail the constituent components of the services received within each department of the nursing home and including unit price data on rates charged by the nursing home as may be prescribed by the agency.	

ST - N0416 - Content of Itemized Bill Statement

Title Content of Itemized Bill Statement

Type Rule

400.165(2-5) FS

Regulation Definition	Interpretive Guideline
(2) Each statement shall: (a) Not include charges of nursing home-based physicians if billed separately.	

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(b) Not include any generalized category of expenses such as "other" or "miscellaneous" or similar categories.
(c) List drugs by brand or generic name and may not refer to drug code numbers when referring to drugs of any sort.
(d) Specifically identify therapy treatment as to the date, type, and length of treatment when therapy treatment is a part of the statement. The person receiving a statement pursuant to this section shall be fully and accurately informed as to each charge and service provided by the institution preparing the statement.
(3) On each itemized statement there shall appear the words "A FOR-PROFIT (or NOT-FOR-PROFIT or PUBLIC) NURSING HOME LICENSED BY THE STATE OF FLORIDA" or substantially similar words sufficient to identify clearly and plainly the ownership status of the nursing home.
(4) In any billing for services subsequent to the initial billing for such services, the resident, or the resident's survivor or legal guardian, may elect, at his or her option, to receive a copy of the detailed statement of specific services received and expenses incurred for each such item of service as provided in subsection (1).
(5) No physician, dentist, or nursing home may add to the price charged by any third party except for a service or handling charge representing a cost actually incurred as an item of expense; however, the physician, dentist, or nursing home is entitled to fair compensation for all professional services rendered. The amount of the service or handling charge, if any, shall be set forth clearly in the bill to the resident.

ST - N0420 - Dementia/ Cog Impairment Refer for Eval

Title Dementia/ Cog Impairment Refer for Eval

Type Rule

400.141(1)(o), FS

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Regulation Definition

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(o) Notify a licensed physician when a resident exhibits signs of dementia or cognitive impairment or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such dementia or impairment. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall, with the appropriate health care provider, arrange for the necessary care and services to treat the condition.

Interpretive Guideline

ST - N0424 - Liability Insurance Required

Title Liability Insurance Required

Type Rule

400.141(1)(q), FS

Regulation Definition

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:
(q) Maintain general and professional liability insurance coverage that is in force at all times. In lieu of such coverage, a state-designated teaching nursing home and its affiliated assisted living facilities created under s. 430.80 may demonstrate proof of financial responsibility as provided in s. 430.80(3)(g).

Interpretive Guideline

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ST - N0426 - Charting A D Ls

Title Charting A D Ls

Type Rule

400.141(1)(r), FS

Regulation Definition

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(r) Maintain in the medical record for each resident a daily chart of direct care services provided to the resident. The direct care staff caring for the resident must complete this record by the end of his or her shift. This record must indicate assistance with activities of daily living, assistance with eating, assistance with drinking, and must record each offering of nutrition and hydration for those residents whose plan of care or assessment indicates a risk for malnutrition or dehydration.

Interpretive Guideline

Facilities must:

1) Identify residents at nutritional risk and risk of dehydration;
2) Develop a plan of care to prevent a decline in nutritional status and/or hydration;
3) Implement interventions/approaches from the plan;
4) Evaluate the effectiveness of the interventions/approaches;
5) Determine and provide necessary services for resident ADLs.

Look for direct care staff documentation of the offering of nutrition and hydration for residents whose plan of care or assessment indicate a risk for malnutrition or dehydration. If concerns are identified, interview the direct care staff responsible for offering the residents nutrition and hydration. Review the facility policies.

Interview the Director of Nursing and/or other administrative staff about the concern.

Look to see if there is a negative impact on the nursing home residents care and services.

ST - N0428 - AHCA Information Poster Required

Title AHCA Information Poster Required

Type Rule

400.141(1)(m), FS

Regulation Definition

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

Interpretive Guideline

Verify facility is displaying the Agency poster containing the names, addresses, and telephone numbers for the state's abuse hotline, the State Long-Term Care Ombudsman, the Agency for Health Care Administration consumer hotline,

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(m) Publicly display a poster provided by the agency containing the names, addresses, and telephone numbers for the state's abuse hotline, the State Long-Term Care Ombudsman, the Agency for Health Care Administration consumer hotline, the Advocacy Center for Persons with Disabilities, the Florida Statewide Advocacy Council, and the Medicaid Fraud Control Unit, with a clear description of the assistance to be expected from each.

the Advocacy Center for Persons with Disabilities, the Florida Statewide Advocacy Council, and the Medicaid Fraud Control Unit.

ST - N0430 - Survey Results Posted

Title Survey Results Posted

Type Rule

400.191(5)(a)1 FS

Regulation Definition

(5) Every nursing home facility licensee shall:
(a) Post, in a sufficient number of prominent positions in the nursing home so as to be accessible to all residents and to the general public:
1. A concise summary of the last inspection report pertaining to the nursing home and issued by the agency, with references to the page numbers of the full reports, noting any deficiencies found by the agency and the actions taken by the licensee to rectify the deficiencies and indicating in the summaries where the full reports may be inspected in the nursing home.

Interpretive Guideline

The "last inspection report" means the report from the most recent standard survey and any subsequent extended surveys and any deficiencies resulting from any subsequent complaint investigations(s).

Check that the reports are posted in more than one location that is accessible to residents. This is to ensure that all residents, families, visitors and the general public have access to the reports without having to ask a staff person for them.

If the facility has a locked unit or an area of the facility with a separate entrance, check to see that the reports are posted in these locations.

ST - N0433 - Nursing Home Guide Posted

Title Nursing Home Guide Posted

Type Rule

400.191(5)(a)2, FS

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Regulation Definition	Interpretive Guideline
(5) Every nursing home facility licensee shall: (a) Post, in a sufficient number of prominent positions in the nursing home so as to be accessible to all residents and to the general public: 2. A copy of all of the pages that list the facility in the most recent version of the Nursing Home Guide.	Verify that the facility has posted all the pages listing the facility from the most recent version of the Florida Nursing Home Guide.

ST - N0500 - Discharge/ Transfer Requirements

Title Discharge/ Transfer Requirements

Type Rule

400.0255(1-2), FS; 59A-4.106(1)(f), FAC

Regulation Definition	Interpretive Guideline
400.0255 FS (1) As used in this section, the term: (a) "Discharge" means to move a resident to a noninstitutional setting when the releasing facility ceases to be responsible for the resident's care. (b) "Transfer" means to move a resident from the facility to another legally responsible institutional setting. (2) Each facility licensed under this part must comply with subsection (9) and s. 400.022(1)(p) when deciding to discharge or transfer a resident. 59A-4.106(1)(f) FAC (f) All resident transfers and discharges must be in accordance with the facility's policies and procedures, provisions of Sections 400.022 and 400.0255, F.S., this rule, and Title 42 Code of Federal Regulations section 483.12(a), revision date October 1, 2014, herein incorporated by reference and available at http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CF	

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R-2014-title42-vol5-sec483-12.xml and http://www.flrules.org/Gateway/reference.asp?No=Ref-06375, and will include notices provided to residents by using Nursing Home Transfer and Discharge Notice, AHCA Form 3120-0002, April 2014, herein incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-06017, "the Fair Hearing Request for Transfer or Discharge From a Nursing Home, AHCA Form 3120-0003, April 2014, herein incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-06018, the Long-Term Care Ombudsman Council Request for Review of Nursing Home Discharge and Transfer, AHCA Form 3120-0004, April 2014, herein incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-06019 or the Spanish language version, Solicitud de Revisión de Long-Term Care Ombudsman de la Dada de Alta o El Traslado de un Hogar de Ancianos, AHCA Form 3120-0004A, April 2014, herein incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-06020. These forms may also be obtained from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308 or at the web address http://ahca.myflorida.com/.

ST - N0501 - Discharge/ Transfer Notice Signatures

Title Discharge/ Transfer Notice Signatures

Type Rule

400.0255(3), FS

Regulation Definition

(3) When a discharge or transfer is initiated by the nursing home, the nursing home administrator employed by the

Interpretive Guideline

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nursing home that is discharging or transferring the resident, or an individual employed by the nursing home who is designated by the nursing home administrator to act on behalf of the administration, must sign the notice of discharge or transfer. Any notice indicating a medical reason for transfer or discharge must either be signed by the resident's attending physician or the medical director of the facility, or include an attached written order for the discharge or transfer. The notice or the order must be signed by the resident's physician, medical director, treating physician, nurse practitioner, or physician assistant.

ST - N0502 - Notify AHCA of DC/ Transfer Physical Plant

Title Notify AHCA of DC/ Transfer Physical Plant

Type Rule

400.0255(4)(a), FS

Regulation Definition

(4)(a) Each facility must notify the agency of any proposed discharge or transfer of a resident when such discharge or transfer is necessitated by changes in the physical plant of the facility that make the facility unsafe for the resident.

Interpretive Guideline

ST - N0503 - Resident May Challenge Discharge/ Transfer

Title Resident May Challenge Discharge/ Transfer

Type Rule

400.0255(5), FS

Regulation Definition

(5) A resident of any Medicaid or Medicare certified facility may challenge a decision by the facility to discharge or

Interpretive Guideline

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transfer the resident.

ST - N0504 - Bed Reservation Refund

Title Bed Reservation Refund

Type Rule

400.0255(6), FS

Regulation Definition	Interpretive Guideline
(6) A facility that has been reimbursed for reserving a bed and, for reasons other than those permitted under this section, refuses to readmit a resident within the prescribed timeframe shall refund the bed reservation payment.	

ST - N0505 - 30- Day Notice Required

Title 30- Day Notice Required

Type Rule

400.0255(7), FS

Regulation Definition	Interpretive Guideline
(7) At least 30 days prior to any proposed transfer or discharge, a facility must provide advance notice of the proposed transfer or discharge to the resident and, if known, to a family member or the resident's legal guardian or representative, except, in the following circumstances, the facility shall give notice as soon as practicable before the transfer or discharge: (a) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility, and the circumstances are documented in the resident's medical records by the resident's physician; or (b) The health or safety of other residents or facility	

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employees would be endangered, and the circumstances are documented in the resident's medical records by the resident's physician or the medical director if the resident's physician is not available.

ST - N0506 - Discharge/ Transfer Notice

Title Discharge/ Transfer Notice

Type Rule

400.0255(8), FS

Regulation Definition

(8) The notice required by subsection (7) must be in writing and must contain all information required by state and federal law, rules, or regulations applicable to Medicaid or Medicare cases. The agency shall develop a standard document to be used by all facilities licensed under this part for purposes of notifying residents of a discharge or transfer. Such document must include a means for a resident to request the local long-term care ombudsman council to review the notice and request information about or assistance with initiating a fair hearing with the department's Office of Appeals Hearings. In addition to any other pertinent information included, the form shall specify the reason allowed under federal or state law that the resident is being discharged or transferred, with an explanation to support this action. Further, the form must state the effective date of the discharge or transfer and the location to which the resident is being discharged or transferred. The form must clearly describe the resident's appeal rights and the procedures for filing an appeal, including the right to request the local ombudsman council review the notice of discharge or transfer. A copy of the notice must be placed in the resident's clinical record, and a copy must be transmitted to the resident's legal guardian or representative and to the local ombudsman council within 5 business days after signature by

Interpretive Guideline

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the resident or resident designee.

ST - N0507 - Notify Ombudsman if Requested

Title Notify Ombudsman if Requested

Type Rule

400.0255(9), FS

Regulation Definition	Interpretive Guideline
(9) A resident may request that the State Long-Term Care Ombudsman Program or local ombudsman council review any notice of discharge or transfer given to the resident. When requested by a resident to review a notice of discharge or transfer, the local ombudsman council shall do so within 7 days after receipt of the request. The nursing home administrator, or the administrator's designee, must forward the request for review contained in the notice to the State Long-Term Care Ombudsman Program or local ombudsman council within 24 hours after such request is submitted. Failure to forward the request within 24 hours after the request is submitted shall toll the running of the 30-day advance notice period until the request has been forwarded.	

ST - N0508 - Discharge/ Transfer Fair Hearing

Title Discharge/ Transfer Fair Hearing

Type Rule

400.0255(10), FS

Regulation Definition	Interpretive Guideline
(10)(a) A resident is entitled to a fair hearing to challenge a facility's proposed transfer or discharge. The resident, or the resident's legal representative or designee, may request a	

hearing at any time within 90 days after the resident's receipt of the facility's notice of the proposed discharge or transfer.
(b) If a resident requests a hearing within 10 days after receiving the notice from the facility, the request shall stay the proposed transfer or discharge pending a hearing decision. The facility may not take action, and the resident may remain in the facility, until the outcome of the initial fair hearing, which must be completed within 90 days after receipt of a request for a fair hearing.
(c) If the resident fails to request a hearing within 10 days after receipt of the facility notice of the proposed discharge or transfer, the facility may transfer or discharge the resident after 30 days from the date the resident received the notice.

ST - N0509 - Emergency Discharge/ Transfer

Title Emergency Discharge/ Transfer

Type Rule

400.0255(11), FS

Regulation Definition

(11) Notwithstanding paragraph (10)(b), an emergency discharge or transfer may be implemented as necessary pursuant to state or federal law during the time after the notice is given and before the time a hearing decision is rendered. Notice of an emergency discharge or transfer to the resident, the resident's legal guardian or representative, and the State Long-Term Care Ombudsman Program or the local ombudsman council if requested pursuant to subsection (9) must be by telephone or in person. This notice shall be given before the transfer, if possible, or as soon thereafter as practicable. The State Long-Term Care Ombudsman Program or a local ombudsman council conducting a review under this subsection shall do so within 24 hours after receipt of the request. The resident's file must be documented to show who

Interpretive Guideline

Guidelines for Baker Act Discharges:

State statutes, Chapter 394.F.S., is to be followed to determine adherence to discharges specifically to psychiatric facilities. The revisions to the Florida Mental Health Act, Chapter 394,F.S., better known as the Baker Act, provide for enforcement authority for the Agency for Health Care Administration to take action against licensed providers found to be in violation of the act.

As provided in section 400.0255,F.S., notice of an emergency transfer of a nursing home resident must be given to the resident's guardian or representative by telephone or in person. This notice is required whether the transfer is voluntary or involuntary, and if possible be given before the transfer or as soon thereafter as possible.

Summary of Transfers:

Voluntary transfers to mental health facilities, facility must have evidence of a determination by mental health

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was contacted, whether the contact was by telephone or in person, and the date and time of the contact. If the notice is not given in writing, written notice meeting the requirements of subsection (8) must be given the next working day.

professional that resident is able to give advised consent.

Guidelines for Involuntary Examination: Persons in nursing homes, shall only be removed for involuntary examination based on:

Professional certificate completed by a physician, clinical psychologist, psychiatric nurse or clinical social worker; or

Law enforcement officer's report. Procedures: Surveyors should review the records of residents who have been transferred from the facility for involuntary examination.

Ex-parte order, issued by a court, which states that the person appears to meet the criteria for involuntary examination; or

Professional certificate signed by a licensed mental health professional; or

Law enforcement officer's report which has been completed prior to the patient being transported to a receiving facility.

ST - N0510 - Ombudsman Assistance Discharge/ Transfer

Title Ombudsman Assistance Discharge/ Transfer

Type Rule

400.0255(12), FS

Regulation Definition

(12) After receipt of any notice required under this section, the State Long-Term Care Ombudsman Program or local ombudsman council may request a private informal conversation with a resident to whom the notice is directed, and, if known, a family member or the resident's legal guardian or designee, to ensure that the facility is proceeding with the discharge or transfer in accordance with this section. If requested, the State Long-Term Care Ombudsman Program or the local ombudsman council shall assist the resident with filing an appeal of the proposed discharge or transfer.

Interpretive Guideline

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ST - N0511 - Hearing Participation - Discharge/ Transfer

Title Hearing Participation - Discharge/ Transfer

Type Rule

400.0255(13), FS

Regulation Definition	Interpretive Guideline
(13) The following persons must be present at all hearings authorized under this section: (a) The resident, or the resident's legal representative or designee. (b) The facility administrator, or the facility's legal representative or designee. A representative of the State Long-Term Care Ombudsman Program or the local long-term care ombudsman council may be present at all hearings authorized by this section.	

ST - N0512 - Hearing Information Confidential - D/C/Trans

Title Hearing Information Confidential - D/C/Trans

Type Rule

400.0255(14), FS

Regulation Definition	Interpretive Guideline
(14) In any hearing under this section, the following information concerning the parties shall be confidential and exempt from s. 119.07(1): (a) Names and addresses. (b) Medical services provided. (c) Social and economic conditions or circumstances. (d) Evaluation of personal information. (e) Medical data, including diagnosis and past history of	

disease or disability.
(f) Any information received verifying income eligibility and amount of medical assistance payments. Income information received from the Social Security Administration or the Internal Revenue Service must be safeguarded according to the requirements of the agency that furnished the data.
The exemption created by this subsection does not prohibit access to such information by the State Long-Term Care Ombudsman Program or a local long-term care ombudsman council upon request, by a reviewing court if such information is required to be part of the record upon subsequent review, or as specified in s. 24(a), Art. I of the State Constitution.

ST - N0513 - Readmission after Fair Hearings

Title Readmission after Fair Hearings

Type Rule

400.0255(15), FS

Regulation Definition

(15)(a) The department's Office of Appeals Hearings shall conduct hearings under this section. The office shall notify the facility of a resident's request for a hearing.
(b) The department shall, by rule, establish procedures to be used for fair hearings requested by residents. These procedures shall be equivalent to the procedures used for fair hearings for other Medicaid cases, chapter 10-2, part VI, Florida Administrative Code. The burden of proof must be clear and convincing evidence. A hearing decision must be rendered within 90 days after receipt of the request for hearing.
(c) If the hearing decision is favorable to the resident who has been transferred or discharged, the resident must be readmitted to the facility's first available bed.
(d) The decision of the hearing officer shall be final. Any

Interpretive Guideline

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aggrieved party may appeal the decision to the district court of appeal in the appellate district where the facility is located. Review procedures shall be conducted in accordance with the Florida Rules of Appellate Procedure.

ST - N0514 - Penalty -Baker Act Criteria/Procedures

Title Penalty -Baker Act Criteria/Procedures

Type Rule

400.102(3), FS

Regulation Definition

In addition to the grounds listed in part II of chapter 408, any of the following conditions shall be grounds for action by the agency against a licensee:
(3) Failure to follow the criteria and procedures provided under part I of chapter 394 relating to the transportation, voluntary admission, and involuntary examination of a nursing home resident; or

Interpretive Guideline

ST - N0600 - C N A Qualifications

Title C N A Qualifications

Type Rule

400.211(1), FS

Regulation Definition

(1) To serve as a nursing assistant in any nursing home, a person must be certified as a nursing assistant under part II of chapter 464, unless the person is a registered nurse or practical nurse licensed in accordance with part I of chapter 464 or an applicant for such licensure who is permitted to practice nursing in accordance with rules adopted by the Board of

Interpretive Guideline

If surveyors have concerns regarding the care and services that are being provided by certified nursing assistants, they should review the personnel files to determine if the staff is properly certified.

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Nursing pursuant to part I of chapter 464.

ST - N0601 - Nursing Assistants Up to 4- Months

Title Nursing Assistants Up to 4- Months

Type Rule

400.211(2), FS

Regulation Definition

(2) The following categories of persons who are not certified as nursing assistants under part II of chapter 464 may be employed by a nursing facility for a single consecutive period of 4 months:
(a) Persons who are enrolled in, or have completed, a state-approved nursing assistant program;
(b) Persons who have been positively verified as actively certified and on the registry in another state with no findings of abuse, neglect, or exploitation in that state.
(c) Persons who have preliminarily passed the state's certification exam.
(d) Persons who are employed as personal care attendants and who have completed the personal care attendant training program developed pursuant to s. 400.141(1)(w). As used in this paragraph, the term "personal care attendants" means persons who meet the training requirement in s.400.141(1)(w) and provide care to and assist residents with tasks related to the activities of daily living.

The certification requirement must be met within 4 months after initial employment as a nursing assistant in a licensed nursing facility.

Interpretive Guideline

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ST - N0602 - C N A Employment History Required

Title C N A Employment History Required

Type Rule

400.211(3), FS

Regulation Definition

(3) Nursing homes shall require persons seeking employment as a certified nursing assistant to submit an employment history to the facility. The facility shall verify the employment history unless, through diligent efforts, such verification is not possible. There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, a former employer who reasonably and in good faith communicates his or her honest opinion about a former employee's job performance.

Interpretive Guideline

ST - N0603 - C N A Inservice & Evaluation

Title C N A Inservice & Evaluation

Type Rule

400.211(4), FS

Regulation Definition

(4) When employed by a nursing home facility for a 12-month period or longer, a nursing assistant, to maintain certification, shall submit to a performance review every 12 months and must receive regular inservice education based on the outcome of such reviews. The inservice training must:
(a) Be sufficient to ensure the continuing competence of nursing assistants and must meet the standard specified in s. 464.203(7);

Interpretive Guideline

If deficient care practices, or resident rights issues are identified during the survey, review as appropriate, the training received by nursing assistants in that corresponding subject area.

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(b) Include, at a minimum:
1. Techniques for assisting with eating and proper feeding;
2. Principles of adequate nutrition and hydration;
3. Techniques for assisting and responding to the cognitively impaired resident or the resident with difficult behaviors;
4. Techniques for caring for the resident at the end-of-life; and
5. Recognizing changes that place a resident at risk for pressure ulcers and falls; and
(c) Address areas of weakness as determined in nursing assistant performance reviews and may address the special needs of residents as determined by the nursing home facility staff.
Costs associated with this training may not be reimbursed from additional Medicaid funding through interim rate adjustments.

ST - N0900 - Risk Mgmt & Q A Plan Required in Application

Title Risk Mgmt & Q A Plan Required in Application

Type Rule

400.071(5), FS

Regulation Definition	Interpretive Guideline
(5) As a condition of licensure, each facility must establish and submit with its application a plan for quality assurance and for conducting risk management.	Requested by Central Office (Tallahassee) as a requirement of application for licensure.

ST - N0901 - Risk Mgmt & Q A Program Required

Title Risk Mgmt & Q A Program Required

Type Rule

400.147(1), FS

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Regulation Definition	Interpretive Guideline
(1) Every facility shall, as part of its administrative functions, establish an internal risk management and quality assurance program, the purpose of which is to assess resident care practices; review facility quality indicators, facility incident reports, deficiencies cited by the agency, and resident grievances; and develop plans of action to correct and respond quickly to identified quality deficiencies. The program must include:	Review the nursing homes QA&A program during revisits.

ST - N0902 - Risk Manager Required

Title Risk Manager Required

Type Rule

400.147(1)(a), FS

Regulation Definition	Interpretive Guideline
(a) A designated person to serve as risk manager, who is responsible for implementation and oversight of the facility's risk management and quality assurance program as required by this section.	

ST - N0903 - Risk Mgmt & Q A Committee

Title Risk Mgmt & Q A Committee

Type Rule

400.147(1)(b), FS 59A-4.123(1)

Regulation Definition	Interpretive Guideline
400.147 (1)(b), FS (b) A risk management and quality assurance committee consisting of the facility risk manager, the administrator, the	

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director of nursing, the medical director, and at least three other members of the facility staff. The risk management and quality assurance committee shall meet at least monthly.

59A-4.123 Risk Management and Quality Assurance.
(1) The facility shall maintain a risk management and quality assurance committee as required in Section 400.147, F.S.

ST - N0904 - Risk Mgmt & Q A Policies and Procedures

Title Risk Mgmt & Q A Policies and Procedures

Type Rule

400.147(1)(c), FS

Regulation Definition	Interpretive Guideline
(c) Policies and procedures to implement the internal risk management and quality assurance program, which must include the investigation and analysis of the frequency and causes of general categories and specific types of adverse incidents to residents.	

ST - N0905 - Incident Reporting System

Title Incident Reporting System

Type Rule

400.147(1)(d), FS

Regulation Definition	Interpretive Guideline
(d) The development and implementation of an incident reporting system based upon the affirmative duty of all health care providers and all agents and employees of the licensed health care facility to report adverse incidents to the risk manager, or to his or her designee, within 3 business days after	How does the facility present this affirmative duty of their health care providers, agents, employees, to report incidents within the three business days?

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their occurrence.

ST - N0906 - Measures to Minimize Risk

Title Measures to Minimize Risk

Type Rule

400.147(1)(e), FS

Regulation Definition	Interpretive Guideline
(e) The development of appropriate measures to minimize the risk of adverse incidents to residents, including, but not limited to, education and training in risk management and risk prevention for all nonphysician personnel, as follows:	

ST - N0907 - Risk Mgmt Training at Orientation

Title Risk Mgmt Training at Orientation

Type Rule

400.147(1)(e)1, FS

Regulation Definition	Interpretive Guideline
1. Such education and training of all nonphysician personnel must be part of their initial orientation; and	If quality of care deficient practices have been identified review, as appropriate, training received by staff in that corresponding subject area.

ST - N0908 - Risk Mgmt Training - 1 Hr Annually

Title Risk Mgmt Training - 1 Hr Annually

Type Rule

400.147(1)(e)2, FS

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Regulation Definition	Interpretive Guideline
2. At least 1 hour of such education and training must be provided annually for all nonphysician personnel of the licensed facility working in clinical areas and providing resident care.	The training should focus on the risk management program and how to minimize risk to the residents.

ST - N0909 - Resident Grievances in Risk Mgmt Program

Title Resident Grievances in Risk Mgmt Program

Type Rule

400.147(1)(f), FS

Regulation Definition	Interpretive Guideline
(f) The analysis of resident grievances that relate to resident care and the quality of clinical services.	Is there a prompt response and correction of systems, which may negatively impact other residents?

ST - N0910 - Administrator Responsible for Risk Mgmt & Q A

Title Administrator Responsible for Risk Mgmt & Q A

Type Rule

400.147(2), FS

Regulation Definition	Interpretive Guideline
(2) The internal risk management and quality assurance program is the responsibility of the facility administrator.	Is the risk manager designated and empowered by the administrator for the internal risk management and quality assurance program? Does the administrator maintain an active role throughout the process from problem identification, frequency trending, analysis, minimizing risk, and developing corrective actions? Is the program facility-wide including all department and services which may impact or cause risk to residents?

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ST - N0911 - Risk Mgmt - Other Innovative Approaches

Title Risk Mgmt - Other Innovative Approaches

Type Rule

400.147(3), FS

Regulation Definition

(3) In addition to the programs mandated by this section, other innovative approaches intended to reduce the frequency and severity of adverse incidents to residents and violations of residents' rights shall be encouraged and their implementation and operation facilitated.

Interpretive Guideline

ST - N0912 - Incident Report Use in Risk Mgmt Program

Title Incident Report Use in Risk Mgmt Program

Type Rule

400.147(4), FS

Regulation Definition

Each internal risk management and quality assurance program shall include the use of incident reports to be filed with the risk manager and the facility administrator. The risk manager shall have free access to all resident records of the licensed facility. The incident reports are part of the workpapers of the attorney defending the licensed facility in litigation relating to the licensed facility and are subject to discovery, but are not admissible as evidence in court. A person filing an incident report is not subject to civil suit by virtue of such incident report. As a part of each internal risk management and quality assurance program, the incident reports shall be used to develop categories of incidents which identify problem areas.

Interpretive Guideline

Conduct an interview with the risk manager to ascertain if they have free access to all records, this should also be in the overall facility Internal risk management and quality assurance program plan.

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Once identified, procedures shall be adjusted to correct the problem areas.

ST - N0913 - Adverse Incidents Defined

Title Adverse Incidents Defined

Type Rule

400.147(5), FS

Regulation Definition

(5) For purposes of reporting to the agency under this section, the term "adverse incident" means:
(a) An event over which facility personnel could exercise control and which is associated in whole or in part with the facility's intervention, rather than the condition for which such intervention occurred, and which results in one of the following:
1. Death;
2. Brain or spinal damage;
3. Permanent disfigurement;
4. Fracture or dislocation of bones or joints;
5. A limitation of neurological, physical, or sensory function;
6. Any condition that required medical attention to which the resident has not given his or her informed consent, including failure to honor advanced directives;
7. Any condition that required the transfer of the resident, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the resident's condition prior to the adverse incident; or
8. An event that is reported to law enforcement or its personnel for investigation; or
(b) Resident elopement, if the elopement places the resident at risk of harm or injury.

Interpretive Guideline

If surveyor identifies an adverse incident, which the facility failed to determine to meet adverse incident criteria, direct the facility to send the report immediately to AHCA Central Office for final determination. This may reflect deficient practice in proper identification and investigation of adverse incidents.

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ST - N0914 - Risk Manager Investigation & Report

Title Risk Manager Investigation & Report

Type Rule

400.147(6), FS

Regulation Definition

(6) The internal risk manager of each licensed facility shall:
(a) Investigate every allegation of sexual misconduct which is made against a member of the facility's personnel who has direct patient contact when the allegation is that the sexual misconduct occurred at the facility or at the grounds of the facility;
(b) Report every allegation of sexual misconduct to the administrator of the licensed facility; and
(c) Notify the resident representative or guardian of the victim that an allegation of sexual misconduct has been made and that an investigation is being conducted.

Interpretive Guideline

The facility must also immediately report allegations of this nature to the law enforcement and abuse registry. Proper medical evaluation should not be delayed in allegations of rape or sexual assault.

ST - N0915 - Adverse Incident

Title Adverse Incident

Type Rule

400.147(7), FS

Regulation Definition

(7) The nursing home facility shall initiate an investigation within 1 business day after the risk manager or his or her designee has received a report pursuant to paragraph (1)(d). The facility must complete the investigation and submit a report to the agency within 15 calendar days after the adverse incident occurred. The agency shall develop a form for the

Interpretive Guideline

In the incident report review, note if the risk manager started an investigation.
Referrals for practitioner disciplinary review will be conducted by the Florida Center.

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report which must include the name of the risk manager, information regarding the identity of the affected resident, the type of adverse incident, the initiation of an investigation by the facility, and whether the events causing or resulting in the adverse incident represent a potential risk to any other resident. The report is confidential as provided by law and is not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or the appropriate regulatory board. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each report and determine whether it potentially involved conduct by the health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply.

ST - N0917 - Report Abuse, Neglect, & Exploitation

Title Report Abuse, Neglect, & Exploitation

Type Rule

400.147(8), FS

Regulation Definition

(8) Abuse, neglect, or exploitation must be reported to the agency as required by 42 C.F.R. s. 483.13(c) and to the department as required by chapters 39 and 415.

Interpretive Guideline

ST - N0919 - Institutional formularies established by nurs

Title Institutional formularies established by nurs

Type Rule

400.143

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Regulation Definition

(1) For purposes of this section, the term:
(a) "Institutional formulary" means a list of medicinal drugs established by a nursing home facility under this section for which a pharmacist may use a therapeutic substitution for a medicinal drug prescribed to a resident of the facility.
(b) "Medicinal drug" has the same meaning as provided in s. 465.003(8).
(c) "Prescriber" has the same meaning as provided in s. 465.025(1).
(d) "Therapeutic substitution" means the practice of replacing a nursing home facility resident's prescribed medicinal drug with another chemically different medicinal drug that is expected to have the same clinical effect.
(2) A nursing home facility may establish and implement an institutional formulary in accordance with the requirements of this section.
(3) A nursing home facility that implements an institutional formulary under this section must:
(a) Establish a committee to develop the institutional formulary and written guidelines or procedures for such institutional formulary. The committee must consist of, at a minimum:
1. The facility's medical director.
2. The facility's director of nursing services.
3. A consultant pharmacist licensed by the Department of Health and certified under s. 465.0125.
(b) Establish methods and criteria for selecting and objectively evaluating all available pharmaceutical products that may be used as therapeutic substitutes.
(c) Establish policies and procedures for developing and maintaining the institutional formulary and for approving, disseminating, and notifying prescribers of the institutional formulary.
(d) Perform quarterly monitoring to ensure compliance with the policies and procedures established under paragraph (c)

Interpretive Guideline

and monitor the clinical outcomes in circumstances in which a therapeutic substitution has occurred.
(4) The nursing home facility shall maintain all written policies and procedures for the institutional formulary established under this section. Each nursing home facility shall make available such policies and procedures to the agency, upon request.
(5)(a) A prescriber who uses the institutional formulary must authorize such use for each patient. A nursing home facility must obtain the prescriber's approval for any subsequent change made to a nursing home facility's institutional formulary. A prescriber may opt out of the nursing home facility's institutional formulary with respect to a medicinal drug or class of medicinal drugs for any resident. A nursing home facility may not take adverse action against a prescriber for declining to use the facility's institutional formulary.
(b) A nursing home facility must notify the prescriber before each therapeutic substitution using a method of communication designated by the prescriber. A nursing home facility must document the therapeutic substitution in the resident's medical records.
(c) A prescriber may prevent a therapeutic substitution for a specific prescription by indicating "NO THERAPEUTIC SUBSTITUTION" on the prescription. If the prescription is provided orally, the prescriber must make an overt action to opt out of the therapeutic substitution.
(6) The nursing home facility must obtain informed consent from a resident or a resident's legal representative, or his or her designee, to the use of the institutional formulary for the resident. The nursing home facility must clearly inform the resident or the resident's legal representative, or his or her designee, of the right to refuse to participate in the use of the institutional formulary and may not take any adverse action against the resident who refuses to participate in the use of the institutional formulary.

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ST - N0921 - Paid Feeding Assistance Program

Title Paid Feeding Assistance Program

Type Rule

400.141(1)(v)

Regulation Definition

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:
(v) Be allowed to use paid feeding assistants as defined in 42 C.F.R. s. 488.301, and in accordance with 42 C.F.R. s. 483.60, if the paid feeding assistant has successfully completed a feeding assistant training program developed by the agency.
1. The feeding assistant training program must consist of a minimum of 12 hours of education and training and must include all of the topics and lessons specified in the program curriculum.
2. The program curriculum must include, but need not be limited to, training in all of the following content areas:
a. Feeding techniques.
b. Assistance with feeding and hydration.
c. Communication and interpersonal skills.
d. Appropriate responses to resident behavior.
e. Safety and emergency procedures, including the first aid procedure used to treat upper airway obstructions.
f. Infection control.
g. Residents' rights.
h. Recognizing changes in residents which are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.

Interpretive Guideline

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ST - N0922 - Paid feeding assistants and nonnursing staff

Title Paid feeding assistants and nonnursing staff

Type Rule

400.23(3)(c)

Regulation Definition	Interpretive Guideline
(c) Paid feeding assistants and direct care staff, other than certified nursing assistants and licensed nurses, who have successfully completed the feeding assistant training program under s. 400.141(1)(v) and who provide eating assistance to residents shall count toward compliance with overall direct care minimum staffing hours but not the hours of direct care required for certified nursing assistants or licensed nurses. Time spent by certified nursing assistants or licensed nurses on providing eating assistance to residents shall count toward the hours of direct care required for certified nursing assistants or licensed nurses	Review the completed AHCA form "Calculating State Minimum Nursing Staff for Long Term Care Facilities" for the requested 2 week period, to determine if the facility uses Paid Feeding Assistants. Look to see that the Paid Feeding Assistants do not count toward the hours of direct care required for certified nursing assistants or licensed nurses. Confirm with the nursing home administrator that Paid Feeding Assistants are not being counted toward hours of direct care required for certified nursing assistants or licensed nurses. If concerns are identified, interview the staffing coordinator, the Director of Nursing, and the nursing home administrator about their staffing practices. Review facility policies for staffing and look to see if there is a negative impact on the nursing home resident care and services.

ST - N0923 - Right of entry and inspection

Title Right of entry and inspection

Type Rule

400.19, FS

Regulation Definition	Interpretive Guideline
400.19 Right of entry and inspection.- (1) In accordance with part II of chapter 408, the agency and any of its designated officers or employees or a representative of the State Long-Term Care Ombudsman Program or the local long-term care ombudsman council shall have the right	

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to enter upon and into the premises of any facility licensed pursuant to this part, or any distinct nursing home unit of a hospital licensed under chapter 395 or any freestanding facility licensed under chapter 395 which provides extended care or other long-term care services, at any reasonable time in order to determine the state of compliance with this part, part II of chapter 408, and applicable rules in force pursuant thereto...

ST - N0924 - Public Information

Title Public Information

Type Rule

400.191(3&4), FS

Regulation Definition

(3) Each nursing home facility licensee shall maintain as public information, available upon request, records of all cost and inspection reports pertaining to that facility that have been filed with, or issued by, any governmental agency. Copies of the reports shall be retained in the records for not less than 5 years following the date the reports are filed or issued.
(4) Any records of a nursing home facility determined by the agency to be necessary and essential to establish lawful compliance with any rules or standards must be made available to the agency on the premises of the facility and submitted to the agency. Each facility must submit this information to the agency by electronic transmission when available.

Interpretive Guideline

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ST - N0925 - Personal Care Attendants

Title Personal Care Attendants

Type Rule

400.141(1)(w)

Regulation Definition

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:
(w) Be allowed to employ personal care attendants as defined in s. 400.211(2)(d), if such personal care attendants are participating in the personal care attendant training program developed by the agency, in accordance with 42 C.F.R. ss. 483.151-483.154, in consultation with the Board of Nursing.
1. The personal care attendant program must consist of a minimum of 16 hours of education and must include all of the topics and lessons specified in the program curriculum.
2. The program curriculum must include, but need not be limited to, training in all of the following content areas:
a. Residents' rights.
b. Confidentiality of residents' personal information and medical records.
c. Control of contagious and infectious diseases.
d. Emergency response measures.
e. Assistance with activities of daily living.
f. Measuring vital signs.
g. Skin care and pressure sores prevention.
h. Portable oxygen use and safety.
i. Nutrition and hydration.
j. Dementia care.
3. A personal care attendant must complete the 16 hours of required education before having any direct contact with a resident.
4. A personal care attendant may not perform any task that

Interpretive Guideline

Ask the Administrator if the facility uses Personal Care Attendants (PCAs) and if they include their hours in the staffing calculation.

Ask for a list of staff who are PCAs with date of hire.

Pull a sample of 5 PCAs to review their training, length of employment, and employment at only one nursing home.

Interview the staffing coordinator to confirm and verify that the PCAs have not been working greater than 4 months.

Verify that PCAs have required 16 hours of approved PCA training.

Verify that the PCAs are only working at the current nursing home.

requires clinical assessment, interpretation, or judgment.
5. An individual employed as a personal care attendant under s. 400.211(2)(d) must work exclusively for one nursing facility before becoming a certified nursing assistant.

The agency shall adopt rules necessary to implement this paragraph. If the state of emergency declared by the Governor pursuant to Executive Order No. 20-52 is terminated before the agency adopts rules to implement this paragraph, the agency shall authorize the continuation of the personal care attendant program until the agency adopts such rules.