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Aspen State Regulation Set: T 4.04 Transitional Living Facility

ST - T0000 - Initial Comments

Title Initial Comments

Type Memo Tag

Regulation Definition

Interpretive Guideline

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

ST - T0100 - Licensure

Title Licensure

Type Rule

400.9972 FS; 59A-17.101(2) FAC

Regulation Definition

Interpretive Guideline

400.9972

(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 licensure from the agency pursuant to this part. A license issued by the agency is required for the operation of a transitional living facility in this state. However, this part does not require a provider licensed by the agency to obtain a separate transitional living facility license to serve persons who have brain or spinal cord injuries as long as the services provided are within the scope of the provider's license.

(2) In accordance with this part, an applicant or a licensee shall pay a fee for each license application submitted under this part. The license fee shall consist of a \$4,588 license fee and a \$90 per-bed fee per biennium and shall conform to the annual adjustment authorized in s. 408.805.

See also 408.805 for fee information.

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(3) An applicant for licensure must provide:

- (a) The location of the facility for which the license is sought and documentation, signed by the appropriate local government official, which states that the applicant has met local zoning requirements.
- (b) Proof of liability insurance as provided in s. 624.605(1)(b).
- (c) Proof of compliance with local zoning requirements, including compliance with the requirements of chapter 419 if the proposed facility is a community residential home.
- (d) Proof that the facility has received a satisfactory firesafety inspection.
- (e) Documentation that the facility has received a satisfactory sanitation inspection by the county health department.

(4) The applicant's proposed facility must attain and continuously maintain accreditation by an accrediting organization that specializes in evaluating rehabilitation facilities whose standards incorporate licensure regulations comparable to those required by the state. An applicant for licensure as a transitional living facility must acquire accreditation within 12 months after issuance of an initial license. The agency shall accept the accreditation survey report of the accrediting organization in lieu of conducting a licensure inspection if the standards included in the survey report are determined by the agency to document that the facility substantially complies with state licensure requirements. Within 10 days after receiving the accreditation survey report, the applicant shall submit to the agency a copy of the report and evidence of the accreditation decision as a result of the report. The agency may conduct an inspection of a transitional living facility to ensure compliance with the licensure requirements of this part, to validate the inspection process of the accrediting organization, to respond to licensure complaints, or to protect the public health and safety

59A-17.101

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(2) Licensure.

- (a) An initial, renewal, or change of ownership applicant for licensure as a transitional living facility shall use the Health Care Licensing Application, Transitional Living Facility, AHCA Form 3110-9001, January 2018, which is incorporated by reference and is available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-09321>.
- (b) The application forms are available online at <http://www.ahca.myflorida.com/HQAlicensureforms> or, for online renewal submissions, at: <http://apps.ahca.myflorida.com/SingleSignOnPortal>.

ST - T0200 - Dietary and Nutrition Services

Title Dietary and Nutrition Services

Type Rule

59A-17.118 FAC

Regulation Definition

- (1) The licensee must ensure proper nutritional care for its clients, whether provided by the licensee or a third party, and shall provide education and training in proper nutrition and planning and preparation of meals consistent with the individualized client rehabilitation plan.
- (2) Meals provided by the licensee must be planned based on the current USDA Dietary Guidelines for Americans, 2015-2020, Eighth Edition, herein incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-09326>. Menus must be planned to offer clients a variety of food choices and to accommodate their religious, cultural and ethnic needs.
- (3) Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the clients.

Interpretive Guideline

- Verify menus are current and being followed during the survey.
- Ask staff to confirm meal times.
- Observe a meal time when clients are in the building.
- Interview clients regarding meal service.
- Verify the one week supply of non-perishable foods.

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(4) Regular and therapeutic menus must be dated, and planned at least one week in advance for both regular and therapeutic diets. Clients must be encouraged to participate in menu planning. Planned menus must be posted or easily available to clients. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file for six months. Portion sizes must be indicated on the menus or on a separate sheet.

(5) Therapeutic diets must be prepared and served as ordered by the health care provider.

(6) All regular and therapeutic menus to be used by the licensee must be reviewed annually by a licensed dietitian and/or nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, license number, and date reviewed.

(7) Food must be served attractively at safe and palatable temperatures which is an appetizing temperature as determined by the type of food to ensure resident's satisfaction, while minimizing the risk for scalding and burns. All clients must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all clients must be on hand, including adaptive equipment if needed by any client.

(8) No more than 14 hours shall lapse between the end of an evening meal and the beginning of the following morning meal containing a protein food. Intervals between other meals shall be not less than four hours and no more than 6 hours. For clients without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of calculating the time between meals.

(9) A one week supply of non-perishable food based on the number of weekly meals the licensee has contracted to serve, must be on hand at all times.

(10) When food service is provided by the licensee, the administrator, or an individual designated in writing by the

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administrator, must be responsible for total food services and the day-to-day supervision of food services staff.

(11) When food service is contracted by the facility, the facility must ensure that the contracted food service meets all dietary standards imposed by subsection 64E-12.004(4), F.A.C., as required by the Department of Health and this rule.

The facility must maintain:

(a) A copy of the current contract between the licensee and the food service contractor.

(b) A copy of the annually issued certificate or license authorizing the operation of the food service contractor issued by the applicable regulating agency. The license or certificate must provide documentation of the food service contractor's compliance with food service regulatory requirements.

ST - T0300 - Life Safety and Building Code Requirements

Title Life Safety and Building Code Requirements

Type Rule

59A-17.119 FAC

Regulation Definition

Each transitional living facility licensee must establish and implement written policies designed to maintain the physical plant and overall transitional living facility environment to assure the safety and well-being of clients.

Interpretive Guideline

Review the policy and procedure to verify if the policy addresses the overall environment in the facility. Review any recent local fire safety inspections, if available.

During tour and client interview determine if the facility maintained in a safe, clean, comfortable and homelike environment?

ST - T0400 - Definitions

Title Definitions

Type Memo Tag

400.9971, FS; 59A-17.101(1) FAC

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Regulation Definition

400.9971, FS

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

(2) "Chemical restraint" means a pharmacologic drug that physically limits, restricts, or deprives a person of movement or mobility, is used for client protection or safety, and is not required for the treatment of medical conditions or symptoms.

(3) "Client's representative" means the parent of a child client or the client's guardian, designated representative, designee, surrogate, or attorney in fact.

(4) "Department" means the Department of Health.

(5) "Physical restraint" means a manual method to restrict freedom of movement of or normal access to a person's body, or a physical or mechanical device, material, or equipment attached or adjacent to the person's body that the person cannot easily remove and that restricts freedom of movement of or normal access to the person's body, including, but not limited to, a half-bed rail, a full-bed rail, a geriatric chair, or a Posey restraint. The term includes any device that is not specifically manufactured as a restraint but is altered, arranged, or otherwise used for this purpose. The term does not include bandage material used for the purpose of binding a wound or injury.

(6) "Seclusion" means the physical segregation of a person in any fashion or the involuntary isolation of a person in a room or area from which the person is prevented from leaving. Such prevention may be accomplished by imposition of a physical barrier or by action of a staff member to prevent the person from leaving the room or area. For purposes of this part, the term does not mean isolation due to a person's medical condition or symptoms.

(7) "Transitional living facility" means a site where specialized health care services are provided to persons who have brain or spinal cord injuries, including, but not limited to, rehabilitative services, behavior modification, community

Interpretive Guideline

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reentry training, aids for independent living, and counseling.

59A-17.101

(1) Definitions.

(a) Facility. A free-standing building, a complex of adjoined buildings, pods, or wings, or a complex of separate or adjoined buildings located within one campus.

(b) Client. A person with a spinal-cord or head injury, as specified in section 400.9973(3), Florida Statutes, who is housed in a Transitional Living Facility.

ST - T0500 - Client Admissions, Transfer and Discharge

Title Client Admissions, Transfer and Discharge

Type Rule

400.9973, FS

Regulation Definition

(1) A transitional living facility shall have written policies and procedures governing the admission, transfer, and discharge of clients.

(2) The admission of a client to a transitional living facility must be in accordance with the licensee's policies and procedures.

(3) To be admitted to a transitional living facility, an individual must have an acquired internal or external injury to the skull, the brain, or the brain's covering, caused by a traumatic or nontraumatic event, which produces an altered state of consciousness, or a spinal cord injury, such as a lesion to the spinal cord or cauda equina syndrome, with evidence of significant involvement of at least two of the following deficits or dysfunctions:

- (a) A motor deficit.
- (b) A sensory deficit.

Interpretive Guideline

Review the policy and procedure to verify if the policy addresses admission, transfer and discharge requirements according to 400.9973, F.S.

During record review verify if the sampled clients meet admission criteria and if not interview staff to determine why the client was admitted.

During record review verify if the sampled clients have a discharge plan developed upon admission.

Review closed records to determine if a 30 days' notice of transfer or discharge was provided to the client. Verify if the location is an acceptable location.

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- (c) A cognitive deficit.
- (d) A behavioral deficit.
- (e) Bowel and bladder dysfunction.
- (4) A client whose medical condition and diagnosis do not positively identify a cause of the client's condition, whose symptoms are inconsistent with the known cause of injury, or whose recovery is inconsistent with the known medical condition may be admitted to a transitional living facility for evaluation for a period not to exceed 90 days.
- (5) A client admitted to a transitional living facility must be admitted upon prescription by a licensed physician, physician assistant, or advanced practice registered nurse and must remain under the care of a licensed physician, physician assistant, or advanced practice registered nurse for the duration of the client's stay in the facility.
- (6) A transitional living facility may not admit a person whose primary admitting diagnosis is mental illness or an intellectual or developmental disability.
- (7) A person may not be admitted to a transitional living facility if the person:
 - (a) Presents significant risk of infection to other clients or personnel. A health care practitioner must provide documentation that the person is free of apparent signs and symptoms of communicable disease;
 - (b) Is a danger to himself or herself or others as determined by a physician, physician assistant, advanced practice registered nurse, or a mental health practitioner licensed under chapter 490 or chapter 491, unless the facility provides adequate staffing and support to ensure patient safety;
 - (c) Is bedridden; or
 - (d) Requires 24-hour nursing supervision.
- (8) If the client meets the admission criteria, the medical or nursing director of the facility must complete an initial evaluation of the client's functional skills, behavioral status, cognitive status, educational or vocational potential, medical

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status, psychosocial status, sensorimotor capacity, and other related skills and abilities within the first 72 hours after the client's admission to the facility. An initial comprehensive treatment plan that delineates services to be provided and appropriate sources for such services must be implemented within the first 4 days after admission.

(9) A transitional living facility shall develop a discharge plan for each client before or upon admission to the facility. The discharge plan must identify the intended discharge site and possible alternative discharge sites. For each discharge site identified, the discharge plan must identify the skills, behaviors, and other conditions that the client must achieve to be eligible for discharge. A discharge plan must be reviewed and updated as necessary but at least once monthly.

(10) A transitional living facility shall discharge a client as soon as practicable when the client no longer requires the specialized services described in s. 400.9971(7), when the client is not making measurable progress in accordance with the client's comprehensive treatment plan, or when the transitional living facility is no longer the most appropriate and least restrictive treatment option.

(11) A transitional living facility shall provide at least 30 days' notice to a client of transfer or discharge plans, including the location of an acceptable transfer location if the client is unable to live independently. This subsection does not apply if a client voluntarily terminates residency.

ST - T0600 - Client comprehensive treatment plans, client

Title Client comprehensive treatment plans, client

Type Rule

400.9974, FS

Regulation Definition

(1) A transitional living facility shall develop a comprehensive

Interpretive Guideline

During record review and interview verify if, within 30-days of admission, the sampled clients have a comprehensive

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treatment plan for each client as soon as practicable but no later than 30 days after the initial comprehensive treatment plan is developed. The comprehensive treatment plan must be developed by an interdisciplinary team consisting of the case manager, the program director, the advanced practice registered nurse, and appropriate therapists. The client or, if appropriate, the client's representative must be included in developing the comprehensive treatment plan. The comprehensive treatment plan must be reviewed and updated if the client fails to meet projected improvements outlined in the plan or if a significant change in the client's condition occurs. The comprehensive treatment plan must be reviewed and updated at least once monthly.

(2) The comprehensive treatment plan must include:

(a) Orders obtained from the physician, physician assistant, or advanced practice registered nurse and the client's diagnosis, medical history, physical examination, and rehabilitative or restorative needs.

(b) A preliminary nursing evaluation, including orders for immediate care provided by the physician, physician assistant, or advanced practice registered nurse, which shall be completed when the client is admitted.

(c) A comprehensive, accurate, reproducible, and standardized assessment of the client's functional capability; the treatments designed to achieve skills, behaviors, and other conditions necessary for the client to return to the community; and specific measurable goals.

(d) Steps necessary for the client to achieve transition into the community and estimated length of time to achieve those goals.

(3) The client or, if appropriate, the client's representative must consent to the continued treatment at the transitional living facility. Consent may be for a period of up to 6 months. If such consent is not given, the transitional living facility shall discharge the client as soon as practicable.

treatment plan and the plan includes all required elements.

Verify the interdisciplinary team and their participation in the comprehensive treatment plan.

Observe sampled clients to determine if a continuous treatment program is consistently implemented.

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- (4) A client must receive the professional program services needed to implement the client's comprehensive treatment plan.
- (5) The licensee must employ qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of the client's comprehensive treatment plan.
- (6) A client must receive a continuous treatment program that includes appropriate, consistent implementation of specialized and general training, treatment, health services, and related services and that is directed toward:
- (a) The acquisition of the behaviors and skills necessary for the client to function with as much self-determination and independence as possible.
 - (b) The prevention or deceleration of regression or loss of current optimal functional status.
 - (c) The management of behavioral issues that preclude independent functioning in the community.

ST - T0700 - Licensee responsibilities

Title Licensee responsibilities

Type Rule

400.9975, FS

Regulation Definition

- (1) The licensee shall ensure that each client:
- (a) Lives in a safe environment free from abuse, neglect, and exploitation.
 - (b) Is treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
 - (c) Retains and uses his or her own clothes and other personal property in his or her immediate living quarters to maintain individuality and personal dignity, except when the licensee

Interpretive Guideline

During observations and interviews with sampled clients verify if clients are aware of their rights.

Verify rights are posted in a prominent place in each building where clients reside.

During observations and interviews determine if client rights are protected.

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demonstrates that such retention and use would be unsafe, impractical, or an infringement upon the rights of other clients.

(d) Has unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visits with any person of his or her choice. Upon request, the licensee shall modify visiting hours for caregivers and guests. The facility shall restrict communication in accordance with any court order or written instruction of a client's representative. Any restriction on a client's communication for therapeutic reasons shall be documented and reviewed at least weekly and shall be removed as soon as no longer clinically indicated. The basis for the restriction shall be explained to the client and, if applicable, the client's representative. The client shall retain the right to call the central abuse hotline, the agency, and Disability Rights Florida at any time.

(e) Has the opportunity to participate in and benefit from community services and activities to achieve the highest possible level of independence, autonomy, and interaction within the community.

(f) Has the opportunity to manage his or her financial affairs unless the client or, if applicable, the client's representative authorizes the administrator of the facility to provide safekeeping for funds as provided under this part.

(g) Has reasonable opportunity for regular exercise more than once per week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.

(h) Has the opportunity to exercise civil and religious liberties, including the right to independent personal decisions. However, a religious belief or practice, including attendance at religious services, may not be imposed upon any client.

(i) Has access to adequate and appropriate health care consistent with established and recognized community standards.

(j) Has the opportunity to present grievances and recommend

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changes in policies, procedures, and services to the staff of the licensee, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. A licensee shall establish a grievance procedure to facilitate a client's ability to present grievances, including a system for investigating, tracking, managing, and responding to complaints by a client or, if applicable, the client's representative and an appeals process. The appeals process must include access to Disability Rights Florida and other advocates and the right to be a member of, be active in, and associate with advocacy or special interest groups.

(2) The licensee shall:

- (a) Promote participation of the client's representative in the process of providing treatment to the client unless the representative's participation is unobtainable or inappropriate.
- (b) Answer communications from the client's family, guardians, and friends promptly and appropriately.
- (c) Promote visits by persons with a relationship to the client at any reasonable hour, without requiring prior notice, in any area of the facility that provides direct care services to the client, consistent with the client's and other clients' privacy, unless the interdisciplinary team determines that such a visit would not be appropriate.
- (d) Promote opportunities for the client to leave the facility for visits, trips, or vacations.
- (e) Promptly notify the client's representative of a significant incident or change in the client's condition, including, but not limited to, serious illness, accident, abuse, unauthorized absence, or death.

(3) The administrator of a facility shall ensure that a written notice of licensee responsibilities is posted in a prominent place in each building where clients reside and is read or explained to clients who cannot read. This notice shall be provided to clients in a manner that is clearly legible, shall include the statewide toll-free telephone number for reporting

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complaints to the agency, and shall include the words: "To report a complaint regarding the services you receive, please call toll-free [telephone number] or Disability Rights Florida [telephone number]." The statewide toll-free telephone number for the central abuse hotline shall be provided to clients in a manner that is clearly legible and shall include the words: "To report abuse, neglect, or exploitation, please call toll-free [telephone number]." The licensee shall ensure a client's access to a telephone where telephone numbers are posted as required by this subsection.

(4) A licensee or employee of a facility may not serve notice upon a client to leave the premises or take any other retaliatory action against another person solely because of the following:

- (a) The client or other person files an internal or external complaint or grievance regarding the facility.
- (b) The client or other person appears as a witness in a hearing inside or outside the facility.

(5) Before or at the time of admission, the client and, if applicable, the client's representative shall receive a copy of the licensee's responsibilities, including grievance procedures and telephone numbers, as provided in this section.

(6) The licensee must develop and implement policies and procedures governing the release of client information, including consent necessary from the client or, if applicable, the client's representative.

ST - T0800 - Administration of medication

Title Administration of medication

Type Rule

400.9976, FS

Regulation Definition

(1) An individual medication administration record must be

Interpretive Guideline

During record review verify that each client on the sample has a medication record and includes the items required in

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maintained for each client. A dose of medication, including a self-administered dose, shall be properly recorded in the client's record. A client who self-administers medication shall be given a pill organizer. Medication must be placed in the pill organizer by a nurse. A nurse shall document the date and time that medication is placed into each client's pill organizer. All medications must be administered in compliance with orders of a physician, physician assistant, or advanced practice registered nurse.

(2) If an interdisciplinary team determines that self-administration of medication is an appropriate objective, and if the physician, physician assistant, or advanced practice registered nurse does not specify otherwise, the client must be instructed by the physician, physician assistant, or advanced practice registered nurse to self-administer his or her medication without the assistance of a staff person. All forms of self-administration of medication, including administration orally, by injection, and by suppository, shall be included in the training. The client's physician, physician assistant, or advanced practice registered nurse must be informed of the interdisciplinary team's decision that self-administration of medication is an objective for the client. A client may not self-administer medication until he or she demonstrates the competency to take the correct medication in the correct dosage at the correct time, to respond to missed doses, and to contact the appropriate person with questions.

(3) Medication administration discrepancies and adverse drug reactions must be recorded and reported immediately to a physician, physician assistant, or advanced practice registered nurse.

400.9976, F.S.

For clients that are able to self-administer their medications verify the interdisciplinary team has approved and discussed with the client the process for self-administration of medications.

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ST - T0801 - Admin of Medication by UDC

Title Admin of Medication by UDC

Type Rule

400.9977(1)-(3), FS; 59A-17.125, FAC

Regulation Definition

400.9977 Assistance with medication.-

(1) Notwithstanding any provision of part I of chapter 464, the Nurse Practice Act, unlicensed direct care services staff who provide services to clients in a facility licensed under this part may administer prescribed, prepackaged, and premeasured medications after the completion of training in medication administration and under the general supervision of a registered nurse as provided under this section and applicable rules.

(2) Training required by this section and applicable rules shall be conducted by a registered nurse licensed under chapter 464, a physician licensed under chapter 458 or chapter 459, or a pharmacist licensed under chapter 465.

(3) A facility that allows unlicensed direct care service staff to administer medications pursuant to this section shall:

(a) Develop and implement policies and procedures that include a plan to ensure the safe handling, storage, and administration of prescription medications.

(b) Maintain written evidence of the expressed and informed consent for each client.

(c) Maintain a copy of the written prescription, including the name of the medication, the dosage, and the administration schedule and termination date.

(d) Maintain documentation of compliance with required training.

Interpretive Guideline

Observe medication administration by unlicensed direct care staff. Interview the supervising registered nurse.

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59A-17.125 Administration of Medications to Clients by
Unlicensed Direct Care Service Staff.

(1) It is the responsibility of the licensee to ensure that individual unlicensed direct care service staff (UDC) who will be administering medication to clients meet all requirements of this rule.

(2) UDC may administer only prescribed, prepackaged, premeasured oral, topical nasal, and ophthalmic medications.

(3) UDC may administer over the counter (OTC) medications as currently prescribed by the client's health care professional.

(4) UDCs may not:

(a) Administer medications by injection including intramuscular, intravenous or subcutaneous;

(b) Administer medication vaginally or rectally; or

(c) Conduct glucose monitoring.

(5) UDCs may administer medications to a client only after the following requirements are met for that client:

(a) A current informed consent has been signed by the client or client's representative. The consent must acknowledge and permit UDCs to administer specifically listed medications prescribed by a licensed health care professional to the client. The informed consent must be updated and signed at least annually;

(b) A written report for the client that indicates the client's behavior and any past medication reactions must be documented on the Medication Administration Record (MAR). The written report and MAR must be updated if the client's behavior or medication reactions change. Information included in the written report can be provided by the client or client's representative, or another UDC or direct care staff person who is familiar with the client. The person administering medications must be familiar with the information included in the written report and MAR prior to administering medications to clients; and,

(c) A determination is made that the client to whom

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medication will be administered has not been deemed capable of self-administration of his or her medications. The determination is to be made by the facility through assessment and interdisciplinary team (IDT) review.

(6) Administration of medication by UDCs must be under the supervision of a registered nurse or ARNP.

(a) Supervision includes weekly monitoring of medication and 24-hour availability of a registered nurse or ARNP via telephone or paging device.

(b) Prior to assigning tasks to a UDC, the supervisory nurse must verify the training and validation of the unlicensed direct care service staff as required by this rule chapter.

(c) The supervisory nurse must communicate the assignment to the UDC and verify that the UDC understands the assignment.

(d) Monitoring and supervision of the completion of the assignment must be documented by the supervising nurse.

(e) The supervising nurse must participate in performance evaluations of the UDC relative to performance of medication administration.

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

(a) Outdated medication must be properly destroyed, as required by rules 64B16-28.301 and 64B16-28.303, F.A.C., as required by the Department of Health, by the supervising nurse. The disposal will be witnessed by one other staff of the facility and a record of the medication disposal must be maintained by the facility and signed by the supervising nurse and witness.

(b) Torn, damaged, illegible or mislabeled prescription labels should be reported immediately to the dispensing pharmacy or pharmacist.

(c) Clients must not miss the administration of medications due to delays in refilling a prescription. It shall be the

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responsibility of the supervising nurse to ensure that refills are ordered and obtained in a timely manner.

(d) No client shall be administered a prescription or OTC medication or treatment, except upon the written order of the client's prescribing health care professional.

(8) When administering medications to clients; the UDC must:

(a) Wash his or her hands with soap and water prior to administration of medication, or supervising the self-administration of medication to clients. They must also wash their hands between the administration of medication to each client and when there is a change in route of administration.

(b) Prepare medications for one individual client at a time in a quiet location that is free from distraction.

(c) Administer medications to one client at a time. To complete a client's medication process, the medication of one client must be returned to the portable or permanent medication storage unit and documentation made in the MAR before administering medications to, or supervising the self-administration of, medication for another client.

(d) Administer medications to each client, at the time, with the dosage, and by the route prescribed by the client's health care professional. Each time medication is administered:

1. Conduct a triple-check of the dosage and time of administration against the original medication container label and the MAR before administering or supervising the self-administration of the medication;
2. Confirm the client to whom the medication is to be administered is the same client for whom the medication has been prescribed or ordered;
3. Administer as prescribed and via the route instructed by the client's prescribing health care professional;
4. Ensure to not crush, dilute or mix medications without written directions or instructions from the client's prescribing health care professional.

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5. Check the expiration date before administering each medication. Medications with an expiration date preceding the current date must not be administered.
6. Facilitate the correct positioning and use any adaptive equipment or techniques required for that client for the proper administration of medications.
 - (e) Ensure the oral medication administered or supervised during self-administration has been completely ingested before leaving the client. Directly observe the client for a period of at least twenty minutes following the administration of a new medication ordered by the client's prescribing health care professional. This observation period is to immediately detect and react to possible side effects of the medication or to document the effectiveness of the medication. UDCs must review the MAR for special instructions regarding required observation of medications and the UDC must monitor for side effects and effectiveness of all administered drugs.
 - (f) Immediately record the administration of the medication in the MAR.

ST - T0802 - Training and Validation Required for Unlicens

Title Training and Validation Required for Unlicens

Type Rule

59A-17.126 FS

Regulation Definition

- (1) Required medication administration training must include criteria to ensure that competency is demonstrated through validation of the qualification of the unlicensed direct care services staff (UDC) and all requirements of UDC specified in this rule chapter.
- (2) Medication administration training will be conducted by a registered nurse, pharmacist or physician for UDCs and will be provided by the transitional living facility (TLF) licensee.

Interpretive Guideline

Review personnel folders for unlicensed direct care staff who are administering medications to ensure the required trainings and validations have been met.

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Any person providing medication administration training sessions or conducting skills validation tests must first complete a trainer orientation session, which includes requirements of this rule and information to be covered during medication administration training sessions. Documentation of the trainer's completed orientation will be provided to each UDC that he or she trains or validates.

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

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

(4) Validation of the effective completion of the training is required for each UDC to assess that competency has been achieved after completion of required training. To become validated, the UDC must be able to successfully demonstrate, in a practical setting, his or her ability to correctly administer or supervise the self-administration of medications to clients in a safe and sanitary manner and to correctly and accurately document actions related to the administration of medications, in accordance with the requirements of this rule chapter. At completion of the training, a UDC must attain an overall score

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of 100% on knowledge tests that cover the training and facility specific questions. The UDC will have three attempts to achieve a 100% score. If after the third attempt a score of 100% is not achieved, the UDC must repeat the training and may not administer medication to clients until such time as a score of 100% is achieved. Additionally, a UDC must be able to state the purpose, common side effects, and signs and symptoms of adverse reactions for a list of commonly used medications from memory or demonstrate how they obtain that information and maintain it for easy access.

(5) Validation of competency will be conducted by an RN, physician, or pharmacist. The TLF licensee will maintain documentation containing the following information:

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

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

(7) The following must be validated for each UDC:

- (a) Demonstration of the ability to read and follow medication instructions on a prescription label, physician's order or MAR;
- (b) Demonstration of the ability to write legibly, complete required documentation, and convey accurate and discernible information;
- (c) Demonstration of the ability to perform as required in this rule chapter; and,
- (d) Demonstration of the ability to state the purpose, common side effects, and signs and symptoms of adverse reactions for a list of commonly used medications from memory or

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demonstrate how they obtain that information and maintain it for easy access.

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

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

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

ST - T0900 - Protection of clients from abuse, neglect, mi

Title Protection of clients from abuse, neglect, mi

Type Rule

400.9978, FS

Regulation Definition

Protection of clients from abuse, neglect, mistreatment, and exploitation.-

The licensee shall develop and implement policies and procedures for the screening and training of employees; the protection of clients; and the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and exploitation. The licensee shall identify clients whose personal histories render them at risk for abusing other clients,

Interpretive Guideline

Review the policy and procedure to verify if the policy addresses screening, training, protection, prevention, identification, investigation, and reporting.

How does the facility screen employees for hire?

Ask facility staff about their training program, including orientation and ongoing training.

Determine what information is provided to staff, clients and families regarding how to report concerns.

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develop intervention strategies to prevent occurrences of abuse, monitor clients for changes that would trigger abusive behavior, and reassess the interventions on a regular basis. A licensee shall:

- (1) Screen each potential employee for a history of abuse, neglect, mistreatment, or exploitation of clients. The screening shall include an attempt to obtain information from previous and current employers and verification of screening information by the appropriate licensing boards.
- (2) Train employees through orientation and ongoing sessions regarding issues related to abuse prohibition practices, including identification of abuse, neglect, mistreatment, and exploitation; appropriate interventions to address aggressive or catastrophic reactions of clients; the process for reporting allegations without fear of reprisal; and recognition of signs of frustration and stress that may lead to abuse.
- (3) Provide clients, families, and staff with information regarding how and to whom they may report concerns, incidents, and grievances without fear of retribution and provide feedback regarding the concerns that are expressed. A licensee shall identify, correct, and intervene in situations in which abuse, neglect, mistreatment, or exploitation is likely to occur, including:
 - (a) Evaluating the physical environment of the facility to identify characteristics that may make abuse or neglect more likely to occur, such as secluded areas.
 - (b) Providing sufficient staff on each shift to meet the needs of the clients and ensuring that the assigned staff have knowledge of each client's care needs.
 - (c) Identifying inappropriate staff behaviors, such as using derogatory language, rough handling of clients, ignoring clients while giving care, and directing clients who need toileting assistance to urinate or defecate in their beds.
 - (d) Assessing, monitoring, and planning care for clients with needs and behaviors that might lead to conflict or neglect,

Verify staff on duty at the time of the survey.

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such as a history of aggressive behaviors including entering other clients' rooms without permission, exhibiting self-injurious behaviors or communication disorders, requiring intensive nursing care, or being totally dependent on staff.

(4) Identify events, such as suspicious bruising of clients, occurrences, patterns, and trends that may constitute abuse and determine the direction of the investigation.

(5) Investigate alleged violations and different types of incidents, identify the staff member responsible for initial reporting, and report results to the proper authorities. The licensee shall analyze the incidents to determine whether policies and procedures need to be changed to prevent further incidents and take necessary corrective actions.

(6) Protect clients from harm during an investigation.

(7) Report alleged violations and substantiated incidents, as required under chapters 39 and 415, to the licensing authorities and all other agencies, as required, and report any knowledge of actions by a court of law that would indicate an employee is unfit for service.

ST - T1000 - Restraint and seclusion; client safety

Title Restraint and seclusion; client safety

Type Rule

400.9979(1)-(9), FS

Regulation Definition

(1) A facility shall provide a therapeutic milieu that supports a culture of individual empowerment and responsibility. The health and safety of the client shall be the facility's primary concern at all times.

(2) The use of physical restraints must be ordered and documented by a physician, physician assistant, or advanced practice registered nurse and must be consistent with the policies and procedures adopted by the facility. The client or,

Interpretive Guideline

What types of services does the facility offer?

During record review verify if physical and/or chemical restraints have been applied.

Review the facility policy and procedure for use of physical and chemical restraints.

Determine if documentation meets the requirements of 400.9979, F.S.

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if applicable, the client's representative shall be informed of the facility's physical restraint policies and procedures when the client is admitted.

(3) The use of chemical restraints shall be limited to prescribed dosages of medications as ordered by a physician, physician assistant, or advanced practice registered nurse and must be consistent with the client's diagnosis and the policies and procedures adopted by the facility. The client and, if applicable, the client's representative shall be informed of the facility's chemical restraint policies and procedures when the client is admitted.

(4) Based on the assessment by a physician, physician assistant, or advanced practice registered nurse, if a client exhibits symptoms that present an immediate risk of injury or death to himself or herself or others, a physician, physician assistant, or advanced practice registered nurse may issue an emergency treatment order to immediately administer rapid-response psychotropic medications or other chemical restraints. Each emergency treatment order must be documented and maintained in the client's record.

(a) An emergency treatment order is not effective for more than 24 hours.

(b) Whenever a client is medicated under this subsection, the client's representative or a responsible party and the client's physician, physician assistant, or advanced practice registered nurse shall be notified as soon as practicable.

(5) A client who is prescribed and receives a medication that can serve as a chemical restraint for a purpose other than an emergency treatment order must be evaluated by his or her physician, physician assistant, or advanced practice registered nurse at least monthly to assess:

- (a) The continued need for the medication.
- (b) The level of the medication in the client's blood.
- (c) The need for adjustments to the prescription.
- (6) The licensee shall ensure that clients are free from

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unnecessary drugs and physical restraints and are provided treatment to reduce dependency on drugs and physical restraints.

(7) The licensee may only employ physical restraints and seclusion as authorized by the facility's written policies, which shall comply with this section and applicable rules.

(8) Interventions to manage dangerous client behavior shall be employed with sufficient safeguards and supervision to ensure that the safety, welfare, and civil and human rights of a client are adequately protected.

(9) A facility shall notify the parent, guardian, or, if applicable, the client's representative when restraint or seclusion is employed. The facility must provide the notification within 24 hours after the restraint or seclusion is employed. Reasonable efforts must be taken to notify the parent, guardian, or, if applicable, the client's representative by telephone or e-mail, or both, and these efforts must be documented.

ST - T1100 - Personnel, BGS, IC, Admin Resp, CEMP, Records

Title Personnel, BGS, IC, Admin Resp, CEMP, Records

Type Rule

400.998, FS

Regulation Definition

(1) The agency shall require level 2 background screening for licensee personnel as required in s. 408.809(1)(e) and pursuant to chapter 435 and s. 408.809.

(2) The licensee shall maintain personnel records for each staff member that contain, at a minimum, documentation of background screening, a job description, documentation of compliance with the training requirements of this part and applicable rules, the employment application, references, a copy of each job performance evaluation, and, for each staff

Interpretive Guideline

Review a sample of employees to verify compliance with background screening requirements, job description, training requirements, application, job performance evaluation.

If employee is licensed and/or certified verify if their license and/or certification is current.

Review the policy and procedures for infection control.

Review the facility Comprehensive Emergency Management Plan

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member who performs services for which licensure or certification is required, a copy of all licenses or certification held by that staff member.

(3) The licensee must:

- (a) Develop and implement infection control policies and procedures and include the policies and procedures in the licensee's policy manual.
- (b) Maintain liability insurance as defined in s. 624.605(1)(b).
- (c) Designate one person as an administrator to be responsible and accountable for the overall management of the facility.
- (d) Designate in writing a person to be responsible for the facility when the administrator is absent from the facility for more than 24 hours.
- (e) Designate in writing a program director to be responsible for supervising the therapeutic and behavioral staff, determining the levels of supervision, and determining room placement for each client.
- (f) Designate in writing a person to be responsible when the program director is absent from the facility for more than 24 hours.
- (g) Obtain approval of the comprehensive emergency management plan, pursuant to s. 400.9982(2)(e), from the local emergency management agency. Pending the approval of the plan, 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 Health, the Agency for Health Care Administration, and the Division of Emergency Management. Appropriate volunteer organizations shall also be given the opportunity to review the plan. The local emergency management agency shall complete its review within 60 days after receipt of the plan and either approve the plan or advise the licensee of necessary revisions.
- (h) Maintain written records in a form and system that comply with medical and business practices and make the records available by the facility for review or submission to the agency

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upon request. The records shall include:

1. A daily census record that indicates the number of clients currently receiving services in the facility, including information regarding any public funding of such clients.
2. A record of each accident or unusual incident involving a client or staff member that caused, or had the potential to cause, injury or harm to any person or property within the facility. The record shall contain a clear description of each accident or incident; the names of the persons involved; a description of medical or other services provided to these persons, including the provider of the services; and the steps taken to prevent recurrence of such accident or incident.
3. A copy of current agreements with third-party providers.
4. A copy of current agreements with each consultant employed by the licensee and documentation of a consultant's visits and required written and dated reports.

ST - T1200 - Property and personal affairs of clients

Title Property and personal affairs of clients

Type Rule

400.9981(1)-(7), FS

Regulation Definition

- (1) A client shall be given the option of using his or her own belongings, as space permits; choosing a roommate if practical and not clinically contraindicated; and, whenever possible, unless the client is adjudicated incompetent or incapacitated under state law, managing his or her own affairs.
- (2) The admission of a client to a facility and his or her presence therein does not confer on a licensee or administrator, or an employee or representative thereof, any authority to manage, use, or dispose of the property of the client, and the admission or presence of a client does not confer on such person any authority or responsibility for the

Interpretive Guideline

Observe and interview sampled clients to determine if they are provided the opportunity to use his/her own belongings.

Ask sampled clients about the process for choosing a roommate.

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personal affairs of the client except that which may be necessary for the safe management of the facility or for the safety of the client.

(3) A licensee or administrator, or an employee or representative thereof, may:

(a) Not act as the guardian, trustee, or conservator for a client or a client's property.

(b) Act as a competent client's payee for social security, veteran's, or railroad benefits if the client provides consent and the licensee files a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to the client, or expendable for the client's account, that are received by a licensee.

(c) Act as the attorney in fact for a client if the licensee files a surety bond with the agency in an amount equal to twice the average monthly income of the client, plus the value of a client's property under the control of the attorney in fact.

The surety bond required under paragraph (b) or paragraph (c) shall be executed by the licensee as principal and a licensed surety company. The bond shall be conditioned upon the faithful compliance of the licensee with the requirements of licensure and is payable to the agency for the benefit of a client who suffers a financial loss as a result of the misuse or misappropriation of funds held pursuant to this subsection. A surety company that cancels or does not renew the bond of a licensee shall notify the agency in writing at least 30 days before the action, giving the reason for cancellation or nonrenewal. A licensee or administrator, or an employee or representative thereof, who is granted power of attorney for a client of the facility shall, on a monthly basis, notify the client in writing of any transaction made on behalf of the client pursuant to this subsection, and a copy of the notification given to the client shall be retained in the client's file and available for agency inspection.

(4) A licensee, with the consent of the client, shall provide for

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safekeeping in the facility of the client's personal effects of a value not in excess of \$1,000 and the client's funds not in excess of \$500 cash and shall keep complete and accurate records of the funds and personal effects received. If a client is absent from a facility for 24 hours or more, the licensee may provide for safekeeping of the client's personal effects of a value in excess of \$1,000.

(5) Funds or other property belonging to or due to a client or expendable for the client's account that are received by a licensee shall be regarded as funds held in trust and shall be kept separate from the funds and property of the licensee and other clients or shall be specifically credited to the client. The funds held in trust shall be used or otherwise expended only for the account of the client. At least once every month, except pursuant to an order of a court of competent jurisdiction, the licensee shall furnish the client and, if applicable, the client's representative with a complete and verified statement of all funds and other property to which this subsection applies, detailing the amount and items received, together with their sources and disposition. The licensee shall furnish the statement annually and upon discharge or transfer of a client. A governmental agency or private charitable agency contributing funds or other property to the account of a client is also entitled to receive a statement monthly and upon the discharge or transfer of the client.

(6)(a) In addition to any damages or civil penalties to which a person is subject, a person who:

1. Intentionally withholds a client's personal funds, personal property, or personal needs allowance;
2. Demands, beneficially receives, or contracts for payment of all or any part of a client's personal property or personal needs allowance in satisfaction of the facility rate for supplies and services; or
3. Borrows from or pledges any personal funds of a client, other than the amount agreed to by written contract under s.

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429.24,
commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(b) A licensee or administrator, or an employee, or representative thereof, who is granted power of attorney for a client and who misuses or misappropriates funds obtained through this power commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(7) In the event of the death of a client, a licensee shall return all refunds, funds, and property held in trust to the client's personal representative, if one has been appointed at the time the licensee disburses such funds, or, if not, to the client's spouse or adult next of kin named in a beneficiary designation form provided by the licensee to the client. If the client does not have a spouse or adult next of kin or such person cannot be located, funds due to be returned to the client shall be placed in an interest-bearing account, and all property held in trust by the licensee shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. The funds shall be kept separate from the funds and property of the licensee and other clients of the facility. If the funds of the deceased client are not disbursed pursuant to the Florida Probate Code within 2 years after the client's death, the funds shall be deposited in the Health Care Trust Fund administered by the agency.

ST - T1300 - Visitation

Title Visitation

Type Rule

DEM Emerg Order 20-009

Regulation Definition

1. Every facility must continue to prohibit the entry of any

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

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

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

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

D. Facility staff;

E. Facility residents;

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

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

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

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emergency medical personnel;

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

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

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

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

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

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

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

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

3. Develop an agreeable schedule in concert with the

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resident and visitor, including evening and weekends, to accommodate work or childcare barriers.

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

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

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

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

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

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

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

v. Essential caregivers and compassionate care visitors shall:

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

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

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

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

5. Maintain social distance of at least six feet with

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staff and other residents and limit movement in the facility.

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

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

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

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

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

3. Sufficient staff to support management of visitors;

4. Adequate PPE for staff, at a minimum;

5. Adequate cleaning and disinfecting supplies; and

6. Adequate capacity at referral hospitals for the

facility.

ii. General visitors must:

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

2. Wear a face mask and perform proper hand

hygiene;

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

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

5. Visit in a resident's room or other facility-designated area; and

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

iii. Before allowing general visitors, the facility shall:

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

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

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

4. Schedule visitors by appointment only;

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

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

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

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

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

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

iv. Facilities allowing general visitation shall enable general visitation as described in either or both paragraphs 1 and 2 below:

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

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

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

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

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

i. Services are permissible only if:

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

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

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

iii. Waiting customers must follow social distancing guidelines;

iv. Residents receiving services must wear face masks;

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

vi. Services may not be provided to a resident who tests positive for COVID-19 or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19; and

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

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

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

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

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

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

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

5. Documentation showing compliance with the following requirements must be kept for all visitation within a facility:

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

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

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