

House Bill No. 1971

An act relating to nursing home facilities; amending s. 430.502, F.S.; establishing an additional memory disorder clinic; authorizing the Department of Elder Affairs and the Department of Children and Families to initiate certain projects; creating s. 400.0078, F.S.; requiring the Office of State Long-Term Care Ombudsman to establish a statewide toll-free telephone number; amending s. 400.022, F.S.; providing immediate access to residents for representatives of the Office of the Attorney General; creating s. 400.0225, F.S.; directing the Agency for Health Care Administration to contract for consumer satisfaction surveys for nursing home residents; providing procedures and requirements for use of such surveys; amending s. 400.0255, F.S.; defining terms relating to facility decisions to transfer or discharge a resident; providing procedures, requirements, and limitations; requiring notice to the agency under certain circumstances; providing for review of a notice of discharge or transfer by the district long-term care ombudsman, upon request; specifying timeframes; amending s. 400.071, F.S.; providing additional requirements for licensure and renewal; providing a certificate-of-need preference for Gold Seal licensees; creating s. 400.118, F.S.; directing the agency to establish a quality assurance early warning system; providing for quality-of-care monitoring; providing duties of monitors; excluding certain information from discovery or introduction in evidence in civil or administrative actions; providing for rapid response teams; amending s. 400.121, F.S.; authorizing the agency to require certain facilities to increase staffing; authorizing such facilities to request an expedited interim rate increase; providing a penalty; amending s. 400.141, F.S.; providing requirements for appointment of a medical director; providing for resident use of a community pharmacy and for certain repackaging of prescription medication; providing for immunity from liability in the administration of repackaged medication; revising conditions for encouraging facilities to provide other needed services; requiring public display of certain assistance information; authorizing Gold Seal facilities to develop programs to provide certified nursing assistant training; amending s. 400.162, F.S.; revising procedures and policies regarding the safe-keeping of residents' property; amending s. 400.19, F.S., relating to the agency's right of entry and inspection; providing a time period for investigation of certain complaints; amending s. 400.191, F.S.; revising requirements for provision of information to the public by the agency; amending s. 400.215, F.S.; specifying conditions for probationary employment of applicants, pending results of an abuse registry screening; requiring the agency to provide a direct-access screening system; amending s. 400.23, F.S.; abolishing the Nursing Home Advisory Committee; revising the system for evaluating facility compliance with licensure requirements; eliminating ratings and providing for standard or conditional licensure status; directing the agency to adopt rules to provide minimum staffing requirements for nursing homes and to allow certain staff to assist residents with

eating; increasing the maximum penalties for deficiencies in facility operations; creating s. 400.235, F.S.; providing for development of a Gold Seal Program for recognition of facilities demonstrating excellence in long-term care; establishing a Panel on Excellence in Long-Term Care under the Executive Office of the Governor; providing membership; providing program criteria; providing for duties of the panel and the Governor; providing for agency rules; providing for biennial relicensure of Gold Seal Program facilities, under certain conditions; amending s. 400.241, F.S.; prohibiting willful interference with an unannounced inspection; providing a penalty; amending s. 408.035, F.S.; providing certificate-of-need review criteria for Gold Seal facilities; creating s. 430.80, F.S.; requiring that the Agency for Health Care Administration implement a pilot project for establishing teaching nursing homes; specifying requirements for a nursing home facility to be designated as a teaching nursing home; requiring that the agency develop additional criteria; authorizing a teaching nursing home to be affiliated with a medical school within the State University System; providing for annual appropriations to a teaching nursing home; providing certain limitations on the expenditure of funds by a teaching nursing home; amending s. 468.1755, F.S.; providing for disciplinary action against a nursing home administrator who authorizes discharge or transfer of a resident for a reason other than provided by law; amending ss. 394.4625, 400.063, and 468.1756, F.S.; correcting cross references; reenacting ss. 468.1695(3) and 468.1735, F.S.; incorporating the amendment to s. 468.1755, F.S., in references thereto; providing for funding for recruitment of qualified nursing facility staff; creating a panel on Medicaid reimbursement; providing membership and duties; requiring reports; providing for expiration; requiring a study of factors affecting recruitment, training, employment, and retention of qualified certified nursing assistants; requiring a report; repealing s. 400.29, F.S., relating to an agency annual report of nursing home facilities; providing appropriations; providing effective dates.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraphs (i) and (j) of subsection (1) of section 430.502, Florida Statutes, 1998 Supplement, are amended and paragraph (k) is added to said subsection, to read:

430.502 Alzheimer's disease; memory disorder clinics and day care and respite care programs.—

(1) There is established:

(i) A memory disorder clinic at the Tallahassee Memorial Regional Medical Center; ~~and~~

(j) A memory disorder clinic at Lee Memorial Hospital created by chapter 63-1552, Laws of Florida, as amended; ~~and~~,

(k) A memory disorder clinic at Sarasota Memorial Hospital in Sarasota County,

for the purpose of conducting research and training in a diagnostic and therapeutic setting for persons suffering from Alzheimer's disease and related memory disorders. However, memory disorder clinics funded as of June 30, 1995, shall not receive decreased funding due solely to subsequent additions of memory disorder clinics in this subsection.

Section 2. The Department of Elder Affairs is authorized to initiate projects to demonstrate the effectiveness of comprehensive day treatment services to seniors as a diversion from nursing home care thereby allowing seniors to remain in their homes.

Section 3. The Department of Children and Families is authorized to initiate projects to demonstrate the effectiveness of comprehensive day treatment service to the developmentally disabled to remain in their homes and/or communities.

Section 4. Section 400.0078, Florida Statutes, is created to read:

400.0078 Statewide toll-free telephone number.—The Office of State Long-Term Care Ombudsman shall establish a statewide toll-free telephone number for receiving complaints concerning nursing facilities.

Section 5. Paragraph (c) of subsection (1) of section 400.022, Florida Statutes, is amended to read:

400.022 Residents' rights.—

(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:

(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 Family Health and Rehabilitative Services, ~~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; members of the state or district ombudsman council; 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 ~~Nursing Home and Long-Term Care Facility~~ Ombudsman Council to examine a resident's clinical records with the permission of the resident or the resident's legal representative and consistent with state law.

Section 6. Section 400.0225, Florida Statutes, is created to read:

400.0225 Consumer satisfaction surveys.—The agency, or its contractor, in consultation with the nursing home industry and consumer representatives, shall develop an easy-to-use consumer satisfaction survey, shall ensure that every nursing facility licensed pursuant to this part participates in assessing consumer satisfaction, and shall establish procedures to ensure that, at least annually, a representative sample of residents of each facility is selected to participate in the survey. The sample shall be of sufficient size to allow comparisons between and among facilities. Family members, guardians, or other resident designees may assist the resident in completing the survey. Employees and volunteers of the nursing facility or of a corporation or business entity with an ownership interest in the facility are prohibited from assisting a resident with or attempting to influence a resident's responses to the consumer satisfaction survey. The agency, or its contractor, shall survey family members, guardians, or other resident designees when the resident is mentally incapable of responding to the survey. The agency, or its contractor, shall specify the protocol for conducting and reporting the consumer satisfaction surveys. Reports of consumer satisfaction surveys shall protect the identity of individual respondents. The agency shall contract for consumer satisfaction surveys and report the results of those surveys in the consumer information materials prepared and distributed by the agency.

Section 7. Section 400.0231, Florida Statutes, is renumbered as section 400.1415, Florida Statutes.

Section 8. Section 400.0255, Florida Statutes, is amended to read:

400.0255 Resident hearings of facility decisions to transfer or discharge; requirements and procedures; hearings.—

(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. "discharge" or "transfer" means the movement of a resident to a bed outside the certified facility. "Discharge" or "transfer" does not refer to the movement of a resident to a bed within the same certified facility.

(2) Each facility licensed under this part must comply with subsection (10) and s. 400.022(1)(p) when deciding to discharge or transfer a resident.

(3) When a resident is to be discharged or transferred, the nursing home administrator employed by the 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 administrator, must sign the notice of discharge or transfer. Any notice indicating a medical reason for transfer or discharge must be signed by the resident's attending physician or the medical director of the facility.

(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.

(b) Upon receipt of such a notice, the agency shall conduct an onsite inspection of the facility to verify the necessity of the discharge or transfer.

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

(7) 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.

(8)(3) 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 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.

(9)(4) The notice required by subsection (8)(3) 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 district 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 shall state the effective date of the discharge or transfer and the location to which the resident is being discharged or transferred. The form shall clearly describe the resident's appeal rights and the procedures for filing an appeal, including the right to request the district ombudsman council to 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 district ombudsman council.

(10) A resident may request that the district 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 district 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 district 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.

(11)(5)(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~~ of 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~~ of 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~~ of receipt of a request for a fair hearing.

(c) If the resident fails to request a hearing within 10 days ~~after~~ of 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.

(12)(6) Notwithstanding paragraph (11)(b) ~~(5)(b)~~, an emergency discharge or transfer may be implemented as necessary pursuant to state or federal law during the period of 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 district ombudsman council if requested pursuant to subsection (10) must be by telephone or in person. This notice shall be given before the transfer, if possible, or as soon thereafter as practicable. A district 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 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 (9) ~~(4)~~ must be given the next working day.

(13) After receipt of any notice required under this section, the district 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 the requirements of this section. If requested, the district ombudsman council shall assist the resident with filing an appeal of the proposed discharge or transfer.

(14)(7) The following persons must be present at all hearings ~~proceedings~~ 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 district long-term care ombudsman council may be present at all hearings proceedings authorized by this section.

~~(15)(8)~~ In any hearing proceeding under this section, the following information concerning the parties shall be confidential and exempt from the provisions of 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 a district 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.

~~(16)(9)~~(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 ~~of~~ receipt of the request for hearing.

~~(c)(10)~~ 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)(11)~~ The decision of the hearing officer shall be final. Any 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.

~~(17)(12)~~ The department may adopt rules necessary to administer ~~imple-~~
~~ment the provisions of this section.~~

Section 9. Paragraph (g) is added to subsection (2) of section 400.071, Florida Statutes, 1998 Supplement, present subsections (8) and (9) are amended and renumbered as subsections (9) and (10), respectively, and a new subsection (8) is added to said section, to read:

400.071 Application for license.—

(2) The application shall be under oath and shall contain the following:

(g) Copies of any civil verdict or judgment involving the applicant rendered within the 10 years preceding the application, relating to medical negligence, violation of residents' rights, or wrongful death. As a condition of licensure, the licensee agrees to provide to the agency copies of any new verdict or judgment involving the applicant, relating to such matters, within 30 days after filing with the clerk of the court. The information required in this paragraph shall be maintained in the facility's licensure file and in an agency database which is available as a public record.

(8) As a condition of licensure, each facility must agree to participate in a consumer satisfaction measurement process as prescribed by the agency.

(9)(8) The agency may not issue a license to a nursing home that fails to receive a certificate of need under the provisions of ss. 408.031-408.045. It is the intent of the Legislature that, in reviewing a certificate-of-need application to add beds to an existing nursing home facility, preference be given to the application of a licensee who has been awarded a Gold Seal as provided for in s. 400.235, if the applicant otherwise meets the review criteria specified in s. 408.035.

(10)(9) The agency may develop an abbreviated survey for licensure renewal applicable to a licensee that has continuously operated as a nursing facility since 1991 or earlier, and has operated under the same management for at least the preceding 30 months, and has had during the preceding 30 months no class I or class II deficiencies maintained a superior rating during that period.

Section 10. Section 400.118, Florida Statutes, is created to read:

400.118 Quality assurance; early warning system; monitoring; rapid response teams.—

(1) The agency shall establish an early warning system to detect conditions in nursing facilities that could be detrimental to the health, safety, and welfare of residents. The early warning system shall include, but not be limited to, analysis of financial and quality-of-care indicators that would predict the need for the agency to take action pursuant to the authority set forth in this part.

(2)(a) The agency shall establish within each district office one or more quality-of-care monitors, based on the number of nursing facilities in the

district, to monitor all nursing facilities in the district on a regular, unannounced, aperiodic basis, including nights, evenings, weekends, and holidays. Priority for monitoring visits shall be given to nursing facilities with a history of patient care deficiencies. Quality-of-care monitors shall be registered nurses who are trained and experienced in nursing facility regulation, standards of practice in long-term care, and evaluation of patient care. Individuals in these positions shall not be deployed by the agency as a part of the district survey team in the conduct of routine, scheduled surveys, but shall function solely and independently as quality-of-care monitors. Quality-of-care monitors shall assess the overall quality of life in the nursing facility and shall assess specific conditions in the facility directly related to patient care. The quality-of-care monitor shall include in an assessment visit observation of the care and services rendered to residents and formal and informal interviews with residents, family members, facility staff, resident guests, volunteers, other regulatory staff, and representatives of a long-term care ombudsman council or human rights advocacy committee.

(b) Findings of a monitoring visit, both positive and negative, shall be provided orally and in writing to the facility administrator or, in the absence of the facility administrator, to the administrator on duty or the director of nursing. The quality-of-care monitor may recommend to the facility administrator procedural and policy changes and staff training, as needed, to improve the care or quality of life of facility residents. Conditions observed by the quality-of-care monitor which threaten the health or safety of a resident shall be reported immediately to the agency area office supervisor for appropriate regulatory action and, as appropriate or as required by law, to law enforcement, adult protective services, or other responsible agencies.

(c) Any record, whether written or oral, or any written or oral communication generated pursuant to paragraph (a) or paragraph (b) shall not be subject to discovery or introduction into evidence in any civil or administrative action against a nursing facility arising out of matters which are the subject of quality-of-care monitoring, and a person who was in attendance at a monitoring visit or evaluation may not be permitted or required to testify in any such civil or administrative action as to any evidence or other matters produced or presented during the monitoring visits or evaluations. However, information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil or administrative action merely because they were presented during monitoring visits or evaluations, and any person who participates in such activities may not be prevented from testifying as to matters within his or her knowledge, but such witness may not be asked about his or her participation in such activities. The exclusion from the discovery or introduction of evidence in any civil or administrative action provided for herein shall not apply when the quality-of-care monitor makes a report to the appropriate authorities regarding a threat to the health or safety of a resident.

(3) The agency shall also create teams of experts that can function as rapid response teams to visit nursing facilities identified through the agency's early warning system. Rapid response teams may visit facilities that

request the agency's assistance. The rapid response teams shall not be deployed for the purpose of helping a facility prepare for a regular survey.

Section 11. Subsection (6) is added to section 400.121, Florida Statutes, 1998 Supplement, to read:

400.121 Denial, suspension, revocation of license; moratorium on admissions; administrative fines; procedure.—

(6) The agency is authorized to require a facility to increase staffing beyond the minimum required by law, if the agency has taken administrative action against the facility for care-related deficiencies directly attributable to insufficient staff. Under such circumstances, the facility may request an expedited interim rate increase. The agency shall process the request within 10 days after receipt of all required documentation from the facility. A facility that fails to maintain the required increased staffing is subject to a fine of \$500 per day for each day the staffing is below the level required by the agency.

Section 12. Section 400.141, Florida Statutes, is amended to read:

400.141 Administration and management of nursing home facilities.— Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(1) Be under the administrative direction and charge of a licensed administrator.

(2) 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.

(3)(2) Have available the regular, consultative, and emergency services of physicians licensed by the state.

(4)(3) 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 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.

(5) 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 may 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 such resident has bulk prescription medication benefits covered under a qualified pension plan as specified in s. 4972 of the Internal Revenue Code, a federal retirement

program as specified under 5 C.F.R. s. 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 the provisions of this subsection shall 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 herein. A pharmacist who repackages and relabels prescription medications, as authorized under this subsection, may charge a reasonable fee for costs resulting from the implementation of this provision.

(6)(4) Be allowed and encouraged by the agency to provide other needed services under certain conditions. If the facility has a standard licensure status, and has had no class I or class II deficiencies during the past 2 years or has been awarded a Gold Seal under the program established in s. 400.235, it may ~~is rated superior or standard,~~ be encouraged by the agency to provide services, including, but not limited to, respite and adult day services, which enable individuals to move in and out 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 and rules adopted by the agency. However, the agency shall, by rule, adopt modified requirements for resident assessment, resident care plans, resident contracts, physician orders, and other provisions, as appropriate, for short-term or temporary nursing home services. The agency shall allow for shared programming and staff in a facility which meets minimum standards and offers services pursuant to this subsection, 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 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.

(7)(5) If the facility has a standard licensure status or is a Gold Seal facility is rated superior or standard, exceeds minimum staffing standards, and is part of a retirement community that offers other services pursuant to part III, part IV, or part V, be allowed to share programming and staff. At the time of relicensure, a retirement community that uses this option must demonstrate through staffing records that minimum staffing requirements for the facility were exceeded.

(8)(6) Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.

(9)(7) 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 subsection, the agency shall be guided by standards recommended by nationally recognized professional groups and associations with knowledge of dietetics.

~~(10)~~(8) 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 residents; and individual resident care plans including, but not limited to, prescribed services, service frequency and duration, and service goals. The records shall be open to inspection by the agency.

~~(11)~~(9) Keep such fiscal records of its operations and conditions as may be necessary to provide information pursuant to this part.

~~(12)~~(10) 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.

(13) 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 Statewide Human Rights Advocacy Committee, and the Medicaid Fraud Control Unit, with a clear description of the assistance to be expected from each.

Facilities that have been awarded a Gold Seal under the program established in s. 400.235 may develop a plan to provide certified nursing assistant training as prescribed by federal regulations and state rules and may apply to the agency for approval of its program.

Section 13. Subsection (3) of section 400.162, Florida Statutes, is amended to read:

400.162 Property and personal affairs of residents.—

(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 policy shall be provided to every employee and to each resident at admission. 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. The facility shall post notice of these policies and procedures, and any revision thereof, in places accessible to residents.

Section 14. Subsections (1) and (4) of section 400.19, Florida Statutes, are amended to read:

400.19 Right of entry and inspection.—

(1) The agency and any duly designated officer or employee thereof or a member of the State Long-Term Care Ombudsman Council or the district long-term care ombudsman council shall have the right 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 that provides extended care or other long-term care services, at any reasonable time in order to determine the state of compliance with the provisions of this part and rules in force pursuant thereto. The right of entry and inspection shall also extend to any premises which the agency has reason to believe is being operated or maintained as a facility without a license, but no such entry or inspection of any premises shall be made without the permission of the owner or person in charge thereof, unless a warrant is first obtained from the circuit court authorizing same. Any application for a facility license or renewal thereof, made pursuant to this part, shall constitute permission for and complete acquiescence in any entry or inspection of the premises for which the license is sought, in order to facilitate verification of the information submitted on or in connection with the application; to discover, investigate, and determine the existence of abuse or neglect; or to elicit, receive, respond to, and resolve complaints. The agency shall, within 60 days after receipt of a complaint made by a resident or resident's representative, complete its investigation and provide to the complainant its findings and resolution.

(4) The agency shall conduct unannounced onsite facility reviews following written verification of licensee noncompliance in instances in which a long-term care ombudsman council, pursuant to ss. 400.0071 and 400.0075, has received a complaint and has documented deficiencies in resident care or in the physical plant of the facility that threaten the health, safety, or security of residents, or when the agency documents through inspection that conditions in a facility present a direct or indirect threat to the health, safety, or security of residents. However, the agency shall conduct four or more unannounced onsite reviews within a 12-month period of each facility which has a conditional licensure status rating. Deficiencies related to physical plant do not require followup reviews after the agency has determined that correction of the deficiency has been accomplished and that the correction is of the nature that continued compliance can be reasonably expected.

Section 15. Section 400.191, Florida Statutes, is amended to read:

400.191 Availability, distribution, and posting of reports and records.—

(1) The agency shall provide information to the public about all of the licensed nursing home facilities operating in the state. The agency shall, within 60 days after from the date of an annual inspection visit or within 30 days after from the date of any interim visit to a facility, send copies of the inspection reports to the district long-term care ombudsman council, the agency's local office, and a public library or the county seat for the county in which the facility is located., forward the results of all inspections of nursing home facilities to:

~~(a) The district ombudsman council in whose district the inspected facility is located.~~

~~(b) At least one public library or, in the absence of a public library, the county seat in the county in which the inspected facility is located.~~

~~(c) The area office supervisor of the agency in whose district the inspected facility is located.~~

(2) The agency shall provide additional information in consumer-friendly printed and electronic formats to assist consumers and their families in comparing and evaluating nursing home facilities.

(a) The agency shall provide an Internet site which shall include at least the following information:

1. A list by name and address of all nursing home facilities in this state.
2. Whether such nursing home facilities are proprietary or nonproprietary.
3. The licensure status of each facility.
4. The ownership history of each facility.
5. The name of the owner or owners of each facility and whether the facility is a part of a corporation owning or operating more than one nursing facility in this state.
6. Performance, regulatory, and enforcement information about the corporation, as well as the facility.
7. The total number of beds in each facility.
8. The number of private and semiprivate rooms in each facility.
9. The religious affiliation, if any, of each facility.
10. The languages spoken by the administrator and staff of each facility.
11. Whether or not each facility accepts Medicare or Medicaid recipients.
12. Recreational and other programs available at each facility.

13. For nursing homes certified for Medicare or Medicaid, information from the Minimum Data Set system of the federal Health Care Financing Administration about the clinical performance of each facility, including information related to the nursing home quality indicators.

14. Information about the licensure status and regulatory history of each facility.

15. Special care units or programs offered at each facility.

16. Whether the facility is a part of a retirement community that offers other services pursuant to part III, part IV, or part V.

17. The results of consumer and family satisfaction surveys for each facility.

18. The licensure status and rating history for the past 5 years for each facility.

19. Survey and deficiency information contained on the Online Survey Certification and Reporting (OSCAR) system of the federal Health Care Financing Administration, including annual survey, revisit, and complaint survey information, for each facility for the past 3 years. For noncertified nursing homes, state survey and deficiency information, including annual survey, revisit, and complaint survey information for the past 3 years shall be provided.

(b) The agency shall provide the following information in printed form:

1. A list by name and address of all nursing home facilities in this state.

2. Whether such nursing home facilities are proprietary or nonproprietary and their current ownership.

3. The licensure status of each facility.

4. The total number of beds, and of private and semiprivate rooms, in each facility.

5. The religious affiliation, if any, of each facility.

6. The languages spoken by the administrator and staff of each facility.

7. Whether or not each facility accepts Medicare or Medicaid recipients.

8. Recreational programs, special care units, and other programs available at each facility.

9. A summary of information from the Minimum Data Set system of the federal Health Care Financing Administration about the clinical performance of each facility.

10. Information about the licensure status and regulatory history of each facility.

11. The results of consumer and family satisfaction surveys for each facility.

12. The Internet address for the site where more detailed information can be seen.

13. A statement advising consumers that each facility will have its own policies and procedures related to protecting resident property.

~~(3)~~(2) 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 such reports shall be retained in such records for not less than 5 years from the date the reports are filed or issued.

~~(4)~~(3) 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 shall be made available to the agency on the premises of the facility.

~~(5)~~(4) 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, 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 such deficiencies and indicating in such summaries where the full reports may be inspected in the nursing home.

(b) Upon request, provide to any person who has completed a written application with an intent to be admitted to, or to any resident of, such nursing home, or to any relative, spouse, or guardian of such person, a copy of the last inspection report pertaining to the nursing home and issued by the agency, provided the person requesting the report agrees to pay a reasonable charge to cover copying costs.

Section 16. Effective upon this act becoming a law, paragraph (a) of subsection (2) of section 400.215, Florida Statutes, 1998 Supplement, is amended, and paragraph (e) is added to said subsection, to read:

400.215 Personnel screening requirement.—

(2) Employers and employees shall comply with the requirements of s. 435.05.

(a) Notwithstanding the provisions of s. 435.05(1), facilities must have in their possession evidence that level 1 screening has been completed before allowing an employee to begin working with patients as provided in subsection (1). All information necessary for conducting background screening using level 1 standards as specified in s. 435.03(1) and for conducting a search of the central abuse registry and tracking system as specified in s. 435.03(3)(a) shall be submitted by the nursing facility to the agency. Results

of the background screening and the abuse registry check shall be provided by the agency to the requesting nursing facility. An applicant who has been qualified under a level 1 criminal screening and who, under penalty of perjury, attests to not having been classified in the central abuse registry and tracking system as a perpetrator in a confirmed report of abuse, neglect, or exploitation may be allowed to work on a probationary status in the nursing facility, under supervision, for a period not to exceed 30 days, pending the results of an abuse registry screening.

(e) Notwithstanding the confidentiality provisions of s. 415.107, the agency shall provide no later than 45 days after the effective date of this paragraph, a direct-access electronic screening capability to all enrolled facilities or agencies required by law to restrict employment to only an applicant who does not have a disqualifying report in the central abuse registry and tracking system. The agency shall, upon request, provide to such facility or agency a user code by which the facility or agency may query the listing of all persons disqualified because of a confirmed classification. The direct-access screening system shall allow for the electronic matching of an applicant's identifying information, including name, date of birth, race, sex, and social security number, against the listing of disqualified persons. The agency may charge a fee for issuing the user code sufficient to cover the cost of establishing and maintaining the direct-access screening system. The direct-access screening system shall provide immediately to the user only the electronic notification of applicant clearance or disqualification. The system shall also maintain for appropriate entry into the agency screening database an electronic record of the inquiry on behalf of the applicant.

Section 17. Section 400.23, Florida Statutes, 1998 Supplement, is amended, and subsections (11) and (12) of said section are renumbered as subsections (1) and (2) of section 400.232, Florida Statutes, to read:

400.23 Rules; criteria; Nursing Home Advisory Committee; evaluation and deficiencies; licensure status rating system; fee for review of plans.—

(1) It is the intent of the Legislature that rules published and enforced pursuant to this part shall include criteria by which a reasonable and consistent quality of resident care may be ensured and the results of such resident care can be demonstrated and by which safe and sanitary nursing homes can be provided. It is further intended that reasonable efforts be made to accommodate the needs and preferences of residents to enhance the quality of life in a nursing home. In addition, efforts shall be made to minimize the paperwork associated with the reporting and documentation requirements of these rules.

(2) Pursuant to the intention of the Legislature, the agency, in consultation with the Department of Health and ~~Rehabilitative Services~~ and the Department of Elderly Affairs, shall adopt and enforce rules to implement this part, which shall include reasonable and fair criteria in relation to:

(a) The location and construction of the facility; including fire and life safety, plumbing, heating, lighting, ventilation, and other housing conditions which will ensure the health, safety, and comfort of residents, including an adequate call system. The agency shall establish standards for facili-

ties and equipment to increase the extent to which new facilities and a new wing or floor added to an existing facility after July 1, 1999, are structurally capable of serving as shelters only for residents, staff, and families of residents and staff, and equipped to be self-supporting during and immediately following disasters. The agency for Health Care Administration shall work with facilities licensed under this part and report to the Governor and Legislature by April 1, 1999, its recommendations for cost-effective renovation standards to be applied to existing facilities. 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. All nursing homes must comply with those lifesafety code requirements and building code standards applicable at the time of approval of their construction plans. The agency may require alterations to a building if it determines that an existing condition constitutes a distinct hazard to life, health, or safety. The agency shall adopt fair and reasonable rules setting forth conditions under which existing facilities undergoing additions, alterations, conversions, renovations, or repairs shall be required to comply with the most recent updated or revised standards.

(b) The number and qualifications of all personnel, including management, medical, nursing, and other professional personnel, and nursing assistants, orderlies, and support personnel, having responsibility for any part of the care given residents.

(c) All sanitary conditions within the facility and its surroundings, including water supply, sewage disposal, food handling, and general hygiene which will ensure the health and comfort of residents.

(d) The equipment essential to the health and welfare of the residents.

(e) A uniform accounting system.

(f) The care, treatment, and maintenance of residents and measurement of the quality and adequacy thereof, based on rules developed under this chapter and the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended.

(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 Department of Community Affairs. 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 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 and ~~Rehabilitative Services~~, the Agency for Health Care Administration, and the

Department of Community Affairs. 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.

(3)(a) The agency shall adopt rules providing for the minimum staffing requirements for nursing homes. These requirements shall include, for each nursing home facility, a minimum certified nursing assistant staffing and a minimum licensed nursing staffing per resident per day, including evening and night shifts and weekends. Agency rules shall specify requirements for documentation of compliance with staffing standards, sanctions for violation of such standards, and requirements for daily posting of the names of staff on duty for the benefit of facility residents and the public. The agency shall recognize the use of licensed nurses for compliance with minimum staffing requirements for certified nursing assistants, provided that the facility otherwise meets the minimum staffing requirements for licensed nurses and that the licensed nurses so recognized are performing the duties of a certified nursing assistant. Unless otherwise approved by the agency, licensed nurses counted towards the minimum staffing requirements for certified nursing assistants must exclusively perform the duties of a certified nursing assistant for the entire shift and shall not also be counted towards 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. In no event may the hours of a licensed nurse with dual job responsibilities be counted twice.

(b) The agency shall adopt rules to allow properly trained staff of a nursing facility, in addition to certified nursing assistants and licensed nurses, to assist residents with eating. The rules shall specify the minimum training requirements and shall specify the physiological conditions or disorders of residents which would necessitate that the eating assistance be provided by nursing personnel of the facility. Non-nursing staff providing eating assistance to residents under the provisions of this subsection shall not count towards compliance with minimum staffing standards.

~~(4)(3)~~ Rules developed pursuant to this section shall not restrict the use of shared staffing and shared programming in facilities which are part of retirement communities that provide multiple levels of care and otherwise meet the requirement of law or rule.

~~(5)(4)~~ The agency, in collaboration with the Division of Children's Medical Services Program Office of the Department of Health and Rehabilitative Services, must, no later than December 31, 1993, adopt rules for minimum standards of care for persons under 21 years of age who reside in nursing home facilities. The rules must include a methodology for reviewing a nursing home facility under ss. 408.031-408.045 which serves only persons under 21 years of age.

~~(6)(5)~~ Prior to conducting a survey of the facility, the survey team shall obtain a copy of the district ~~nursing home and long-term care facility om-~~

budsman council report on the facility. Problems noted in the report shall be incorporated into and followed up through the agency's inspection process. This procedure does not preclude the district nursing home and long-term care facility ombudsman council from requesting the agency to conduct a followup visit to the facility.

~~(6) There is created the Nursing Home Advisory Committee, which shall consist of 15 members who are to be appointed by and report directly to the director of the agency. The membership is to include:~~

- ~~(a) One researcher from a university center on aging.~~
- ~~(b) Two representatives from the Florida Health Care Association.~~
- ~~(c) Two representatives from the Florida Association of Homes for the Aging.~~
- ~~(d) One representative from the Department of Elderly Affairs.~~
- ~~(e) Five consumer representatives, at least two of whom serve on or are staff members of the state or a district nursing home and long-term care facility ombudsman council.~~
- ~~(f) One representative from the Florida American Medical Directors Association.~~
- ~~(g) One representative from the Florida Association of Directors of Nursing Administrators.~~
- ~~(h) One representative from the Agency for Health Care Administration.~~
- ~~(i) One representative from the nursing home industry at large who owns or operates a licensed nursing home facility in the state and is not a member of any state nursing home association.~~

~~At least one member shall be over 60 years of age.~~

~~(7) The committee shall perform the following duties to assist the agency in ensuring compliance with the intent of the Legislature specified in subsection (1):~~

~~(a) Assist in developing a nursing home rating system based on the requirements of rules developed under this chapter and the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended.~~

~~(b) Assist in developing surveyor guidelines and training to ensure the equitable application of the nursing home rating system.~~

~~(c) Assist in developing guidelines to determine the scope and severity of noncompliance.~~

~~(d) Identify burdensome paperwork that is not specifically related to resident care.~~

~~(e) Advise the agency of proposed changes in statutes and rules necessary to ensure adequate care and services and the promotion and protection of residents' rights in long-term care facilities.~~

(7)(8) The agency shall, at least every 15 months, evaluate all nursing home facilities and make a determination as to the degree of compliance by each licensee with the established rules adopted under this part as a basis for assigning a licensure status rating to that facility. The agency shall base its evaluation on the most recent inspection report, taking into consideration findings from other official reports, surveys, interviews, investigations, and inspections. The agency shall assign a licensure status of standard or conditional one of the following ratings to each nursing home: standard, conditional, or superior.

(a) A standard licensure status rating means that a facility has no class I or class II deficiencies, has corrected all class III deficiencies within the time established by the agency, and is in substantial compliance at the time of the survey with criteria established under this part, with rules adopted by the agency, and, if applicable, with rules adopted under the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended.

(b) A conditional licensure status rating means that a facility, due to the presence of one or more class I or class II deficiencies, or class III deficiencies not corrected within the time established by the agency, is not in substantial compliance at the time of the survey with criteria established under this part, with rules adopted by the agency, or, if applicable, with rules adopted under the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended. If the facility comes into substantial compliance at the time of the followup survey, a standard licensure status rating may be assigned issued. A facility ~~assigned a conditional rating at the time of the relicensure survey may not qualify for consideration for a superior rating until the time of the next subsequent relicensure survey.~~

~~(c) A superior rating means that a facility has no class I or class II deficiencies and has corrected all class III deficiencies within the time established by the agency and is in substantial compliance with the criteria established under this part and the rules adopted by the agency and, if applicable, with rules adopted pursuant to the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended; and the facility exceeds the criteria for a standard rating through enhanced programs and services in the following areas:~~

~~1. Nursing service.~~

- ~~2.—Dietary or nutritional services.~~
- ~~3.—Physical environment.~~
- ~~4.—Housekeeping and maintenance.~~
- ~~5.—Restorative therapies and self-help activities.~~
- ~~6.—Social services.~~
- ~~7.—Activities and recreational therapy.~~

~~(d) In order to facilitate the development of special programs or facility-wide initiatives and promote creativity based on the needs and preferences of residents, the areas listed in paragraph (c) may be grouped or addressed individually by the licensee. However, a facility may not qualify for a superior rating if fewer than three programs or initiatives are developed to encompass the required areas.~~

~~(c)(e) In determining the rating and evaluating the overall quality of care and services and determining whether the facility will receive a conditional or standard license, the agency shall consider the needs and limitations of residents in the facility and the results of interviews and surveys of a representative sampling of residents, families of residents, ombudsman council members in the district in which the facility is located, guardians of residents, and staff of the nursing home facility.~~

~~(d)(f) The current licensure status rating of each facility must be indicated in bold print on the face of the license. A list of the deficiencies of the facility shall be posted in a prominent place that is in clear and unobstructed public view at or near the place where residents are being admitted to that facility. Licensees receiving a conditional licensure status rating for a facility shall prepare, within 10 working days after receiving notice of deficiencies, a plan for correction of all deficiencies and shall submit the plan to the agency for approval. Correction of all deficiencies, within the period approved by the agency, shall result in termination of the conditional licensure status rating. Failure to correct the deficiencies within a reasonable period approved by the agency shall be grounds for the imposition of sanctions pursuant to this part.~~

~~(e)(g) Each licensee shall post its license in a prominent place that is in clear and unobstructed public view at or near the place where residents are being admitted to the facility. A licensee with a superior rating may advertise its rating in any nonpermanent medium and in accordance with rules adopted by the agency. A list of the facilities receiving a superior rating shall be distributed to the state and district ombudsman councils.~~

~~(f)(h) Not later than January 1, 1994, the agency shall adopt rules that:~~

1. Establish uniform procedures for the evaluation of facilities.
2. Provide criteria in the areas referenced in paragraph (c).

3. Address other areas necessary for carrying out the intent of this section.

~~(i) A license rated superior shall continue until it is replaced by a rating based on a later survey. A superior rating may be revoked at any time for failure to maintain substantial compliance with criteria established under this part, with rules adopted by the agency, or, if applicable, with rules adopted under the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended, or for failure to exceed the criteria specified for any area as listed in paragraph (c).~~

~~(j) A superior rating is not transferable to another license, except when an existing facility is being relicensed in the name of an entity related to the current licenseholder by common ownership or control and there will be no change in the management, operation, or programs at the facility as a result of the relicensure.~~

~~(8)(9)~~ The agency shall adopt rules to provide that, when the criteria established under subsection (2) are not met, such deficiencies shall be classified according to the nature of the deficiency. The agency shall indicate the classification on the face of the notice of deficiencies as follows:

(a) Class I deficiencies are those which the agency determines present an imminent danger to the residents or guests of the nursing home facility or a substantial probability that death or serious physical harm would result therefrom. The condition or practice constituting a class I violation shall be abated or eliminated immediately, unless a fixed period of time, as determined by the agency, is required for correction. Notwithstanding s. 400.121(2), a class I deficiency is subject to a civil penalty in an amount not less than \$5,000 and not exceeding ~~\$25,000~~ \$10,000 for each and every deficiency. A fine may be levied notwithstanding the correction of the deficiency.

(b) Class II deficiencies are those which the agency determines have a direct or immediate relationship to the health, safety, or security of the nursing home facility residents, other than class I deficiencies. A class II deficiency is subject to a civil penalty in an amount not less than \$1,000 and not exceeding ~~\$10,000~~ \$5,000 for each and every deficiency. A citation for a class II deficiency shall specify the time within which the deficiency is required to be corrected. If a class II deficiency is corrected within the time specified, no civil penalty shall be imposed, unless it is a repeated offense.

(c) Class III deficiencies are those which the agency determines to have an indirect or potential relationship to the health, safety, or security of the nursing home facility residents, other than class I or class II deficiencies. A class III deficiency shall be subject to a civil penalty of not less than \$500 and not exceeding \$2,500 ~~\$1,000~~ for each and every deficiency. A citation for a class III deficiency shall specify the time within which the deficiency is required to be corrected. If a class III deficiency is corrected within the time specified, no civil penalty shall be imposed, unless it is a repeated offense.

~~(9)(40)~~ Civil penalties paid by any licensee under subsection ~~(8)~~ (9) shall be deposited in the Health Care Trust Fund and expended as provided in s. 400.063.

~~(13)~~ ~~This section may not be used to increase the total Medicaid funding paid as incentives for facilities receiving a superior or standard rating.~~

400.232 Review and approval of plans; fees and costs.—

~~(1)(41)~~ The agency shall approve or disapprove the plans and specifications within 60 days after receipt of the final plans and specifications. The agency may be granted one 15-day extension for the review period, if the director of the agency so approves. If the agency fails to act within the specified time, it shall be deemed to have approved the plans and specifications. When the agency disapproves plans and specifications, it shall set forth in writing the reasons for disapproval. Conferences and consultations may be provided as necessary.

~~(2)(42)~~ The agency is authorized to charge an initial fee of \$2,000 for review of plans and construction on all projects, no part of which is refundable. The agency may also collect a fee, not to exceed 1 percent of the estimated construction cost or the actual cost of review, whichever is less, for the portion of the review which encompasses initial review through the initial revised construction document review. The agency is further authorized to collect its actual costs on all subsequent portions of the review and construction inspections. Initial fee payment shall accompany the initial submission of plans and specifications. Any subsequent payment that is due is payable upon receipt of the invoice from the agency. Notwithstanding any other provisions of law to the contrary, all money received by the agency pursuant to the provisions of this section shall be deemed to be trust funds, to be held and applied solely for the operations required under this section.

Section 18. Section 400.235, Florida Statutes, is created to read:

400.235 Nursing home quality and licensure status; Gold Seal Program.—

(1) To protect the health and welfare of persons receiving care in nursing facilities, it is the intent of the Legislature to develop a regulatory framework that promotes the stability of the industry and facilitates the physical, social, and emotional well-being of nursing facility residents.

(2) The Legislature intends to develop an award and recognition program for nursing facilities that demonstrate excellence in long-term care over a sustained period. This program shall be known as the Gold Seal Program.

(3)(a) The Gold Seal Program shall be developed and implemented by the Governor's Panel on Excellence in Long-Term Care which shall operate under the authority of the Executive Office of the Governor. The panel shall be composed of three persons appointed by the Governor, to include a consumer advocate for senior citizens and two persons with expertise in the fields of quality management, service delivery excellence, or public sector accountability; three persons appointed by the Secretary of Elderly Affairs,

to include an active member of a nursing facility family and resident care council and a member of the University Consortium on Aging; the State Long-Term Care Ombudsman; one person appointed by the Florida Life Care Residents Association; one person appointed by the Secretary of Health; two persons appointed by the Director of Health Care Administration, to include the Deputy Director for State Health Purchasing; one person appointed by the Florida Association of Homes for the Aging; and one person appointed by the Florida Health Care Association. All members of the panel shall be appointed by October 1, 1999, and the panel shall hold its organizational meeting no later than December 10, 1999. Vacancies on the panel shall be filled in the same manner as the original appointments. No member shall serve for more than 4 consecutive years from the date of appointment.

(b) Members of the Governor's Panel on Excellence in Long-Term Care shall be prohibited from having any ownership interest in a nursing facility. Any member of the panel who is employed by a nursing facility in any capacity shall be prohibited from participating in reviewing or voting on recommendations involving the facility by which the member is employed or any facility under common ownership with that facility.

(c) Recommendations to the panel for designation of a nursing facility as a Gold Seal facility may be received by the panel after January 1, 2000. The activities of the panel shall be supported by staff of the Department of Elderly Affairs and the Agency for Health Care Administration.

(4) The panel shall consider at least the following resident-based quality indicator domains when evaluating a facility for the Gold Seal Program:

- (a) Accidents.
- (b) Behavioral/emotional patterns.
- (c) Clinical management.
- (d) Cognitive patterns.
- (e) Elimination/continence.
- (f) Infection control.
- (g) Nutrition and eating.
- (h) Physical functioning.
- (i) Psychotropic drug use.
- (j) Quality of life.
- (k) Sensory functioning and communication.
- (l) Skin care.

(5) Facilities must meet the following additional criteria for recognition as a Gold Seal Program facility:

(a) Had no class I or class II deficiencies within the 30 months preceding application for the program.

(b) Evidence financial soundness and stability according to standards adopted by the agency in administrative rule.

(c) Participate consistently in the required consumer satisfaction process as prescribed by the agency, and demonstrate that information is elicited from residents, family members, and guardians about satisfaction with the nursing facility, its environment, the services and care provided, the staff's skills and interactions with residents, attention to resident's needs, and the facility's efforts to act on information gathered from the consumer satisfaction measures.

(d) Evidence the involvement of families and members of the community in the facility on a regular basis.

(e) Have a stable workforce, as evidenced by a relatively low rate of turnover among certified nursing assistants and registered nurses within the 30 months preceding application for the Gold Seal Program, and demonstrate a continuing effort to maintain a stable workforce and to reduce turnover of licensed nurses and certified nursing assistants.

(f) Evidence an outstanding record regarding the number and types of substantiated complaints reported to the State Long-Term Care Ombudsman Council within the 30 months preceding application for the program.

(g) Provide targeted inservice training provided to meet training needs identified by internal or external quality assurance efforts.

(h) Evidence superior levels of clinical outcomes as measured in the Minimum Data Set system of the federal Health Care Financing Administration. Facilities that are not certified for Medicare or Medicaid are not required to complete the Minimum Data Set in order to qualify for the Gold Seal Program. Such facilities may demonstrate superior levels of performance with an alternate assessment as approved by the panel.

A facility assigned a conditional licensure status may not qualify for consideration for the Gold Seal Program until after it has operated for 30 months with no class I or class II deficiencies and has completed a regularly scheduled relicensure survey.

(6) The agency, nursing facility industry organizations, consumers, State Long-Term Care Ombudsman Council, and members of the community may recommend to the Governor facilities that meet the established criteria for consideration for and award of the Gold Seal. The panel shall review nominees and make a recommendation to the Governor for final approval and award. The decision of the Governor is final and is not subject to appeal.

(7) A facility must be licensed and operating for 30 months before it is eligible to apply for the Gold Seal Program. The agency shall establish by rule the frequency of review for designation as a Gold Seal Program facility and under what circumstances a facility may be denied the privilege of using

this designation. The designation of a facility as a Gold Seal Program facility is not transferable to another license, except when an existing facility is being relicensed in the name of an entity related to the current licenseholder by common ownership or control, and there will be no change in the management, operation, or programs at the facility as a result of the relicensure.

(8)(a) Facilities awarded the Gold Seal may use the designation in their advertising and marketing.

(b) Upon approval by the United States Department of Health and Human Services, the agency shall adopt a revised schedule of survey and relicensure visits for Gold Seal Program facilities. Gold Seal Program facilities may be surveyed for certification and relicensure every 2 years, so long as they maintain the standards associated with retaining the Gold Seal.

Section 19. Subsection (3) of section 400.241, Florida Statutes, is renumbered as subsection (4), and a new subsection (3) is added to said section, to read:

400.241 Prohibited acts; penalties for violations.—

(3) It is unlawful for any person, long-term care facility, or other entity to willfully interfere with the unannounced inspections mandated by s. 400.19(3). Alerting or advising a facility of the actual or approximate date of such inspection shall be a per se violation of this subsection.

(4)(3) A violation of any provision of this part or of any minimum standard, rule, or regulation adopted pursuant thereto constitutes a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. Each day of a continuing violation shall be considered a separate offense.

Section 20. Paragraph (p) is added to subsection (1) of section 408.035, Florida Statutes, to read:

408.035 Review criteria.—

(1) The agency shall determine the reviewability of applications and shall review applications for certificate-of-need determinations for health care facilities and health services in context with the following criteria:

(p) The applicant's designation as a Gold Seal Program nursing facility pursuant to s. 400.235, when the applicant is requesting additional nursing home beds at that facility.

Section 21. Subsection (1) of section 468.1755, Florida Statutes, 1998 Supplement, is amended to read:

468.1755 Disciplinary proceedings.—

(1) The following acts shall constitute grounds for which the disciplinary actions in subsection (2) may be taken:

(a) Violation of any provision of s. 455.624(1) or s. 468.1745(1).

(b) Attempting to procure a license to practice nursing home administration by bribery, by fraudulent misrepresentation, or through an error of the department or the board.

(c) Having a license to practice nursing home administration revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.

(d) Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which relates to the practice of nursing home administration or the ability to practice nursing home administration. Any plea of nolo contendere shall be considered a conviction for purposes of this part.

(e) Making or filing a report or record which the licensee knows to be false, intentionally failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing, or inducing another person to impede or obstruct such filing. Such reports or records shall include only those which are signed in the capacity of a licensed nursing home administrator.

(f) Authorizing the discharge or transfer of a resident for a reason other than those provided in ss. 400.022 and 400.0255.

~~(g)~~(f) Advertising goods or services in a manner which is fraudulent, false, deceptive, or misleading in form or content.

~~(h)~~(g) Fraud or deceit, negligence, incompetence, or misconduct in the practice of nursing home administration.

~~(i)~~(h) A violation or repeated violations of this part, part II of chapter 455, or any rules promulgated pursuant thereto.

~~(j)~~(i) Violation of a lawful order of the board or department previously entered in a disciplinary hearing or failing to comply with a lawfully issued subpoena of the board or department.

~~(k)~~(j) Practicing with a revoked, suspended, inactive, or delinquent license.

~~(l)~~(k) Repeatedly acting in a manner inconsistent with the health, safety, or welfare of the patients of the facility in which he or she is the administrator.

~~(m)~~(l) Being unable to practice nursing home administration with reasonable skill and safety to patients by reason of illness, drunkenness, use of drugs, narcotics, chemicals, or any other material or substance or as a result of any mental or physical condition. In enforcing this paragraph, upon a finding of the secretary or his or her designee that probable cause exists to believe that the licensee is unable to serve as a nursing home administrator due to the reasons stated in this paragraph, the department shall have the authority to issue an order to compel the licensee to submit to a mental or physical examination by a physician designated by the department. If the licensee refuses to comply with such order, the department's order directing

such examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or serves as a nursing home administrator. The licensee against whom the petition is filed shall not be named or identified by initials in any public court records or documents and the proceedings shall be closed to the public. The department shall be entitled to the summary procedure provided in s. 51.011. A licensee affected under this paragraph shall have the opportunity, at reasonable intervals, to demonstrate that he or she can resume the competent practice of nursing home administration with reasonable skill and safety to patients.

~~(n)(m)~~ Has Willfully or repeatedly violating ~~violated~~ any of the provisions of the law, code or rules of the licensing or supervising authority or agency of the state or political subdivision thereof having jurisdiction of the operation and licensing of nursing homes.

~~(o)(n)~~ Paying, giving, causing ~~Has paid, given, caused~~ to be paid or given, or offering ~~offered~~ to pay or to give to any person a commission or other valuable consideration for the solicitation or procurement, either directly or indirectly, of nursing home usage.

~~(p)(o)~~ Has Willfully permitting ~~permitted~~ unauthorized disclosure of information relating to a patient or his or her records.

~~(q)(p)~~ Discriminating with ~~Has discriminated in~~ respect to patients, employees, or staff on account of race, religion, color, sex, or national origin.

Section 22. Paragraph (b) of subsection (1) of section 394.4625, Florida Statutes, is amended to read:

394.4625 Voluntary admissions.—

(1) AUTHORITY TO RECEIVE PATIENTS.—

(b) A mental health overlay program or a mobile crisis response service or a licensed professional who is authorized to initiate an involuntary examination pursuant to s. 394.463 and is employed by a community mental health center or clinic must, pursuant to district procedure approved by the respective district administrator, conduct an initial assessment of the ability of the following persons to give express and informed consent to treatment before such persons may be admitted voluntarily:

1. A person 60 years of age or older for whom transfer is being sought from a nursing home, assisted living facility, adult day care center, or adult family-care home, when such person has been diagnosed as suffering from dementia.

2. A person 60 years of age or older for whom transfer is being sought from a nursing home pursuant to s. 400.0255(12) ~~s. 400.0255(6)~~.

3. A person for whom all decisions concerning medical treatment are currently being lawfully made by the health care surrogate or proxy designated under chapter 765.

Section 23. Subsection (1) of section 400.063, Florida Statutes, is amended to read:

400.063 Resident Protection Trust Fund.—

(1) A Resident Protection Trust Fund shall be established for the purpose of collecting and disbursing funds generated from the license fees and administrative fines as provided for in ss. 393.0673(2), 400.062(3)(b), 400.111(1), 400.121(2), and 400.23(8)(9). Such funds shall be for the sole purpose of paying for the appropriate alternate placement, care, and treatment of residents who are removed from a facility licensed under this part or a facility specified in s. 393.0678(1) in which the agency determines that existing conditions or practices constitute an immediate danger to the health, safety, or security of the residents. If the agency determines that it is in the best interest of the health, safety, or security of the residents to provide for an orderly removal of the residents from the facility, the agency may utilize such funds to maintain and care for the residents in the facility pending removal and alternative placement. The maintenance and care of the residents shall be under the direction and control of a receiver appointed pursuant to s. 393.0678(1) or s. 400.126(1). However, funds may be expended in an emergency upon a filing of a petition for a receiver, upon the declaration of a state of local emergency pursuant to s. 252.38(3)(a)5., or upon a duly authorized local order of evacuation of a facility by emergency personnel to protect the health and safety of the residents.

Section 24. Section 430.80, Florida Statutes, is created to read:

430.80 Implementation of a teaching nursing home pilot project.—

(1) As used in this section, the term “teaching nursing home” means a nursing home facility licensed under chapter 400 which contains a minimum of 400 licensed nursing home beds; has access to a resident senior population of sufficient size to support education, training, and research relating to geriatric care; and has a contractual relationship with a federally funded accredited geriatric research center in this state.

(2)(a) The Agency for Health Care Administration shall implement a comprehensive multidisciplinary program of geriatric education and research as a pilot project in a nursing home facility designated by the agency as a teaching nursing home. The program shall be established as a pilot project and shall be administered at the nursing home facility and other appropriate settings.

(b) The agency shall develop criteria for designating teaching nursing homes in consultation with advocates of the elderly, advocates of persons with disabilities, representatives of the nursing home industry, and representatives of the State University System.

(3) To be designated as a teaching nursing home, a nursing home licensee must, at a minimum:

(a) Provide a comprehensive program of integrated senior services that include institutional services and community-based services;

(b) Participate in a nationally recognized accreditation program and hold a valid accreditation, such as the accreditation awarded by the Joint Commission on Accreditation of Healthcare Organizations;

(c) Have been in business in this state for a minimum of 10 consecutive years;

(d) Demonstrate an active program in multidisciplinary education and research that relates to gerontology;

(e) Have a formalized contractual relationship with at least one accredited health profession education program located in this state;

(f) Have a formalized contractual relationship with an accredited hospital that is designated by law as a teaching hospital; and

(g) Have senior staff members who hold formal faculty appointments at universities, which must include at least one accredited health profession education program.

(4) A teaching nursing home may be affiliated with a medical school within the state and a federally funded center of excellence in geriatric research and education. The purpose of such affiliations is to foster the development of methods for improving and expanding the capability of health care facilities to respond to the medical, psychological, and social needs of frail and elderly persons by providing the most effective and appropriate services. A teaching nursing home shall serve as a resource for research and for training health care professionals in providing health care services in institutional settings to frail and older persons.

(5) The Legislature may provide an annual appropriation to the nursing home facility designated as a teaching nursing home.

(6) In order for a nursing home to qualify as a teaching nursing home under this section and to be entitled to the benefits provided under this section, the nursing home must:

(a) Be primarily operated and established to offer, afford, and render a comprehensive multidisciplinary program of geriatric education and research to residents of the state; and

(b) Certify to the Agency for Health Care Administration each school year the name, address, and educational history of each trainee approved and accepted for enrollment in the institution.

(7) A teaching nursing home may not expend any of the funds received under this section for any purpose other than operating and maintaining a teaching nursing home and conducting geriatric research. In addition, a teaching nursing home may not expend any funds received under this section for constructing any building of any kind, nature, or description or for maintaining or operating, in any form or manner, a nursing home or health care facility.

Section 25. For purposes of incorporating the amendment to section 468.1755, Florida Statutes, in references thereto, subsection (3) of section 468.1695, Florida Statutes, and section 468.1735, Florida Statutes, are reenacted to read:

468.1695 Licensure by examination.—

(3) The department shall issue a license to practice nursing home administration to any applicant who successfully completes the examination in accordance with this section and otherwise meets the requirements of this part. The department shall not issue a license to any applicant who is under investigation in this state or another jurisdiction for an offense which would constitute a violation of s. 468.1745 or s. 468.1755. Upon completion of the investigation, the provisions of s. 468.1755 shall apply.

468.1735 Provisional license.—The board may establish by rule requirements for issuance of a provisional license. A provisional license shall be issued only to fill a position of nursing home administrator that unexpectedly becomes vacant due to illness, sudden death of the administrator, or abandonment of position and shall be issued for one single period as provided by rule not to exceed 6 months. The department shall not issue a provisional license to any applicant who is under investigation in this state or another jurisdiction for an offense which would constitute a violation of s. 468.1745 or s. 468.1755. Upon completion of the investigation, the provisions of s. 468.1755 shall apply. The provisional license may be issued to a person who does not meet all of the licensing requirements established by this part, but the board shall by rule establish minimal requirements to ensure protection of the public health, safety, and welfare. The provisional license shall be issued to the person who is designated as the responsible person next in command in the event of the administrator's departure. The board may set an application fee not to exceed \$500 for a provisional license.

Section 26. Section 468.1756, Florida Statutes, 1998 Supplement, is amended to read:

468.1756 Statute of limitations.—An administrative complaint may only be filed pursuant to s. 455.621 for an act listed in s. 468.1755(1)(c)-(q) ~~paragraphs (1)(c)-(p) of s. 468.1755~~ within 4 years from the time of the incident giving rise to the complaint, or within 4 years from the time the incident is discovered or should have been discovered.

Section 27. Panel on Medicaid reimbursement.—

(1) There is created a panel on Medicaid reimbursement to study the state's Medicaid reimbursement plan for nursing home facilities and recommend changes to accomplish the following goals:

(a) Increase the rate of employee retention in individual nursing home facilities and in the field of long-term care, and ensure salary enhancements for staff who achieve targets of longevity with a nursing home facility.

(b) Create incentives for facilities to renovate and update existing physical plants, when practicable, instead of building new facilities or selling to another entity.

(c) Create incentives for facilities to provide more direct-care staff and nurses.

(2) The panel shall be administratively attached to and supported by the Agency for Health Care Administration and shall be composed of the following members: the Director for Medicaid of the Agency for Health Care Administration and two agency staff persons competent in the technical and policy aspects of Medicaid reimbursement; one representative from the Governor's Office of Planning and Budgeting; one representative from the Florida Association of Homes for the Aging; one representative from the Florida Health Care Association; one representative from the Department of Elderly Affairs, and one consumer representative appointed by the secretary of that department; and a consumer's advocate for senior citizens and two persons with expertise in the field of quality management, financing, or public sector accountability, appointed by the Governor.

(3) The panel shall hold its first meeting by August 1, 1999, and shall report its preliminary findings and recommendations to the Legislature no later than December 31, 1999, by submitting a copy of its report to the President of the Senate, the Speaker of the House of Representatives, and the majority and minority offices of each chamber. The panel shall report its final findings and recommendations to those persons and offices no later than December 8, 2000. The panel shall cease to exist and its operation shall terminate on January 1, 2001.

Section 28. Study of certified nursing assistant training, employment, and retention.—The Department of Elderly Affairs, in consultation with the nursing home industry, consumer advocates, persons employed by nursing homes as licensed nurses and certified nursing assistants, the Department of Health, the Agency for Health Care Administration, the Department of Labor and Employment Security, and the Department of Education, shall conduct, or contract for, a study of the major factors affecting the recruitment, training, employment, and retention of qualified certified nursing assistants within the nursing home industry. The Department of Elderly Affairs shall, by January 15, 2000, provide to the Speaker of the House of Representatives and the President of the Senate the results of the study, along with recommendations to improve the quality and availability of certified nursing assistants employed by nursing facilities. The study shall include a one-time review of the performance of certified nursing assistant training programs and shall compare the types of training programs as to admission criteria, program requirements, graduation rates, job placement, and job retention in nursing homes relative to job retention in other health care environments and other job classifications for which certified nursing assistants may qualify. The study shall identify factors likely to improve the rates of employment and retention of certified nursing assistants in nursing homes. The study shall also include an assessment of the extent and impact of certified nursing assistant shortages within the major regional job markets of the state. The study shall include an assessment of the following factors:

(1) The extent and characteristics of the shortage within the various regions of the state.

(2) The causes of the shortage, including, but not restricted to, salary and benefits, working conditions, career development, and the availability of certified nursing assistant training programs.

(3) The impact of labor shortages on the ability of nursing homes to hire sufficient staff to meet both the minimum staffing standards required by agency rule and the facility-specific staffing standards based on the needs of residents.

(4) The impact of the labor shortage on the increased use of temporary nursing pool agencies by nursing homes; the influences of this trend on the quality and cost of services provided; and the benefits of additional regulation of such nursing pool agencies in light of the shortage.

(5) Comparisons of the extent and effect of the shortage of certified nursing assistants in Florida to the experiences of other states and with respect to national trends.

(6) The need for and feasibility of various measures to enhance the image of certified nursing assistants, including enhanced recruitment efforts directed towards students at the junior high school and senior high school levels, local education outreach, and job placement programs.

(7) The implications of the shortage as it relates to the supply of and need for related paraprofessionals and other health care workers, such as licensed practical nurses.

(8) The feasibility of allocating loans, grants, and scholarships for the purpose of providing greater incentive for and access to certified nursing assistant education, and the probable effects of such efforts.

(9) The desirability of demonstration projects to test innovative models and methods for the purpose of addressing the need for more and better-qualified certified nursing assistants in nursing homes.

Section 29. Section 400.29, Florida Statutes, is repealed.

Section 30. There is hereby appropriated the sum of \$3,500,000 from the General Revenue Fund and the sum \$4,420,344 from the Medical Care Trust Fund to the Agency for Health Care Administration in order to allow nursing facilities the ability to recruit and retain qualified staff and to provide appropriate care. The Agency for Health Care Administration shall adjust limitations in the patient care component of the per diem rate to allow these additional funds to be reimbursed through the per diem rate, effective April 1, 2000. The agency in expending the funds provided in this appropriation shall establish a formula for reimbursing nursing facilities for the cost of hiring additional certified nursing assistants and licensed nurses or for the cost of salary or benefit enhancements to retain such staff in these specific classes. The formula shall provide for an increase in a nursing facility's per diem rate inversely proportionate to the facility's current staffing level for these staff compared to the staffing standards set forth in agency rule. The agency shall maintain for tracking purposes the record of each facility's staffing increases or enhancements resulting from these funds.

Section 31. The sum of \$150,000 is hereby appropriated from the General Revenue Fund to the Department of Elderly Affairs for fiscal year 1999-2000 to fund the responsibilities of the Office of State Long-Term Care Ombudsman and establish a statewide toll-free telephone number pursuant to s. 400.0078, Florida Statutes, as created by this act. Eighteen positions and the sum of \$1,304,720 from recurring General Revenue Funds, \$72,994 from nonrecurring General Revenue Funds and \$452,584 from the Administrative Trust Fund is appropriated to the Agency for Health Care Administration for Fiscal Year 1999-2000 implement the provisions of this act. The sum of \$26,000 from General Revenue Fund is appropriated to the Executive Office of the Governor for Fiscal Year 1999-2000 for the Governor's Panel on Excellence in Long Term Care.

Section 32. Except as otherwise provided herein, this act shall take effect July 1, 1999.

Approved by the Governor June 18, 1999.

Filed in Office Secretary of State June 18, 1999.