

1 A bill to be entitled
2 An act relating to transitional living facilities;
3 creating part XI of chapter 400, F.S.; creating s.
4 400.997, F.S.; providing legislative intent; creating
5 s. 400.9971, F.S.; providing definitions; creating s.
6 400.9972, F.S.; requiring the licensure of
7 transitional living facilities; providing license fees
8 and application requirements; requiring accreditation
9 of licensed facilities; creating s. 400.9973, F.S.;
10 providing requirements for transitional living
11 facility policies and procedures governing client
12 admission, transfer, and discharge; creating s.
13 400.9974, F.S.; requiring a comprehensive treatment
14 plan to be developed for each client; providing plan
15 and staffing requirements; requiring certain consent
16 for continued treatment in a transitional living
17 facility; creating s. 400.9975, F.S.; providing
18 licensee responsibilities with respect to each client
19 and specified others; requiring that written notice of
20 such responsibilities be provided to clients;
21 prohibiting a licensee or employee of a facility from
22 serving notice upon a client to leave the premises or
23 taking other retaliatory action under certain
24 circumstances; requiring the client and client's
25 representative to be provided with certain
26 information; requiring the licensee to develop and

27 | implement certain policies and procedures governing
28 | the release of client information; creating s.
29 | 400.9976, F.S.; providing licensee requirements
30 | relating to administration of medication; requiring
31 | maintenance of medication administration records;
32 | providing requirements for the self-administration of
33 | medication by clients; creating s. 400.9977, F.S.;
34 | providing training and supervision requirements for
35 | the administration of medications by unlicensed staff;
36 | specifying who may conduct the training; requiring
37 | licensees to adopt certain policies and procedures and
38 | maintain specified records with respect to the
39 | administration of medications by unlicensed staff;
40 | requiring the Agency for Health Care Administration to
41 | adopt rules; creating s. 400.9978, F.S.; providing
42 | requirements for the screening of potential employees
43 | and training and monitoring of employees for the
44 | protection of clients; requiring licensees to
45 | implement certain policies and procedures to protect
46 | clients; providing conditions for investigating and
47 | reporting incidents of abuse, neglect, mistreatment,
48 | or exploitation of clients; creating s. 400.9979,
49 | F.S.; providing requirements and limitations for the
50 | use of physical restraints, seclusion, and chemical
51 | restraint medication on clients; providing a
52 | limitation on the duration of an emergency treatment

53 order; requiring notification of certain persons when
54 restraint or seclusion is imposed; authorizing the
55 agency to adopt rules; creating s. 400.998, F.S.;

56 providing background screening requirements for
57 licensee personnel; requiring the licensee to maintain
58 certain personnel records; providing administrative
59 responsibilities for licensees; providing
60 recordkeeping requirements; creating s. 400.9981,
61 F.S.; providing licensee responsibilities with respect
62 to the property and personal affairs of clients;
63 providing requirements for a licensee with respect to
64 obtaining surety bonds; providing recordkeeping
65 requirements relating to the safekeeping of personal
66 effects; providing requirements for trust funds or
67 other property received by a licensee and credited to
68 the client; providing a penalty for certain misuse of
69 a client's personal funds, property, or personal needs
70 allowance; providing criminal penalties for
71 violations; providing for the disposition of property
72 in the event of the death of a client; authorizing the
73 agency to adopt rules; creating s. 400.9982, F.S.;

74 providing legislative intent; authorizing the agency
75 to adopt and enforce rules establishing specified
76 standards for transitional living facilities and
77 personnel thereof; creating s. 400.9983, F.S.;

78 classifying certain violations and providing penalties

79 | therefor; providing administrative fines for specified
80 | classes of violations; creating s. 400.9984, F.S.;
81 | authorizing the agency to apply certain provisions
82 | with regard to receivership proceedings; creating s.
83 | 400.9985, F.S.; requiring the agency, the Department
84 | of Health, the Agency for Persons with Disabilities,
85 | and the Department of Children and Families to develop
86 | electronic information systems for certain purposes;
87 | transferring and renumbering s. 400.805, F.S.;
88 | repealing s. 400.9986, F.S., relating to transitional
89 | living facilities, on a specified date; revising the
90 | title of part V of chapter 400, F.S.; amending s.
91 | 381.745, F.S.; revising the definition of the term
92 | "transitional living facility" to conform to changes
93 | made by the act; amending s. 381.75, F.S.; revising
94 | the duties of the Department of Health and the agency
95 | relating to transitional living facilities; amending
96 | ss. 381.78, 400.93, 408.802, and 408.820, F.S.;
97 | conforming provisions to changes made by the act;
98 | reenacting s. 381.79(1), F.S., relating to the Brain
99 | and Spinal Cord Injury Program Trust Fund, to
100 | incorporate the amendment made by the act to s.
101 | 381.75, F.S., in a reference thereto; providing for
102 | applicability of the act to licensed transitional
103 | living facilities licensed on specified dates;
104 | providing effective dates.

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

Section 1. Part XI of chapter 400, Florida Statutes, consisting of sections 400.997 through 400.9986, is created to read:

PART XI

TRANSITIONAL LIVING FACILITIES

400.997 Legislative intent.—It is the intent of the Legislature to provide for the licensure of transitional living facilities and require the development, establishment, and enforcement of basic standards by the Agency for Health Care Administration to ensure quality of care and services to clients in transitional living facilities. It is the policy of the state that the least restrictive appropriate available treatment be used based on the individual needs and best interest of the client, consistent with optimum improvement of the client's condition. The goal of a transitional living program for persons who have brain or spinal cord injuries is to assist each person who has such an injury to achieve a higher level of independent functioning and to enable the person to reenter the community. It is also the policy of the state that the restraint or seclusion of a client is justified only as an emergency safety measure used in response to danger to the client or others. It is therefore the intent of the Legislature to achieve an ongoing reduction in the use of restraint or seclusion in programs and

131 facilities that serve persons who have brain or spinal cord
132 injuries.

133 400.9971 Definitions.—As used in this part, the term:

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

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

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

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

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

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

164 (7) "Transitional living facility" means a site where
165 specialized health care services are provided to persons who
166 have brain or spinal cord injuries, including, but not limited
167 to, rehabilitative services, behavior modification, community
168 reentry training, aids for independent living, and counseling.

169 400.9972 License required; fee; application.—

170 (1) The requirements of part II of chapter 408 apply to
171 the provision of services that require licensure pursuant to
172 this part and part II of chapter 408 and to entities licensed by
173 or applying for licensure from the agency pursuant to this part.
174 A license issued by the agency is required for the operation of
175 a transitional living facility in this state. However, this part
176 does not require a provider licensed by the agency to obtain a
177 separate transitional living facility license to serve persons
178 who have brain or spinal cord injuries as long as the services
179 provided are within the scope of the provider's license.

180 (2) In accordance with this part, an applicant or a
181 licensee shall pay a fee for each license application submitted

182 under this part. The license fee shall consist of a \$4,588
183 license fee and a \$90 per-bed fee per biennium and shall conform
184 to the annual adjustment authorized in s. 408.805.

185 (3) An applicant for licensure must provide:

186 (a) The location of the facility for which the license is
187 sought and documentation, signed by the appropriate local
188 government official, which states that the applicant has met
189 local zoning requirements.

190 (b) Proof of liability insurance as provided in s.
191 624.605(1)(b).

192 (c) Proof of compliance with local zoning requirements,
193 including compliance with the requirements of chapter 419 if the
194 proposed facility is a community residential home.

195 (d) Proof that the facility has received a satisfactory
196 firesafety inspection.

197 (e) Documentation that the facility has received a
198 satisfactory sanitation inspection by the county health
199 department.

200 (4) The applicant's proposed facility must attain and
201 continuously maintain accreditation by an accrediting
202 organization that specializes in evaluating rehabilitation
203 facilities whose standards incorporate licensure regulations
204 comparable to those required by the state. An applicant for
205 licensure as a transitional living facility must acquire
206 accreditation within 12 months after issuance of an initial
207 license. The agency shall accept the accreditation survey report

208 of the accrediting organization in lieu of conducting a
209 licensure inspection if the standards included in the survey
210 report are determined by the agency to document that the
211 facility substantially complies with state licensure
212 requirements. Within 10 days after receiving the accreditation
213 survey report, the applicant shall submit to the agency a copy
214 of the report and evidence of the accreditation decision as a
215 result of the report. The agency may conduct an inspection of a
216 transitional living facility to ensure compliance with the
217 licensure requirements of this part, to validate the inspection
218 process of the accrediting organization, to respond to licensure
219 complaints, or to protect the public health and safety.

220 400.9973 Client admission, transfer, and discharge.-

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

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

227 (3) To be admitted to a transitional living facility, an
228 individual must have an acquired internal or external injury to
229 the skull, the brain, or the brain's covering, caused by a
230 traumatic or nontraumatic event, which produces an altered state
231 of consciousness, or a spinal cord injury, such as a lesion to
232 the spinal cord or cauda equina syndrome, with evidence of

233 significant involvement of at least two of the following
 234 deficits or dysfunctions:

- 235 (a) A motor deficit.
- 236 (b) A sensory deficit.
- 237 (c) A cognitive deficit.
- 238 (d) A behavioral deficit.
- 239 (e) Bowel and bladder dysfunction.

240 (4) A client whose medical condition and diagnosis do not
 241 positively identify a cause of the client's condition, whose
 242 symptoms are inconsistent with the known cause of injury, or
 243 whose recovery is inconsistent with the known medical condition
 244 may be admitted to a transitional living facility for evaluation
 245 for a period not to exceed 90 days.

246 (5) A client admitted to a transitional living facility
 247 must be admitted upon prescription by a licensed physician,
 248 physician assistant, or advanced registered nurse practitioner
 249 and must remain under the care of a licensed physician,
 250 physician assistant, or advanced registered nurse practitioner
 251 for the duration of the client's stay in the facility.

252 (6) A transitional living facility may not admit a person
 253 whose primary admitting diagnosis is mental illness or an
 254 intellectual or developmental disability.

255 (7) A person may not be admitted to a transitional living
 256 facility if the person:

- 257 (a) Presents significant risk of infection to other
 258 clients or personnel. A health care practitioner must provide

259 documentation that the person is free of apparent signs and
260 symptoms of communicable disease;

261 (b) Is a danger to himself or herself or others as
262 determined by a physician, physician assistant, or advanced
263 registered nurse practitioner or a mental health practitioner
264 licensed under chapter 490 or chapter 491, unless the facility
265 provides adequate staffing and support to ensure patient safety;

266 (c) Is bedridden; or

267 (d) Requires 24-hour nursing supervision.

268 (8) If the client meets the admission criteria, the
269 medical or nursing director of the facility must complete an
270 initial evaluation of the client's functional skills, behavioral
271 status, cognitive status, educational or vocational potential,
272 medical status, psychosocial status, sensorimotor capacity, and
273 other related skills and abilities within the first 72 hours
274 after the client's admission to the facility. An initial
275 comprehensive treatment plan that delineates services to be
276 provided and appropriate sources for such services must be
277 implemented within the first 4 days after admission.

278 (9) A transitional living facility shall develop a
279 discharge plan for each client before or upon admission to the
280 facility. The discharge plan must identify the intended
281 discharge site and possible alternative discharge sites. For
282 each discharge site identified, the discharge plan must identify
283 the skills, behaviors, and other conditions that the client must

284 achieve to be eligible for discharge. A discharge plan must be
285 reviewed and updated as necessary but at least once monthly.

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

293 (11) A transitional living facility shall provide at least
294 30 days' notice to a client of transfer or discharge plans,
295 including the location of an acceptable transfer location if the
296 client is unable to live independently. This subsection does not
297 apply if a client voluntarily terminates residency.

298 400.9974 Client comprehensive treatment plans; client
299 services.—

300 (1) A transitional living facility shall develop a
301 comprehensive treatment plan for each client as soon as
302 practicable but no later than 30 days after the initial
303 comprehensive treatment plan is developed. The comprehensive
304 treatment plan must be developed by an interdisciplinary team
305 consisting of the case manager, the program director, the
306 advanced registered nurse practitioner, and appropriate
307 therapists. The client or, if appropriate, the client's
308 representative must be included in developing the comprehensive
309 treatment plan. The comprehensive treatment plan must be

310 reviewed and updated if the client fails to meet projected
311 improvements outlined in the plan or if a significant change in
312 the client's condition occurs. The comprehensive treatment plan
313 must be reviewed and updated at least once monthly.

314 (2) The comprehensive treatment plan must include:

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

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

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

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

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

335 living facility shall discharge the client as soon as
336 practicable.

337 (4) A client must receive the professional program
338 services needed to implement the client's comprehensive
339 treatment plan.

340 (5) The licensee must employ qualified professional staff
341 to carry out and monitor the various professional interventions
342 in accordance with the stated goals and objectives of the
343 client's comprehensive treatment plan.

344 (6) A client must receive a continuous treatment program
345 that includes appropriate, consistent implementation of
346 specialized and general training, treatment, health services,
347 and related services and that is directed toward:

348 (a) The acquisition of the behaviors and skills necessary
349 for the client to function with as much self-determination and
350 independence as possible.

351 (b) The prevention or deceleration of regression or loss
352 of current optimal functional status.

353 (c) The management of behavioral issues that preclude
354 independent functioning in the community.

355 400.9975 Licensee responsibilities.—

356 (1) The licensee shall ensure that each client:

357 (a) Lives in a safe environment free from abuse, neglect,
358 and exploitation.

359 (b) Is treated with consideration and respect and with due
360 recognition of personal dignity, individuality, and the need for
361 privacy.

362 (c) Retains and uses his or her own clothes and other
363 personal property in his or her immediate living quarters to
364 maintain individuality and personal dignity, except when the
365 licensee demonstrates that such retention and use would be
366 unsafe, impractical, or an infringement upon the rights of other
367 clients.

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

382 (e) Has the opportunity to participate in and benefit from
383 community services and activities to achieve the highest

384 possible level of independence, autonomy, and interaction within
385 the community.

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

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

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

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

400 (j) Has the opportunity to present grievances and
401 recommend changes in policies, procedures, and services to the
402 staff of the licensee, governing officials, or any other person
403 without restraint, interference, coercion, discrimination, or
404 reprisal. A licensee shall establish a grievance procedure to
405 facilitate a client's ability to present grievances, including a
406 system for investigating, tracking, managing, and responding to
407 complaints by a client or, if applicable, the client's
408 representative and an appeals process. The appeals process must
409 include access to Disability Rights Florida and other advocates

410 and the right to be a member of, be active in, and associate
411 with advocacy or special interest groups.

412 (2) The licensee shall:

413 (a) Promote participation of the client's representative
414 in the process of providing treatment to the client unless the
415 representative's participation is unobtainable or inappropriate.

416 (b) Answer communications from the client's family,
417 guardians, and friends promptly and appropriately.

418 (c) Promote visits by persons with a relationship to the
419 client at any reasonable hour, without requiring prior notice,
420 in any area of the facility that provides direct care services
421 to the client, consistent with the client's and other clients'
422 privacy, unless the interdisciplinary team determines that such
423 a visit would not be appropriate.

424 (d) Promote opportunities for the client to leave the
425 facility for visits, trips, or vacations.

426 (e) Promptly notify the client's representative of a
427 significant incident or change in the client's condition,
428 including, but not limited to, serious illness, accident, abuse,
429 unauthorized absence, or death.

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

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

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

450 (a) The client or other person files an internal or
451 external complaint or grievance regarding the facility.

452 (b) The client or other person appears as a witness in a
453 hearing inside or outside the facility.

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

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

462 400.9976 Administration of medication.—

463 (1) An individual medication administration record must be
464 maintained for each client. A dose of medication, including a
465 self-administered dose, shall be properly recorded in the
466 client's record. A client who self-administers medication shall
467 be given a pill organizer. Medication must be placed in the pill
468 organizer by a nurse. A nurse shall document the date and time
469 that medication is placed into each client's pill organizer. All
470 medications must be administered in compliance with orders of a
471 physician, physician assistant, or advanced registered nurse
472 practitioner.

473 (2) If an interdisciplinary team determines that self-
474 administration of medication is an appropriate objective, and if
475 the physician, physician assistant, or advanced registered nurse
476 practitioner does not specify otherwise, the client must be
477 instructed by the physician, physician assistant, or advanced
478 registered nurse practitioner to self-administer his or her
479 medication without the assistance of a staff person. All forms
480 of self-administration of medication, including administration
481 orally, by injection, and by suppository, shall be included in
482 the training. The client's physician, physician assistant, or
483 advanced registered nurse practitioner must be informed of the
484 interdisciplinary team's decision that self-administration of
485 medication is an objective for the client. A client may not
486 self-administer medication until he or she demonstrates the
487 competency to take the correct medication in the correct dosage

488 at the correct time, to respond to missed doses, and to contact
489 the appropriate person with questions.

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

494 400.9977 Assistance with medication.-

495 (1) Notwithstanding any provision of part I of chapter
496 464, the Nurse Practice Act, unlicensed direct care services
497 staff who provide services to clients in a facility licensed
498 under this part may administer prescribed, prepackaged, and
499 premeasured medications after the completion of training in
500 medication administration and under the general supervision of a
501 registered nurse as provided under this section and applicable
502 rules.

503 (2) Training required by this section and applicable rules
504 shall be conducted by a registered nurse licensed under chapter
505 464, a physician licensed under chapter 458 or chapter 459, or a
506 pharmacist licensed under chapter 465.

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

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

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

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

517 (d) Maintain documentation of compliance with required
518 training.

519 (4) The agency shall adopt rules to implement this
520 section.

521 400.9978 Protection of clients from abuse, neglect,
522 mistreatment, and exploitation.—The licensee shall develop and
523 implement policies and procedures for the screening and training
524 of employees; the protection of clients; and the prevention,
525 identification, investigation, and reporting of abuse, neglect,
526 mistreatment, and exploitation. The licensee shall identify
527 clients whose personal histories render them at risk for abusing
528 other clients, develop intervention strategies to prevent
529 occurrences of abuse, monitor clients for changes that would
530 trigger abusive behavior, and reassess the interventions on a
531 regular basis. A licensee shall:

532 (1) Screen each potential employee for a history of abuse,
533 neglect, mistreatment, or exploitation of clients. The screening
534 shall include an attempt to obtain information from previous and
535 current employers and verification of screening information by
536 the appropriate licensing boards.

537 (2) Train employees through orientation and ongoing
538 sessions regarding issues related to abuse prohibition
539 practices, including identification of abuse, neglect,

540 mistreatment, and exploitation; appropriate interventions to
541 address aggressive or catastrophic reactions of clients; the
542 process for reporting allegations without fear of reprisal; and
543 recognition of signs of frustration and stress that may lead to
544 abuse.

545 (3) Provide clients, families, and staff with information
546 regarding how and to whom they may report concerns, incidents,
547 and grievances without fear of retribution and provide feedback
548 regarding the concerns that are expressed. A licensee shall
549 identify, correct, and intervene in situations in which abuse,
550 neglect, mistreatment, or exploitation is likely to occur,
551 including:

552 (a) Evaluating the physical environment of the facility to
553 identify characteristics that may make abuse or neglect more
554 likely to occur, such as secluded areas.

555 (b) Providing sufficient staff on each shift to meet the
556 needs of the clients and ensuring that the assigned staff have
557 knowledge of each client's care needs.

558 (c) Identifying inappropriate staff behaviors, such as
559 using derogatory language, rough handling of clients, ignoring
560 clients while giving care, and directing clients who need
561 toileting assistance to urinate or defecate in their beds.

562 (d) Assessing, monitoring, and planning care for clients
563 with needs and behaviors that might lead to conflict or neglect,
564 such as a history of aggressive behaviors including entering
565 other clients' rooms without permission, exhibiting self-

566 injurious behaviors or communication disorders, requiring
567 intensive nursing care, or being totally dependent on staff.

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

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

577 (6) Protect clients from harm during an investigation.

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

583 400.9979 Restraint and seclusion; client safety.—

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

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

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

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

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

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

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

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

623 (a) The continued need for the medication.

624 (b) The level of the medication in the client's blood.

625 (c) The need for adjustments to the prescription.

626 (6) The licensee shall ensure that clients are free from
627 unnecessary drugs and physical restraints and are provided
628 treatment to reduce dependency on drugs and physical restraints.

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

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

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

644 (10) The agency may adopt rules that establish standards
645 and procedures for the use of restraints, restraint positioning,
646 seclusion, and emergency treatment orders for psychotropic
647 medications, restraint, and seclusion. If rules are adopted, the
648 rules must include duration of restraint, staff training,
649 observation of the client during restraint, and documentation
650 and reporting standards.

651 400.998 Personnel background screening; administration and
652 management procedures.-

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

656 (2) The licensee shall maintain personnel records for each
657 staff member that contain, at a minimum, documentation of
658 background screening, a job description, documentation of
659 compliance with the training requirements of this part and
660 applicable rules, the employment application, references, a copy
661 of each job performance evaluation, and, for each staff member
662 who performs services for which licensure or certification is
663 required, a copy of all licenses or certification held by that
664 staff member.

665 (3) The licensee must:

666 (a) Develop and implement infection control policies and
667 procedures and include the policies and procedures in the
668 licensee's policy manual.

669 (b) Maintain liability insurance as defined in s.
670 624.605(1)(b).

671 (c) Designate one person as an administrator to be
672 responsible and accountable for the overall management of the
673 facility.

674 (d) Designate in writing a person to be responsible for
675 the facility when the administrator is absent from the facility
676 for more than 24 hours.

677 (e) Designate in writing a program director to be
678 responsible for supervising the therapeutic and behavioral
679 staff, determining the levels of supervision, and determining
680 room placement for each client.

681 (f) Designate in writing a person to be responsible when
682 the program director is absent from the facility for more than
683 24 hours.

684 (g) Obtain approval of the comprehensive emergency
685 management plan, pursuant to s. 400.9982(2)(e), from the local
686 emergency management agency. Pending the approval of the plan,
687 the local emergency management agency shall ensure that the
688 following agencies, at a minimum, are given the opportunity to
689 review the plan: the Department of Health, the Agency for Health
690 Care Administration, and the Division of Emergency Management.
691 Appropriate volunteer organizations shall also be given the
692 opportunity to review the plan. The local emergency management
693 agency shall complete its review within 60 days after receipt of

694 the plan and either approve the plan or advise the licensee of
 695 necessary revisions.

696 (h) Maintain written records in a form and system that
 697 comply with medical and business practices and make the records
 698 available by the facility for review or submission to the agency
 699 upon request. The records shall include:

700 1. A daily census record that indicates the number of
 701 clients currently receiving services in the facility, including
 702 information regarding any public funding of such clients.

703 2. A record of each accident or unusual incident involving
 704 a client or staff member that caused, or had the potential to
 705 cause, injury or harm to any person or property within the
 706 facility. The record shall contain a clear description of each
 707 accident or incident; the names of the persons involved; a
 708 description of medical or other services provided to these
 709 persons, including the provider of the services; and the steps
 710 taken to prevent recurrence of such accident or incident.

711 3. A copy of current agreements with third-party
 712 providers.

713 4. A copy of current agreements with each consultant
 714 employed by the licensee and documentation of a consultant's
 715 visits and required written and dated reports.

716 400.9981 Property and personal affairs of clients.—

717 (1) A client shall be given the option of using his or her
 718 own belongings, as space permits; choosing a roommate if
 719 practical and not clinically contraindicated; and, whenever

720 possible, unless the client is adjudicated incompetent or
721 incapacitated under state law, managing his or her own affairs.

722 (2) The admission of a client to a facility and his or her
723 presence therein does not confer on a licensee or administrator,
724 or an employee or representative thereof, any authority to
725 manage, use, or dispose of the property of the client, and the
726 admission or presence of a client does not confer on such person
727 any authority or responsibility for the personal affairs of the
728 client except that which may be necessary for the safe
729 management of the facility or for the safety of the client.

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

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

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

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

745

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

763 (4) A licensee, with the consent of the client, shall
764 provide for safekeeping in the facility of the client's personal
765 effects of a value not in excess of \$1,000 and the client's
766 funds not in excess of \$500 cash and shall keep complete and
767 accurate records of the funds and personal effects received. If
768 a client is absent from a facility for 24 hours or more, the
769 licensee may provide for safekeeping of the client's personal
770 effects of a value in excess of \$1,000.

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

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

791 1. Intentionally withholds a client's personal funds,
792 personal property, or personal needs allowance;

793 2. Demands, beneficially receives, or contracts for
794 payment of all or any part of a client's personal property or
795 personal needs allowance in satisfaction of the facility rate
796 for supplies and services; or

797 3. Borrows from or pledges any personal funds of a client,
798 other than the amount agreed to by written contract under s.
799 429.24,

800

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

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

808 (7) In the event of the death of a client, a licensee
809 shall return all refunds, funds, and property held in trust to
810 the client's personal representative, if one has been appointed
811 at the time the licensee disburses such funds, or, if not, to
812 the client's spouse or adult next of kin named in a beneficiary
813 designation form provided by the licensee to the client. If the
814 client does not have a spouse or adult next of kin or such
815 person cannot be located, funds due to be returned to the client
816 shall be placed in an interest-bearing account, and all property
817 held in trust by the licensee shall be safeguarded until such
818 time as the funds and property are disbursed pursuant to the
819 Florida Probate Code. The funds shall be kept separate from the
820 funds and property of the licensee and other clients of the
821 facility. If the funds of the deceased client are not disbursed
822 pursuant to the Florida Probate Code within 2 years after the

823 client's death, the funds shall be deposited in the Health Care
824 Trust Fund administered by the agency.

825 (8) The agency, by rule, may clarify terms and specify
826 procedures and documentation necessary to administer the
827 provisions of this section relating to the proper management of
828 clients' funds and personal property and the execution of surety
829 bonds.

830 400.9982 Rules establishing standards.—

831 (1) It is the intent of the Legislature that rules adopted
832 and enforced pursuant to this part and part II of chapter 408
833 include criteria to ensure reasonable and consistent quality of
834 care and client safety. The rules should make reasonable efforts
835 to accommodate the needs and preferences of the client to
836 enhance the client's quality of life while residing in a
837 transitional living facility.

838 (2) The agency may adopt and enforce rules to implement
839 this part and part II of chapter 408, which may include
840 reasonable and fair criteria with respect to:

841 (a) The location of transitional living facilities.

842 (b) The qualifications of personnel, including management,
843 medical, nursing, and other professional personnel and nursing
844 assistants and support staff, who are responsible for client
845 care. The licensee must employ enough qualified professional
846 staff to carry out and monitor interventions in accordance with
847 the stated goals and objectives of each comprehensive treatment
848 plan.

849 (c) Requirements for personnel procedures, reporting
850 procedures, and documentation necessary to implement this part.

851 (d) Services provided to clients of transitional living
852 facilities.

853 (e) The preparation and annual update of a comprehensive
854 emergency management plan in consultation with the Division of
855 Emergency Management. At a minimum, the rules must provide for
856 plan components that address emergency evacuation
857 transportation; adequate sheltering arrangements; postdisaster
858 activities, including provision of emergency power, food, and
859 water; postdisaster transportation; supplies; staffing;
860 emergency equipment; individual identification of clients and
861 transfer of records; communication with families; and responses
862 to family inquiries.

863 400.9983 Violations; penalties.—A violation of this part
864 or any rule adopted pursuant thereto shall be classified
865 according to the nature of the violation and the gravity of its
866 probable effect on facility clients. The agency shall indicate
867 the classification on the written notice of the violation as
868 follows:

869 (1) Class "I" violations are defined in s. 408.813. The
870 agency shall issue a citation regardless of correction and
871 impose an administrative fine of \$5,000 for an isolated
872 violation, \$7,500 for a patterned violation, or \$10,000 for a
873 widespread violation. Violations may be identified, and a fine

874 must be levied, notwithstanding the correction of the deficiency
875 giving rise to the violation.

876 (2) Class "II" violations are defined in s. 408.813. The
877 agency shall impose an administrative fine of \$1,000 for an
878 isolated violation, \$2,500 for a patterned violation, or \$5,000
879 for a widespread violation. A fine must be levied
880 notwithstanding the correction of the deficiency giving rise to
881 the violation.

882 (3) Class "III" violations are defined in s. 408.813. The
883 agency shall impose an administrative fine of \$500 for an
884 isolated violation, \$750 for a patterned violation, or \$1,000
885 for a widespread violation. If a deficiency giving rise to a
886 class III violation is corrected within the time specified by
887 the agency, the fine may not be imposed.

888 (4) Class "IV" violations are defined in s. 408.813. The
889 agency shall impose for a cited class IV violation an
890 administrative fine of at least \$100 but not exceeding \$200 for
891 each violation. If a deficiency giving rise to a class IV
892 violation is corrected within the time specified by the agency,
893 the fine may not be imposed.

894 400.9984 Receivership proceedings.—The agency may apply s.
895 429.22 with regard to receivership proceedings for transitional
896 living facilities.

897 400.9985 Interagency communication.—The agency, the
898 department, the Agency for Persons with Disabilities, and the
899 Department of Children and Families shall develop electronic

900 systems to ensure that relevant information pertaining to the
 901 regulation of transitional living facilities and clients is
 902 timely and effectively communicated among agencies in order to
 903 facilitate the protection of clients. Electronic sharing of
 904 information shall include, at a minimum, a brain and spinal cord
 905 injury registry and a client abuse registry.

906 Section 2. Section 400.805, Florida Statutes, is
 907 transferred and renumbered as section 400.9986, Florida
 908 Statutes.

909 Section 3. Effective July 1, 2016, section 400.9986,
 910 Florida Statutes, is repealed.

911 Section 4. The title of part V of chapter 400, Florida
 912 Statutes, consisting of sections 400.701 and 400.801, is
 913 redesignated as "INTERMEDIATE CARE FACILITIES."

914 Section 5. Subsection (9) of section 381.745, Florida
 915 Statutes, is amended to read:

916 381.745 Definitions; ss. 381.739-381.79.—As used in ss.
 917 381.739-381.79, the term:

918 (9) "Transitional living facility" means a state-approved
 919 facility~~7~~, as defined and licensed under chapter 400 ~~or chapter~~
 920 ~~429, or a facility approved by the brain and spinal cord injury~~
 921 ~~program in accordance with this chapter.~~

922 Section 6. Section 381.75, Florida Statutes, is amended to
 923 read:

924 381.75 Duties and responsibilities of the department, ~~of~~
 925 ~~transitional living facilities, and of residents.—Consistent~~

926 with the mandate of s. 381.7395, the department shall develop
927 and administer a multilevel treatment program for individuals
928 who sustain brain or spinal cord injuries and who are referred
929 to the brain and spinal cord injury program.

930 (1) Within 15 days after any report of an individual who
931 has sustained a brain or spinal cord injury, the department
932 shall notify the individual or the most immediate available
933 family members of their right to assistance from the state, the
934 services available, and the eligibility requirements.

935 (2) The department shall refer individuals who have brain
936 or spinal cord injuries to other state agencies to ensure ~~assure~~
937 that rehabilitative services, if desired, are obtained by that
938 individual.

939 (3) The department, in consultation with emergency medical
940 service, shall develop standards for an emergency medical
941 evacuation system that will ensure that all individuals who
942 sustain traumatic brain or spinal cord injuries are transported
943 to a department-approved trauma center that meets the standards
944 and criteria established by the emergency medical service and
945 the acute-care standards of the brain and spinal cord injury
946 program.

947 (4) The department shall develop standards for designation
948 of rehabilitation centers to provide rehabilitation services for
949 individuals who have brain or spinal cord injuries.

950 (5) The department shall determine the appropriate number
951 of designated acute-care facilities, inpatient rehabilitation

952 centers, and outpatient rehabilitation centers, needed based on
953 incidence, volume of admissions, and other appropriate criteria.

954 (6) The department shall develop standards for designation
955 of transitional living facilities to provide transitional living
956 services for individuals who participate in the brain and spinal
957 cord injury program ~~the opportunity to adjust to their~~
958 ~~disabilities and to develop physical and functional skills in a~~
959 ~~supported living environment.~~

960 (a) ~~The Agency for Health Care Administration, in~~
961 ~~consultation with the department, shall develop rules for the~~
962 ~~licensure of transitional living facilities for individuals who~~
963 ~~have brain or spinal cord injuries.~~

964 (b) ~~The goal of a transitional living program for~~
965 ~~individuals who have brain or spinal cord injuries is to assist~~
966 ~~each individual who has such a disability to achieve a higher~~
967 ~~level of independent functioning and to enable that person to~~
968 ~~reenter the community. The program shall be focused on preparing~~
969 ~~participants to return to community living.~~

970 (c) ~~A transitional living facility for an individual who~~
971 ~~has a brain or spinal cord injury shall provide to such~~
972 ~~individual, in a residential setting, a goal-oriented treatment~~
973 ~~program designed to improve the individual's physical,~~
974 ~~cognitive, communicative, behavioral, psychological, and social~~
975 ~~functioning, as well as to provide necessary support and~~
976 ~~supervision. A transitional living facility shall offer at least~~
977 ~~the following therapies: physical, occupational, speech,~~

978 ~~neuropsychology, independent living skills training, behavior~~
979 ~~analysis for programs serving brain-injured individuals, health~~
980 ~~education, and recreation.~~

981 ~~(d) All residents shall use the transitional living~~
982 ~~facility as a temporary measure and not as a permanent home or~~
983 ~~domicile. The transitional living facility shall develop an~~
984 ~~initial treatment plan for each resident within 3 days after the~~
985 ~~resident's admission. The transitional living facility shall~~
986 ~~develop a comprehensive plan of treatment and a discharge plan~~
987 ~~for each resident as soon as practical, but no later than 30~~
988 ~~days after the resident's admission. Each comprehensive~~
989 ~~treatment plan and discharge plan must be reviewed and updated~~
990 ~~as necessary, but no less often than quarterly. This subsection~~
991 ~~does not require the discharge of an individual who continues to~~
992 ~~require any of the specialized services described in paragraph~~
993 ~~(c) or who is making measurable progress in accordance with that~~
994 ~~individual's comprehensive treatment plan. The transitional~~
995 ~~living facility shall discharge any individual who has an~~
996 ~~appropriate discharge site and who has achieved the goals of his~~
997 ~~or her discharge plan or who is no longer making progress toward~~
998 ~~the goals established in the comprehensive treatment plan and~~
999 ~~the discharge plan. The discharge location must be the least~~
1000 ~~restrictive environment in which an individual's health, well-~~
1001 ~~being, and safety is preserved.~~

1002 ~~(7) Recipients of services, under this section, from any~~
 1003 ~~of the facilities referred to in this section shall pay a fee~~
 1004 ~~based on ability to pay.~~

1005 Section 7. Subsection (4) of section 381.78, Florida
 1006 Statutes, is amended to read:

1007 381.78 Advisory council on brain and spinal cord
 1008 injuries.—

1009 (4) The council shall:

1010 ~~(a)~~ provide advice and expertise to the department in the
 1011 preparation, implementation, and periodic review of the brain
 1012 and spinal cord injury program.

1013 ~~(b) Annually appoint a five-member committee composed of~~
 1014 ~~one individual who has a brain injury or has a family member~~
 1015 ~~with a brain injury, one individual who has a spinal cord injury~~
 1016 ~~or has a family member with a spinal cord injury, and three~~
 1017 ~~members who shall be chosen from among these representative~~
 1018 ~~groups: physicians, other allied health professionals,~~
 1019 ~~administrators of brain and spinal cord injury programs, and~~
 1020 ~~representatives from support groups with expertise in areas~~
 1021 ~~related to the rehabilitation of individuals who have brain or~~
 1022 ~~spinal cord injuries, except that one and only one member of the~~
 1023 ~~committee shall be an administrator of a transitional living~~
 1024 ~~facility. Membership on the council is not a prerequisite for~~
 1025 ~~membership on this committee.~~

1026 ~~1. The committee shall perform onsite visits to those~~
 1027 ~~transitional living facilities identified by the Agency for~~

1028 ~~Health Care Administration as being in possible violation of the~~
 1029 ~~statutes and rules regulating such facilities. The committee~~
 1030 ~~members have the same rights of entry and inspection granted~~
 1031 ~~under s. 400.805(4) to designated representatives of the agency.~~

1032 ~~2. Factual findings of the committee resulting from an~~
 1033 ~~onsite investigation of a facility pursuant to subparagraph 1.~~
 1034 ~~shall be adopted by the agency in developing its administrative~~
 1035 ~~response regarding enforcement of statutes and rules regulating~~
 1036 ~~the operation of the facility.~~

1037 ~~3. Onsite investigations by the committee shall be funded~~
 1038 ~~by the Health Care Trust Fund.~~

1039 ~~4. Travel expenses for committee members shall be~~
 1040 ~~reimbursed in accordance with s. 112.061.~~

1041 ~~5. Members of the committee shall recuse themselves from~~
 1042 ~~participating in any investigation that would create a conflict~~
 1043 ~~of interest under state law, and the council shall replace the~~
 1044 ~~member, either temporarily or permanently.~~

1045 Section 8. Subsection (5) of section 400.93, Florida
 1046 Statutes, is amended to read:

1047 400.93 Licensure required; exemptions; unlawful acts;
 1048 penalties.—

1049 (5) The following are exempt from home medical equipment
 1050 provider licensure, unless they have a separate company,
 1051 corporation, or division that is in the business of providing
 1052 home medical equipment and services for sale or rent to

1053 consumers at their regular or temporary place of residence
 1054 pursuant to the provisions of this part:

1055 (a) Providers operated by the Department of Health or
 1056 Federal Government.

1057 (b) Nursing homes licensed under part II.

1058 (c) Assisted living facilities licensed under chapter 429,
 1059 when serving their residents.

1060 (d) Home health agencies licensed under part III.

1061 (e) Hospices licensed under part IV.

1062 (f) Intermediate care facilities and homes for special
 1063 services, ~~and transitional living facilities~~ licensed under part
 1064 V.

1065 (g) Transitional living facilities licensed under part XI.

1066 (h) ~~(g)~~ Hospitals and ambulatory surgical centers licensed
 1067 under chapter 395.

1068 (i) ~~(h)~~ Manufacturers and wholesale distributors when not
 1069 selling directly to consumers.

1070 (j) ~~(i)~~ Licensed health care practitioners who use ~~utilize~~
 1071 home medical equipment in the course of their practice, but do
 1072 not sell or rent home medical equipment to their patients.

1073 (k) ~~(j)~~ Pharmacies licensed under chapter 465.

1074 Section 9. Subsection (21) of section 408.802, Florida
 1075 Statutes, is amended to read:

1076 408.802 Applicability.—The provisions of this part apply
 1077 to the provision of services that require licensure as defined
 1078 in this part and to the following entities licensed, registered,

1079 or certified by the agency, as described in chapters 112, 383,
 1080 390, 394, 395, 400, 429, 440, 483, and 765:

1081 (21) Transitional living facilities, as provided under
 1082 part XI ~~¶~~ of chapter 400.

1083 Section 10. Subsection (20) of section 408.820, Florida
 1084 Statutes, is amended to read:

1085 408.820 Exemptions.—Except as prescribed in authorizing
 1086 statutes, the following exemptions shall apply to specified
 1087 requirements of this part:

1088 (20) Transitional living facilities, as provided under
 1089 part XI ~~¶~~ of chapter 400, are exempt from s. 408.810(10).

1090 Section 11. For the purpose of incorporating the amendment
 1091 made by this act to section 381.75, Florida Statutes, in a
 1092 reference thereto, subsection (1) of section 381.79, Florida
 1093 Statutes, is reenacted to read:

1094 381.79 Brain and Spinal Cord Injury Program Trust Fund.—

1095 (1) There is created in the State Treasury the Brain and
 1096 Spinal Cord Injury Program Trust Fund. Moneys in the fund shall
 1097 be appropriated to the department for the purpose of providing
 1098 the cost of care for brain or spinal cord injuries as a payor of
 1099 last resort to residents of this state, for multilevel programs
 1100 of care established pursuant to s. 381.75.

1101 (a) Authorization of expenditures for brain or spinal cord
 1102 injury care shall be made only by the department.

1103 (b) Authorized expenditures include acute care,
 1104 rehabilitation, transitional living, equipment and supplies

1105 necessary for activities of daily living, public information,
1106 prevention, education, and research. In addition, the department
1107 may provide matching funds for public or private assistance
1108 provided under the brain and spinal cord injury program and may
1109 provide funds for any approved expansion of services for
1110 treating individuals who have sustained a brain or spinal cord
1111 injury.

1112 Section 12. (1) A transitional living facility that is
1113 licensed under s. 400.805, Florida Statutes, before July 1,
1114 2015, must be licensed under and in compliance with s. 400.9986,
1115 Florida Statutes, until the licensee becomes licensed under and
1116 in compliance with part XI of chapter 400, Florida Statutes, as
1117 created by this act. Such licensee must be licensed under and in
1118 compliance with part XI of chapter 400, Florida Statutes, as
1119 created by this act, on or before July 1, 2016.

1120 (2) A transitional living facility that is licensed on or
1121 after July 1, 2015, must be licensed under and in compliance
1122 with part XI of chapter 400, Florida Statutes, as created by
1123 this act.

1124 Section 13. Except as otherwise expressly provided in this
1125 act, this act shall take effect July 1, 2015.