

**Section I**  
**Notices of Development of Proposed Rules**  
**and Negotiated Rulemaking**

**NONE**

**Section II**  
**Proposed Rules**

**DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**

**Division of Plant Industry**

**RULE NO.:** 5B-65.005  
**RULE TITLE:** Movement of Regulated Articles  
**PURPOSE AND EFFECT:** Paragraph 5B-65.005(7)(b), F.A.C., provides an exemption from the certification provisions of the rule for wood products transported into Florida from contiguous states that are transported to a processing facility in Florida. The purpose of this rulemaking is to add language to exempt intrastate transport and other minor revisions. After adoption, primary and secondary forest products that originate in Florida and are transported for processing at mills and plants within the state are exempt from the requirements of the rule.

**SUMMARY:** Exemption of intrastate transport of wood products that are transported to a processing facility within the state.

**SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:**

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The Department’s economic analysis of the adverse impact or potential regulatory costs of the proposed rule did not exceed any of the criteria established in Section 120.541(2)(a), Florida Statutes. As part of this analysis, the Department relied upon the fact that the proposed rule provides an exemption that will decrease regulatory costs. Additionally, no interested party submitted additional information regarding the economic impact.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

**RULEMAKING AUTHORITY:** 570.07(23), 581.031(1), (4), (5), (7) FS.

**LAW IMPLEMENTED:** 570.07(2), (13), 581.031(1), (4), (5), (6), (7), (9), (20) FS.

**IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.**

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS:** Dr. Wayne Dixon, Assistant Director, Division of Plant Industry, FL Dept. of Agriculture and Consumer Services, P.O. Box 147100, Gainesville, FL 32614-7100

**THE FULL TEXT OF THE PROPOSED RULE IS:**

5B-65.005 Movement of Regulated Articles.

(1) In order to prevent the introduction and spread of nuisance pests and diseases listed in Rules 5B-65.003 and 5B-65.004, F.A.C., the movement of commercial shipments of regulated articles into the state is prohibited except under a Master Permit (Master Permit For Firewood and Unprocessed Wood Products, EDACS-08444, Rev. 01/12 06/09) issued by the Department. Such permit will stipulate the conditions under which the regulated articles can be moved into the state. The Master Permit for Firewood and Unprocessed Wood Products, EDACS-08444, Rev. 01/12 06/09, is incorporated herein by reference and may be obtained from the Division of Plant Industry, Bureau of Plant and Apiary Inspection, by writing to P. O. Box 147100, Gainesville, FL 32614-7100 or from the following website: <http://www.flrules.org/Gateway/reference>. The Master Permit will require all shippers of regulated articles to be under compliance with the state of origin’s plant regulatory organization. A Compliance Agreement issued under a Master Permit shall indicate the requirements for inspections and/or treatments. Only heat, fumigation, or chemical treatments in accordance with the United States Department of Agriculture, Animal and Plant Health Inspection Service, Plant Protection and Quarantine Treatment Manual (Rev 06/2012—09/2008), Treatment Schedules T312 – Oak Logs and Lumber and T314 – Logs and Firewood, shall be required in the compliance agreement. The Treatment Schedules are herein incorporated by reference and may be obtained from the following website: <http://www.flrules.org/Gateway/reference> [http://www.aphis.usda.gov/import\\_export/plants/manuals/ports/treatment.shtml](http://www.aphis.usda.gov/import_export/plants/manuals/ports/treatment.shtml).

(2) Any shipment of firewood or unprocessed wood products found infested or infected with a wood boring or wood inhabiting pest or plant disease pathogen listed in Rule 5B-65.003 or 5B-65.004, F.A.C., shall be quarantined and returned to the shipper or producer or destroyed by the Department at the expense of the shipper. Infested or infected regulated articles will be placed under Stop Sale Notice and Hold Order EDACS-08016, Rev. 2/10. EDACS Form 08016, Rev. 2/10 is hereby incorporated by reference and may be

obtained from the Division of Plant Industry, Bureau of Plant and Apiary Inspection, by writing to P. O. Box 147100, Gainesville, FL 32614-7100 or from the following website: <http://www.flrules.org/Gateway/reference>. Commercial shipments entering the state through the Department’s agricultural interdiction stations without certification of compliance with the Master Permit of the state of origin shall be issued a Report of Plant and Plant Material in Transit Interdiction Stations, FDACS Form 08003, Rev. 5/10. FDACS Form 08003, Rev. 5/10 is incorporated herein by reference and may be obtained from the Division of Plant Industry, Bureau of Plant and Apiary Inspection, by writing to P. O. Box 147100, Gainesville, FL 32614-7100 or from the following website: <http://www.flrules.org/Gateway/reference>. Non-commercial shipments entering the state through the Department’s agricultural interdiction stations without certification will be allowed entry only when issued and accompanied by a Report of Non-Commercial (Homeowner) Plants or Firewood Without Certification in Transit from Other States FDACS-08105, Rev. ~~11/10 06/09~~, issued at the station. FDACS form 08105, Rev. ~~11/10 06/09~~, is incorporated herein by reference and may be obtained from the Division of Plant Industry, Bureau of Plant and Apiary Inspection, by writing to P. O. Box 147100, Gainesville, FL 32614-7100 or from the following website: <http://www.flrules.org/Gateway/reference>. Commercial shippers found in violation of the rule will be suspended from shipping under the master permit issued with the state of origin. The suspension shall remain in effect until the Department of Agriculture of the state of origin has notified the Division of Plant Industry in writing that the shipper is in compliance with all requirements for treatment of firewood or unprocessed wood products.

(3) No change.

(4) Prior to the intrastate movement of commercial shipments of firewood or unprocessed wood products, the owner of the articles must submit FDACS 08459, Rev. 08/10 06/09, Compliance Agreement for Firewood and Unprocessed Wood Products Movement Within the State of Florida to the Division of Plant Industry unless exempted in subsection (7). The form Compliance Agreement for Firewood and Unprocessed Wood Products Movement Within the State of Florida, FDACS 08459, Rev. 08/10 06/09, is incorporated herein by reference and may be obtained from the Division of Plant Industry, Bureau of Plant and Apiary Inspection, by writing to P. O. Box 147100, Gainesville, FL 32614-7100 or from the following website: <http://www.flrules.org/Gateway/reference>.

(5) through (7)(a) No change.

(b) Primary and secondary forest products (including saw logs, saw timber, chip-n-saw, sawdust, veneer logs, pulpwood, wood for pallets, pole wood, dead pine distillate wood, pellets and chips) originating from Florida or states contiguous to

Florida and transported for processing at mills and plants (including pulp/paper mills, saw mills, plywood plants, OSB plants, pole plants, mulch plants, and biomass plants).

(c) No change.

Rulemaking Authority 570.07(23), 581.031(1), (4), (5), (7) FS. Law Implemented 570.07(2), (13), 581.031(1), (4), (5), (6), (7), (9), (20) FS. History—New 8-10-10, Amended.

NAME OF PERSON ORIGINATING PROPOSED RULE: Richard Gaskalla, Director, Division of Plant Industry, FL Dept. of Agriculture and Consumer Services, PO Box 147100, Gainesville, FL 32614-7100

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Commissioner of Agriculture Adam H. Putnam

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 19, 2012

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: March 9, 2012

**WATER MANAGEMENT DISTRICTS**

**Southwest Florida Water Management District**

RULE NO.:	RULE TITLE:
40D-2.322	Population and Impact Analysis and Verification of 10-year Requirements

PURPOSE AND EFFECT: The purpose of this rulemaking is to repeal Rule 40D-2.322, F.A.C., to be consistent with Section 373.236, F.S., and other water management districts rules. The effect is to reduce the regulatory burden on a permittee when its reporting period demands are less than the projected demands when its permit application was issued.

SUMMARY: The repeal of Rule 40D-2.322, F.A.C., related to the Population and Impact Analysis and Verification of 10-year Requirements, eliminates the automatic reduction in permitted quantities, the requirement for additional groundwater modeling and the reduction in permit duration when a permittee’s reporting period demands are less than 90% of the projected demands used when the permit application was issued or when certain specified requirements are not completed.

**SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:**

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described

herein: There are no costs to the regulated public as a result of the proposed amendments. Therefore, this rulemaking will not result in any adverse economic impacts or regulatory cost increases that require legislative ratification.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 373.044, 373.113, 373.171 FS.

LAW IMPLEMENTED: 373.103, 373.171, 373.219, 373.223, 373.227, 373.250 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sonya White, 7601 Highway 301 North, Tampa, FL 33637-6759, (813)985-7481, (4660), e-mail: [sonya.white@swfwmd.state.fl.us](mailto:sonya.white@swfwmd.state.fl.us). (OGC #2012019)

THE FULL TEXT OF THE PROPOSED RULE IS:

40D-2.322 Population and Impact Analysis and Verification of 10 year Requirements.

Rulemaking Authority 373.044, 373.113, 373.171 FS. Law Implemented 373.103, 373.171, 373.219, 373.223, 373.227, 373.250 FS. History—New 6-30-10, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE: Laura J. Donaldson, Esquire

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Southwest Florida Water Management District Governing Board

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 30, 2012

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: July 20, 2012

**DEPARTMENT OF ELDER AFFAIRS**

**Federal Aging Programs**

RULE NOS.:	RULE TITLES:
58A-5.0131	Definitions
58A-5.014	License Application, Change of Ownership, and Provisional Licenses
58A-5.015	License Renewal and Conditional Licenses
58A-5.016	License Requirements
58A-5.0161	Inspection Responsibilities
58A-5.0181	Admission Procedures, Appropriateness of Placement and Continued Residency Criteria
58A-5.0182	Resident Care Standards
58A-5.0185	Medication Practices

58A-5.0186	Do Not Resuscitate Orders (DNROs)
58A-5.019	Staffing Standards
58A-5.0191	Staff Training Requirements and Competency Test
58A-5.0194	Alzheimer’s Disease or Related Disorders Training Provider and Curriculum Approval
58A-5.020	Food Service Standards
58A-5.021	Fiscal Standards
58A-5.023	Physical Plant Standards
58A-5.024	Records
58A-5.0241	Adverse Incident Report
58A-5.0242	Liability Claim Report
58A-5.025	Resident Contracts
58A-5.026	Emergency Management
58A-5.029	Limited Mental Health
58A-5.030	Extended Congregate Care Services
58A-5.031	Limited Nursing Services
58A-5.033	Administrative Enforcement
58A-5.035	Waivers

PURPOSE AND EFFECT: The purpose of the proposed rule is to implement portions of recommendations proposed by the Governor’s Assisted Living Facility Workgroup, as well as additional rule recommendations developed by the Assisted Living Facility Negotiated Rulemaking Committee. Such negotiated committee recommendations were the consensus product of the individuals designated to represent the interests of entities and persons affected by the rule, and included participation by the following representatives: Robert Anderson – Department of Children and Families, C. Anne Avery – Agency for Health Care Administration, Dr. Gilda Baldwin – Westchester General Hospital, Jackie Beck – Department of Children and Families, Carol Berkowitz – LeadingAge Florida, Jim Crochet – State Long-Term Care Ombudsman, Alberta Granger – Florida Assisted Living Association, Lee Ann Griffin – Florida Health Care Association, Shad Haston – Agency for Health Care Administration, Gail Matillo – Department of Elder Affairs, Henry Parra – Assisted Living Member Association, Susan Rice – Department of Elder Affairs, Mary Romelfanger – Professional Testing, Inc., Eric Thorn – Florida Life Care Residents Association, Mary Beth Vickers – Department of Health. In addition to implementing these recommendations, the proposed rules were developed to address statutory changes enacted in Part II, Chapter 408 and Part I, Chapter 429, Florida Statutes, regarding the regulation of assisted living facilities.

SUMMARY: The proposed rule eliminates regulatory conflicts between Chapters 408 and 429; streamlines, clarifies, and reduces burdensome reporting requirements; and addresses necessary safeguards to ensure the health, safety, and welfare of individuals residing in Florida’s assisted living facilities. Specifically, the proposed rule addresses facility licensing requirements; admission procedures, appropriateness of resident placement and continued residency requirements;

aging in place initiatives; medication practices; staffing standards, including training requirements and imposition of competency testing; facility food service standards; resident contracts and certain financials standards; emergency management within facilities; and resident and facility record requirements.

**SUMMARY OF STATEMENT OF REGULATORY COSTS AND LEGISLATIVE RATIFICATION:**

The agency has determined that this rule will have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. Phase I recommendations of the Governor’s Assisted Living Facility Workgroup incorporated within the proposed rule impose an increase in core training and continuing education requirements for administrators and managers of assisted living facilities. The core training curriculum to be completed by prospective administrators or managers will be increased from 26 to 40 hours, while the biennial continuing education requirements for existing administrators and managers will be increased from 12 to 18 hours. While the proposed rule is anticipated to have a fiscal impact on the state’s private sector, it is not expected to require the expenditure of state funds, will not negatively impact the delivery of services by state agencies, and will not otherwise divert state resources. A SERC will be prepared by the department.

The department has determined that the proposed rule is expected to require legislative ratification based on the statement of estimated regulatory costs.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

**RULEMAKING AUTHORITY:** 429.07, 429.17, 429.178, 429.23, 429.24, 429.255, 429.256, 429.27, 429.275, 429.41, 429.42, 429.52 FS.

**LAW IMPLEMENTED:** 429.04, 429.07, 429.075, 429.08, 429.11, 429.12, 429.14, 429.17, 429.174, 429.178, 429.19, 429.20, 429.23, 429.24, 429.255, 429.256, 429.26, 429.27, 429.275, 429.28, 429.34, 429.35, 429.41, 429.42, 429.44, 429.445, 429.47, 429.52 FS.

**HEARINGS WILL BE HELD AT THE DATES, TIMES AND PLACES SHOWN BELOW:**

**DATE AND TIME:** November 28, 2012, 9:00 a.m. – 12:30 p.m.

**PLACE:** Florida Department of Elder Affairs, 4040 Esplanade Way, Room 225F, Tallahassee, Florida, 32399

**DATE AND TIME:** December 4, 2012, 8:30 a.m. – 12:30 p.m.

**PLACE:** University of South Florida, Marshall Center, 4202 East Fowler Avenue, Traditions Hall, Tampa, Florida, 33620.

**DATE AND TIME:** December 6, 2012, 8:30 a.m. – 12:30 p.m.

**PLACE:** Department of Children and Families – Southeast Region, 1400 West Commercial Boulevard, Room 203, Fort Lauderdale, Florida 33309

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in these hearings is asked to advise the agency at least 72 hours before the hearing by contacting: Demetria Ross, Department of Elder Affairs, (850)414-2114, rossd@elderaffairs.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS:** Anthony J. DePalma, Assistant General Counsel, Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399, depalma@elderaffairs.org.

**THE FULL TEXT OF THE PROPOSED RULES IS:**

**58A-5.0131 Definitions.**

In addition to the terms defined in Section 429.02, F.S., the following definitions are applicable in this rule chapter:

(1) “Advertise” means any written, printed, oral, visual, or electronic promotion, statement of availability, qualifications, services offered, or other similar communication appearing in or on television, radio, the Internet, billboards, newspapers, magazines, business cards, flyers, brochures or other medium for the purpose of attracting potential residents to an assisted living facility. A complimentary listing of a licensed facility’s name, address, and telephone number in the telephone directory shall not be considered advertising.

(2) “Agency Central Office ~~or AHCA Central Office~~” means the Agency for Health Care Administration ~~(also referred to as “Agency”)~~; Assisted Living Unit (ALU), located at 2727 Mahan Drive, Mail Stop 30, Tallahassee, FL 32308-5403. The ALU telephone number and website address is (850)412-4304, and <http://www.ahca.myflorida.com/assistedliving> (850)487-2515.

(3) “Agency Field Office” means the Agency for Health Care Administration’s Office in a particular geographic area. Information regarding local offices is available online at: <http://www.ahca.myflorida.com/mchq/areas/index.shtml>.

(4)(3) “Apartment” means a self-contained dwelling unit with a bathroom, kitchen area, and living and sleeping space that is contracted for use as a residence by one or more persons who maintain a common household.

(5)(4) “Assistance with activities of daily living” means individual assistance with the following:

(a) Ambulation – Providing physical support to enable the resident to move about within or outside the facility. Physical support includes supporting or holding the resident’s hand, elbow, or arm; holding on to a support belt worn by the

resident to assist in providing stability or direction while the resident ambulates; or pushing the resident's wheelchair. The term does not include assistance with transfer.

(b) Bathing – Assembling towels, soaps, and other necessary supplies, helping the resident in and out of the bathtub or shower, turning the water on and off, adjusting water temperatures, washing and drying portions of the body which are difficult for the resident to reach, or being available while the resident is bathing.

(c) Dressing – Helping the resident to choose, and to put on and remove clothing.

(d) Eating – Helping with cutting food, pouring beverages, and feeding residents who are unable to feed themselves.

(e) Grooming – Helping the resident with shaving, with oral care, with care of the hair, and with nail care.

(f) Toileting – Assisting the resident to the bathroom, helping to undress, positioning on the commode, and helping with related personal hygiene, including assistance with changing an adult brief. Assistance with toileting includes assistance with the routine emptying of a catheter or ostomy bag.

(6)(5) “Assistance with transfer” means providing verbal and physical cuing or physical assistance or both while the resident moves between bed and a standing position or between bed and chair or wheelchair.

(7)(6) “Bedridden” means confined to bed because of inability to ambulate or transfer to a wheelchair even with assistance, or to sit safely in a chair or wheelchair without personal assistance or mechanical restraint.

(8)(7) “Capacity” means the number of residents for which a facility has been licensed to provide residential care.

(9)(8) “Case manager” means an individual employed by or under contract with any agency or organization, public; or private, who has the responsibility for assessing resident needs; planning services; coordinating and assisting residents to gain access to needed medical, mental health, social, housing, educational or other services; monitoring service delivery; and evaluating the effects of service delivery.

(10)(9) “Certified nursing assistant (CNA)” means a person certified under Part II, XV of Chapter 464 468, F.S.

(11)(10) “Deficiency” means an instance of non-compliance with the requirements of Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., Part III, Chapter 400, F.S., and this rule chapter.

(12)(11) “Direct care staff” means staff providing personal or nursing services to residents, or administrators and managers supervising staff providing such services.

(13)(12) “Distinct part” means designated bedrooms or apartments, bathrooms and a living area; or a separately identified wing, floor, or building which includes bedrooms or apartments, bathrooms and a living area. The distinct part may include a separate dining area, or meals may be served in another part of the facility.

(14)(13) “Elopement” means an occurrence in which a resident leaves a facility without following facility policy and procedures.

(15)(14) “Food service” means the storage, preparation, serving, and cleaning up of food intended for consumption in a facility or a formal agreement that meals will be regularly catered by a third party.

(16)(15) “Health care provider” means a physician or physician's assistant licensed under Chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under Chapter 464, F.S.

(17)(16) “Hold itself out” means making any personal, verbal, telephone, mail contact, or other communication to a person or any announcement, solicitation, display, or advertisement to inform the general public of the services provided by the facility.

(18)(17) “Licensed dietitian/nutritionist” means a dietitian or nutritionist licensed in accordance with Section 468.509, F.S.

(19)(18) “Long-term care ombudsman program (LTCOP) council (LTCOC)” means the State Long-term Care Ombudsman Council or the district long-term care ombudsman program councils established under Part I, Chapter 400, F.S.

(19) “Major incident” means:

(a) ~~Death of a resident from other than natural causes;~~

(b) ~~Determining that a resident is missing;~~

(c) ~~An assault on a resident resulting in injury;~~

(d) ~~An injury to a resident which requires assessment and treatment by a health care provider; or~~

(e) ~~Any event, such as a fire, natural disaster, or other occurrence that results in the disruption of the facility's normal activities.~~

(20) “Manager” means an individual who is responsible for the operation and maintenance of an assisted living facility while under the supervision of the administrator of that facility.

(21)(20) “Mental illness disorder”<sub>2</sub> for the purposes of identifying a mental health resident<sub>2</sub> means schizophrenic and other psychotic disorders; affective disorders; anxiety related disorders; and personality and dissociative disorders. However, mental illness disorder does not include residents with a primary diagnosis of Alzheimer's disease, other dementias, or mental retardation.

(22)(21) “Mental health care provider” means:

(a) An individual, agency, or organization providing under contract to the Department of Children and Family Services' district Substance Abuse and Mental Health program office to provide mental health services to clients of the Department of Children and Families department;

(b) An individual licensed by the state to provide mental health services; or

(c) An agency or organization employing or contracting with individuals licensed by the state to provide mental health services.

~~(23)~~(22) “Mental health case manager” means a case manager employed by or under contract to a mental health care provider to assist mental health residents residing in a facility holding a limited mental health license. A private mental health care provider may serve as a resident’s mental health case manager.

~~(24)~~(23) “Newly licensed” means a new facility which is licensed for the first time. The term does not apply to an existing facility that has undergone a change of ownership.

~~(25)~~(24) “Nurse” means a licensed practical nurse (LPN), registered nurse (RN), or advanced registered nurse practitioner (ARNP) licensed under Chapter 464, F.S.

~~(26)~~(25) “Nursing assessment” means a written review of information collected from observation of and interaction with a resident, the resident’s record, and any other relevant sources; the analysis of the information; and recommendations for modification of the resident’s care, if warranted.

~~(27)~~(26) “Nursing progress notes” or “progress report” means a written record of nursing services, other than medication administration or the taking of vital signs, provided to each resident who receives such services pursuant to a limited nursing or extended congregate care license. The progress notes shall be completed by the nurse who delivered the service and shall describe the date, type, scope, amount, duration, and outcome of services that are rendered; the general status of the resident’s health; any deviations; any contact with the resident’s physician; and shall contain the signature and credential initials of the person rendering the service.

~~(28)~~(27) “Optional state supplementation (OSS)” means the state program providing monthly payments to eligible residents pursuant to Section 409.212, F.S., and Rule Chapter 65A-2, F.A.C.

~~(29)~~(28) “Owner” means the person, partnership, association, limited liability company, or corporation, which owns or leases the facility, and is licensed by the ~~a~~Agency. The term does not include a person, partnership, association, limited liability company, or corporation which contracts only to manage or operate the facility.

~~(30)~~(29) “Physician” means an individual licensed under Chapter 458 or 459, F.S.

~~(31)~~(30) “Registered dietitian” means an individual registered with the Commission on Dietetic Registration, the accrediting body of the Academy of Nutrition and Dietetics American Dietetic Association.

~~(32)~~(31) “Renovation” means additions, repairs, restorations, or other improvements to the physical plant of the facility within a 5 year period that costs in excess of 50 percent of the value of the building as reported on the tax rolls, excluding land, before the renovation.

~~(33)~~(32) “Respite care” means facility-based supervision of an impaired adult for the purpose of relieving the primary caregiver.

~~(34)~~(33) “Significant change” means a sudden or major shift in behavior or mood, or a deterioration in health status such as unplanned weight change, stroke, heart condition, or stage 2, 3, or 4 pressure sore. Ordinary day-to-day fluctuations in functioning and behavior, a short-term illness such as a cold, or the gradual deterioration in the ability to carry out the activities of daily living that accompanies the aging process are not considered significant changes.

~~(35)~~(34) “Staff” means any individual person employed by a facility; or contracting with a facility to provide direct or indirect services to residents; or employees of firms under contract to the facility to provide direct or indirect services to residents when present in the facility. The term includes volunteers performing any service which counts toward meeting any staffing requirement of this rule chapter.

~~(36)~~ “Staff in regular contact” means all staff who do not provide direct care to residents, but whose duties may take them into resident living areas and may require them to interact with, or have direct contact with, residents on a daily basis.

~~(37)~~ “Staff with incidental contact” means all staff who do not provide direct care to residents, and whose duties do not take them into resident living areas or require them to interact with residents on a daily basis.

~~(38)~~(35) “Third Party” means any individual person or business entity providing services to residents who is not staff of the facility.

~~(39)~~(36) “Unscheduled service need” means a need for a personal service, nursing service, or mental health intervention which generally cannot be predicted in advance of the need for service, and which must be met promptly within a time frame which provides reasonable assurance that the ~~resident’s~~ health, safety, and welfare ~~and that of all other residents is~~ shall be preserved.

Rulemaking Authority 429.23, 429.41 FS. Law Implemented ~~429.02,~~ 429.07, 429.075, 429.11, 429.14, 429.178, 429.19, 429.255, 429.23, 429.28, 429.41, 429.47, 429.52 FS. History—New 9-30-92, Formerly 10A-5.0131, Amended 10-30-95, 6-2-96, 4-20-98, 10-17-99, 1-9-02, 7-30-06, 4-15-10, \_\_\_\_\_.

58A-5.014 Licensing and License Application, Change of Ownership, and Provisional Licenses.

(1) LICENSE APPLICATION. An applicant for a standard assisted living facility (~~ALF~~) license, or a limited mental health (~~LMH~~), extended congregate care (~~ECC~~), or limited nursing services (~~LNS~~) license, may apply for licensure pursuant to the requirements of Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., and Rule Chapter 59A-35, F.A.C. obtain a license application package from the Agency Central Office.

(a) The completed application shall be signed, under oath, by an owner (or corporate officer if the owner is a corporation), the administrator, or an individual designated in writing by an owner or corporate officer, who is at least 18 years old. The application shall include the following:

1. The Assisted Living Facilities (ALF) License Application, AHCA Form 3110-1008, January 2006, and the Assisted Living Facility Licensure Application Addendum, AHCA Form, 3110-1016, January 2006, which are incorporated by reference and can be obtained from the Agency Central Office, with all requested information provided as specified in Section 429.11(3), F.S.

2. An assets and liabilities statement, or AHCA Form 3180-1003, January 1998, which is incorporated by reference. The assets and liabilities statement shall include information about the assets available to cover claims against the owner and administrator and to demonstrate that the applicant has the financial ability to operate.

3. A statement of operations, or AHCA Form 3180-1002, July 1995, which is incorporated by reference. The statement of operations shall include projected revenues, expenses, taxes, extraordinary items, and other credits or charges for the first 12 months of operation.

4. If the proposed facility will be part of a continuing care retirement community, a copy of the Certificate of Authority to offer continuing care agreements issued pursuant to Chapter 651, F.S. The certificate may be used in lieu of fiscal documentation specified in subparagraphs 2. and 3.

5. Proof of liability insurance as required by Rule 58A-5.021, F.A.C.

6. For applicants anticipating a licensed capacity of 14 or fewer residents and located in an area zoned single family or multi family, documentation of compliance with the community residential home requirements specified in Chapter 419, F.S., obtained from the Department of Children and Family Services' district community residential home coordinator. If not located in an area zoned single family or multi family, Local Zoning Form, AHCA Form 3180-1021, September 1996, which is incorporated by reference, or a letter from the local zoning authority, signed by the county zoning official, which states that the applicant is in compliance with local zoning ordinances.

7. Proof of legal right to occupy the property which may include copies of recorded deeds, or copies of lease or rental agreements, contracts for deeds, quitclaim deeds, or other such documentation.

8. Documentation of a satisfactory fire safety inspection conducted by the local authority having jurisdiction over fire safety or by the State Fire Marshal.

9. Documentation of a satisfactory sanitation inspection by the county health department.

10. For each person specified in Section 429.174(1), F.S.:

a. A set of fingerprints obtained from the nearest available local law enforcement agency on the fingerprint card provided by the Agency; and

b. A check or money order to cover the cost of screening.

11. In lieu of the requirements of subparagraph 10., the following may be substituted: proof of compliance with the Level 2 background screening requirements of Section 435.04, F.S., conducted within the last five (5) years pursuant to a facility or professional license requirement of the Agency or the Department of Health, a copy of the professional or facility license, and an affidavit of current compliance with Level 2 background screening standards. For owners, administrators, and financial officers of continuing care retirement communities, proof of compliance with the background screening requirements of Rule 690-193.060, F.A.C., conducted within the last five (5) years, may be substituted.

12. A copy of any surety bond required pursuant to Rule 58A-5.021, F.A.C.

13. A copy of the proposed facility's floor plan indicating those areas to be licensed as an assisted living facility and, if applicable, the distinct part to be licensed as an extended congregate care facility if the entire assisted living facility is not to be so licensed.

14. Certificates of Occupancy shall be required from authorities charged with seeing that new buildings or renovations to existing buildings comply with state and local building codes. This must be provided at the time of the agency survey.

(b) If the Agency Central Office delivers a letter notifying the applicant of apparent errors or omissions in the application, then the applicant must respond with the required information no later than twenty-one (21) days from the date of the Agency's one omission letter. If the required information is not received by the Agency within the twenty-one (21) day timeframe, the Agency shall deem the application incomplete and shall issue a notice of intent to deny the application.

(c) An applicant for a limited mental health, extended congregate care, or limited nursing services license must concurrently apply for, or hold, a standard license and comply, in addition, with the applicable requirements of Rules 58A-5.029, 58A-5.030, and 58A-5.031, F.A.C., respectively. These specialty licenses shall only be issued to a facility holding a standard license.

(d) The application shall be submitted to the Agency Central Office and be accompanied by a license fee in the form of a check or money order payable to the State of Florida. The license fee shall be in accordance with Section 429.07, F.S.

1. The fee for any special license shall be in addition to the standard license fee required by statute. When a special license is requested during a facility's standard license period, the fee will be prorated so that the special license will expire at the same time as the facility's standard license.

2. One check or money order can be submitted to cover all license fees and background screening costs.

3. For checks returned from the applicant's bank for whatever reason, the agency shall add to the amount due a service fee of \$20 or 5 percent of the face amount of the check, whichever is greater, up to a maximum charge of \$200.

(e) Upon submission of all documentation required under this subsection and fees, and notification to the Agency Field Office that the applicant is ready for survey, the Field Office shall conduct a survey of the facility in accordance with Section 429.28(3), F.S.

(2) CHANGE OF OWNERSHIP (CHOW). In addition to the requirements for a change of ownership contained in Part II, Chapter 408, F.S., Section 429.12, F.S., and Rule Chapter 59A-35, F.A.C., the following provisions relating to resident funds apply pursuant to Section 429.27, F.S.:

(a) Pursuant to Section 429.12, F.S., the transferor shall notify the agency in writing, at least 60 days prior to the date of transfer of ownership.

(b) Completed applications shall be filed with the Agency by the transferee at least 60 days before the date of transfer of ownership as required by Section 429.12, F.S., and must include the information and fees required under subsection (1) of this rule. An application package for a change of ownership of a currently licensed facility is available from the Agency Central Office.

(a)(e) At the time of transfer of ownership, all resident funds on deposit, advance payments of resident rents, resident security deposits, and resident trust funds held by the current licensee shall be transferred to the applicant. Proof of such transfer shall be provided to the agency at the time of the agency survey and prior to the issuance of a standard license. This provision does not apply to entrance fees paid to a continuing care facility subject to the acquisition provisions in Section 651.024, F.S.

(b) The transferor shall provide to each resident a statement detailing the amount and type of funds credited to the resident for whom funds are held by the facility.

(c) The transferee shall notify each resident in writing of the manner in which the transferee is holding the resident's funds and state the name and address of the depository where the funds are being held, the amount held, and type of funds credited.

(d) The current resident contract on file with the facility shall be considered valid until such time as the transferee is licensed and negotiates a new contract with the resident.

(e) Failure to apply for a change of ownership of a licensed facility as required by Section 429.12, F.S., shall result in a fine levied by the Agency pursuant to Section 429.19, F.S.

(f) During a change of ownership, the owner of record is responsible for ensuring that the needs of all residents are met at all times in accordance with Part III of Chapter 400, F.S., and this rule chapter.

(g) If applicable, the transferor shall comply with Section 408.831(2), F.S., prior to Agency approval of the change of ownership application.

(3) CONDITIONAL PROVISIONAL LICENSE. Except as provided under Section 429.14, F.S., the agency may issue a conditional license to a facility if, at the time of license renewal the facility is found to have uncorrected violations which the facility has had an opportunity to correct. The issuance of a conditional license does not change the biennial license expiration date.

(a) The agency shall issue a provisional license to an applicant making an initial application for a standard license or who has filed a completed application for a change of ownership, if the applicant has met all other licensing requirements and is:

1. Waiting for the receipt of Federal Bureau of Investigation background screening results; or

2. Waiting for a response to a request for an exemption from the background screening standards listed in Section 435.03 or 435.05, F.S., as applicable, provided that the exemption from disqualification request is for: felonies committed more than 10 years ago; misdemeanors, including offenses that were felonies when committed but are now misdemeanors; findings of delinquency; and acts of domestic violence committed more than 5 years ago.

(b) A provisional license issued pursuant to an initial application for license shall not be considered equivalent to a standard license for the purposes of issuing a limited mental health, extended congregate care, or limited nursing services license.

(c) A provisional license issued pursuant to a change of ownership application shall be considered equivalent to a standard license for the purpose of issuing a limited mental health, extended congregate care, or limited nursing services license.

(d) A provisional license shall be issued for a specific period of time as determined by the agency provided such time is not less than 1 month nor for more than 6 months.

(4) OSS RESIDENT DETERMINATION LICENSE DENIAL. With respect to the fee per bed required for a standard license, the number of OSS recipients claimed shall be the average number per month residing in the facility during the previous license period. An additional per bed charge shall be added to the bed fee for facilities whose average number of OSS residents per month was less than the number of beds designated for OSS recipients during the previous license period.



Owners denied a license shall be notified by the agency of their right to appeal the denial, the remedies available, and the time limit for requesting such remedies as provided under Part II of Rule Chapter 59-1, F.A.C. and Chapter 120, F.S.

Rulemaking Authority ~~429.07, 429.17, 429.27, 429.275, 429.41~~ FS. Law Implemented ~~429.02, 429.04, 429.07, 429.08, 429.11, 429.12, 429.17, 429.174, 429.20, 429.27, 429.275, 429.41, 429.44, 429.445, 429.47~~ FS. History—New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.14, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.014, Amended 10-30-95, 4-20-98, 10-17-99, 7-30-06, \_\_\_\_\_.

#### 58A-5.015 License Renewal and Conditional Licenses.

(1) LICENSE RENEWAL. Every two years, the Agency Central Office shall provide applications for license renewal, either electronically or by my mail, to licensees no less than 120 days prior to the expiration of the current license. Applications shall be postmarked or hand delivered to the Agency a minimum of 90 days prior to the expiration date appearing on the currently held license. Failure to file a timely application shall result in a late fee charged to the facility as described in Section 429.17, F.S.

(a) All applicants for renewal of a license shall submit the following:

1. An Assisted Living Facilities (ALF) License Application, AHCA Form 3110-1008, January 2006 and the Assisted Living Facility License Application Addendum, AHCA Form 3110-1016, January 2006, completed as required under Rule 58A-5.014, F.A.C.

2. Proof of liability insurance as required by Rule 58A-5.021, F.A.C.

3. A copy of the annual fire safety inspection conducted by the local authority having jurisdiction over fire safety or the State Fire Marshal. Documentation of a satisfactory fire safety inspection shall be provided at the time of the agency's biennial survey.

4. A copy of the annual sanitation inspection by the county health department. Documentation of a satisfactory sanitation inspection shall be provided at the time of the agency's biennial survey.

5. An affidavit of current compliance with level 1 and 2 background screening conducted pursuant to Section 429.174, F.S.

6. A copy of any surety bond or continuation bond required by Rule 58A-5.021, F.A.C.

7. A copy of the facility's floor plan if different from the previous application.

(b) If the Agency Central Office delivers a letter notifying the applicant of apparent errors or omissions in the application, then the applicant must respond with the required information no later than twenty one (21) days from the date of the Agency's one omission letter. If the required information is not

received by the Agency within the twenty-one (21) day time frame, the Agency shall deem the application incomplete and shall issue a notice of intent to deny the application.

(c) Applicants for renewal of a license shall not be required to provide proof of financial ability to operate unless the facility or any other facility owned or operated in whole or part by the same owner or business entity has demonstrated financial instability as described in Rule 58A-5.021, F.A.C.

(d) Applicants for renewal of licenses shall remit license fees as required by Section 429.07, F.S., and Rule 58A-5.014, F.A.C. With respect to the fee per bed required for a standard license, the number of OSS recipients claimed shall be the average number per month residing in the facility during the previous license period. An additional per bed charge shall be added to the bed fee for facilities whose average number of OSS residents per month was less than the number of beds designated for OSS recipients during the previous license period.

(2) CONDITIONAL LICENSE. Except as provided under Section 429.14, F.S., the agency may shall issue a conditional license to a facility if, at the time of license renewal the facility is found to have uncorrected violations which the facility has had an opportunity to correct.

(a) The issuance of a conditional license shall be contingent upon agency approval of a written plan of correction which includes corrective steps that will be taken to eliminate the deficiencies and a timetable for correction of the deficiencies by the expiration date of the conditional license.

(b) A conditional license shall be issued by the agency only for that time period necessary to comply with applicable licensing standards and complete license renewal procedures, but not to exceed 6 months.

(c) A conditional license shall be revoked if subsequent follow-up surveys by the agency indicate that necessary progress has not been made toward compliance with applicable licensing standards.

(d) The issuance of a conditional license does not change the biennial license expiration date.

#### (3) LICENSE DENIAL.

(a) Applicants denied a license shall be notified by the agency of their right to appeal the denial, the remedies available, and the time limit for requesting such remedies as provided under Part II of Rule Chapter 59-1, F.A.C. and Chapter 120, F.S.

(b) Pursuant to Section 429.14, F.S., agency notice of license denial following a renewal application shall be posted and visible to the public at the facility.

Rulemaking Authority 429.41 FS. Law Implemented 429.02, 429.04, 429.07, 429.11, 429.14, 429.17, 429.174, 429.27, 429.275, 429.41, 429.47 FS. History—New 10-17-99, Amended 7-30-06, Repealed

58A-5.016 License Requirements.

(1) SERVICE PROHIBITION. An assisted living facility ~~ALF~~ may not hold itself out to the public as providing any service other than a service for which it is licensed to provide.

~~(2) LICENSE TRANSFER PROHIBITION. Licenses are not transferable. Whenever a facility is sold or ownership is transferred, including leasing, the transferor and transferee must comply with the provisions of Section 429.41, F.S., and the transferee must submit a change of ownership license application pursuant to Rule 58A-5.014, F.A.C.~~

~~(2)(3) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity shall not be made without prior approval from the Agency Central Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements as referenced in Rule 58A-5.0161, F.A.C.~~

~~(3)(4) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, shall not be made without prior approval from the Agency Field Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards as referenced in Rule 58A-5.0161, F.A.C.~~

~~(4)(5) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter.~~

~~(5)(6) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., shall be submitted annually to the Agency Central Office. The annual inspections shall be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Part II, Chapter 408, F.S., Section 429.14, F.S., and Rule Chapter 59A-35, F.A.C ~~Rule 58A-5.033, F.A.C.~~~~

~~(6)(7) MEDICAID-WAIVER RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify Medicaid-waiver residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws.~~

~~(8) THIRD PARTY SERVICES.~~

~~(a) In instances when residents require services from a third party provider, the facility administrator or designee must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals, unless residents or their representatives decline the assistance. The declination of assistance must be reviewed at least annually. These actions must be documented in the resident's record.~~

~~(b) In instances when residents or their representatives arrange for third party services, the facility administrator or designee, when requested by residents or representatives, must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals. These actions must be documented in the resident's record.~~

~~(c) The facility's facilitation and coordination as described under this subsection does not represent a guarantee that residents will receive third party services. If the facility's efforts at facilitation and coordination are unsuccessful, the facility should include this documentation in the resident's record, explaining the reason or reasons its efforts were unsuccessful, which will serve to demonstrate its compliance with this subsection.~~

Rulemaking Authority 429.41 FS. Law Implemented ~~429.42, 429.41, 429.44, 429.445~~ FS. History—New 5-15-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.16, Amended 6-21-88, 9-30-92, Formerly 10A-5.016, Amended 10-30-95, 10-17-99, 7-30-06, 4-15-10,\_\_\_\_\_.

58A-5.0161 Inspection Responsibilities.

(1) County health departments shall be responsible for inspecting all license applicants and licensed facilities in matters regulated by:

(a) Rule 64E-12.004, F.A.C., and Rule Chapter 64E-11, F.A.C., relating to food hygiene.

(b) Chapter 64E-12, F.A.C., relating to sanitary practices in community-based residential facilities.

(c) Chapter 64E-16, F.A.C., relating to biomedical waste.

(2) The local authority having jurisdiction over fire safety or State Fire ~~Marshal~~ Marshal shall be responsible for inspecting all license applicants and licensed facilities in matters regulated by Section 429.41, F.S., relating to uniform fire safety standards and Chapter 69A-40, F.A.C., Uniform Fire Safety Standards for Assisted Living Facilities.

(3) The agency shall be responsible for inspecting all license applicants and licensed facilities in all other matters regulated by this rule chapter.

Rulemaking Authority 429.41 FS. Law Implemented 429.41 FS. History—New 8-15-90, Formerly 10A-5.0161, Amended 10-30-95, 10-17-99,\_\_\_\_\_.

58A-5.0181 Admission Procedures, Appropriateness of Placement and Continued Residency Criteria.

(1) **ADMISSION CRITERIA.** An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license:

(a) Be at least 18 years of age.

(b) Be free from signs and symptoms of any communicable disease which is likely to be transmitted to other residents or staff; however, a person who has human immunodeficiency virus (HIV) infection may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule.

(c) Be able to perform the activities of daily living, with supervision or assistance if necessary.

(d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted.

(e) Be capable of taking his/her own medication with assistance from staff if necessary.

1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's written informed consent to provide such assistance as required under Section 429.256, F.S.

2. The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident.

(f) Any special dietary needs can be met by the facility.

(g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S.

(h) Not require licensed professional mental health treatment on a 24-hour a day basis.

(i) Not be bedridden.

(j) Not have any stage 3 or 4 pressure sores. A resident requiring care of a stage 2 pressure sore may be admitted provided that:

1. The facility has a limited nursing services LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider ~~physician~~, or the resident contracts directly with a licensed home health agency or a nurse to provide care;

2. The condition is documented in the resident's record; and

3. If the resident's condition fails to improve within 30 days, as documented by a licensed health care provider ~~nurse or physician~~, the resident shall be discharged from the facility.

(k) Not require any of the following nursing services:

1. Oral, nasopharyngeal, or tracheotomy suctioning;

2. Assistance with tube feeding;

3. Monitoring of blood gases;

4. Intermittent positive pressure breathing therapy; or

5. Treatment of surgical incisions or wounds, unless the surgical incision or wound and the condition which caused it have been stabilized and a plan of care developed.

(l) Not require 24-hour nursing supervision.

(m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C.

(n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on:

1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule;

2. The facility's admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and

3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C.

(o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.

(p) A resident who requires assistance with portable oxygen, routine colostomy care, and anti-embolism stockings or hosiery, and who otherwise meets the admission criteria, may be admitted to a facility with a standard license as long as the facility has a registered nurse on staff or under contract to perform the services.

1. The facility must have a licensed nurse on staff or under contract to provide the ongoing assistance or training to the resident to perform these functions.

2. Nursing staff may not provide training to unlicensed persons to perform skilled nursing services, and shall not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from contracting with a licensed third party to provide such ongoing assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for residency in a facility with a standard license.

(2) **HEALTH ASSESSMENT.** As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection.

(a) A medical examination completed within 60 calendar days prior to the individual's admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following:

1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations;
2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living;
3. Any nursing or therapy services required by the individual;
4. Any special diet required by the individual;
5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication;
6. Whether the individual has signs or symptoms of a communicable disease, including tuberculosis, which is likely to be transmitted to other residents or staff;
7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual's needs can be met in an assisted living facility; and
8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.

(b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, October 2010. The form is hereby incorporated by reference. ~~A faxed copy of the completed form is acceptable.~~ A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at [www.fdhc.state.fl.us/MCHO/Long\\_Term\\_Care/Assisted\\_living/pdf/AHCA\\_Form\\_1823%.pdf](http://www.fdhc.state.fl.us/MCHO/Long_Term_Care/Assisted_living/pdf/AHCA_Form_1823%.pdf). The form must be completed as follows:

1. The resident's licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
  - a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
  - b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider. A faxed copy of the completed form is acceptable.

c. Omitted information received verbally must be documented in the resident's record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.

~~2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:~~

- a. Extended congregate care (ECC) services in facilities holding an extended congregate care ECC license;
- b. Services under community living support plans in facilities holding limited mental health licenses;
- c. Medicaid assistive care services; and
- d. State-funded services Medicaid waiver services.

(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual's admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.

(d) Medical examinations of residents placed by the department, by the Department of Children and Families Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).

(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.

(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a do-not-resuscitate order for residents who do not wish cardiopulmonary resuscitation to be administered in the case of cardiac or respiratory arrest.

(g) A resident placed on a temporary emergency basis by the Department of Children and Families Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility's admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

(3) ADMISSION PACKAGE.

(a) The facility shall make available to potential residents a written statement(s) which includes the following information listed below. A copy of the facility resident contract or facility brochure containing all the required information shall meet this requirement.

1. The facility's residency criteria;
2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations ~~provided~~ provide by the facility for that rate;
3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any;
4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any;
5. Food service and the ability of the facility to accommodate special diets;
6. The availability of transportation and additional costs to the resident, if any;
7. Any other special services that are provided by the facility and additional cost if any;
8. Social and leisure activities generally offered by the facility;
9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any;
10. A statement of facility rules and regulations that residents must follow as described in Rule 58A-5.0182, F.A.C.;
11. A statement of the facility policy concerning Do Not Resuscitate Orders pursuant to Section 429.255, F.S. and Rule 58A-5.0186, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.
12. If the facility also has an extended congregate care program, the ~~ECC~~ program's residency criteria; and a description of the additional personal, supportive, and nursing services provided by the program; additional costs; and any limitations, if any, on where extended congregate care ~~ECC~~ residents must reside based on the policies and procedures described in Rule 58A-5.030, F.A.C.;
13. If the facility advertises that it provides special care for persons with Alzheimer's disease and related disorders, a written description of those special services as required under Section 429.177, F.S.; and
14. A copy of the facility's resident elopement response policies and procedures.

(b) Prior to or at the time of admission, the resident, responsible party, guardian, or attorney in fact, if applicable, shall be provided with the following:

1. A copy of the resident's contract which meets the requirements of Rule 58A-5.025, F.A.C.;
2. A copy of the facility statement described in paragraph (a) of this subsection if one has not already been provided;
3. A copy of the resident's bill of rights as required by Rule 58A-5.0182, F.A.C.; and

4. A Long-Term Care Ombudsman Program Council ~~Council~~ brochure which includes the telephone number and address of the district office council ~~council~~.

(c) Documents required by this subsection shall be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident.

(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. ~~After the effective date of this rule, providers shall have up to 12 months to comply with this requirement.~~

(a) The resident may be bedridden for up to 7 consecutive days.

(b) A resident requiring care of a stage 2 pressure sore may be retained provided that:

1. The facility has a limited nursing services ~~LNS~~ license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care;
2. The condition is documented in the resident's record; and
3. If the resident's condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.

(c) A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:

1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. The interdisciplinary plan shall delineate the services that are being provided by hospice and the facility. ~~Facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living; and~~

4. Documentation of the requirements of this paragraph is maintained in the resident's file.

(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.

(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff within the scope of such facility's license. Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.

(f) Staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice. Staff may not exceed the scope of their professional licensure or training in any licensed assisted living facility.

(g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.

(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

Rulemaking Authority 429.07, 429.41 FS. Law Implemented 429.07, 429.255, 429.26, 429.28, 429.41 FS. History—New 9-17-84, Formerly 10A-5.181, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.0181, Amended 10-30-95, 6-2-96, 10-17-99, 7-30-06, 10-9-06, 4-15-10, 10-14-10, \_\_\_\_\_.

58A-5.0182 Resident Care Standards.

An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility.

(1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following:

(a) Monitoring of Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C.

(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual.

(c) Maintaining a gGeneral awareness of the resident's whereabouts. The resident may travel independently in the community.

(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.

(e) Maintaining aA written record, updated as needed, of any significant changes ~~as defined in subsection 58A-5.0131(33), F.A.C.~~, any illnesses which resulted in medical attention, ~~major incidents~~, changes in the method of medication administration, or other changes which resulted in the provision of additional services.

(2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community.

(a) The facility shall provide an ongoing activities program. The program shall provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests.

(b) The facility shall consult with the residents in selecting, planning, and scheduling activities. The facility shall demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility.

(c) Scheduled activities shall be available at least ~~6 six (6)~~ days a week for a total of not less than ~~12 twelve (12)~~ hours per week. Watching television shall not be considered an activity for the purpose of meeting the ~~12 twelve (12)~~ hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required ~~12 twelve (12)~~ hours per week of scheduled activities. An activities calendar shall be posted in common areas where residents normally congregate.

(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to ~~3 three (3)~~ hours may be counted toward the required activity time.

(3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to needed health care, the facility shall, as needed by each resident:

(a) Assist residents in making appointments and remind residents about scheduled appointments for medical, dental, nursing, or mental health services.

(b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation for persons with disabilities.

(c) The facility may not require residents to see a particular health care provider.

(4) **ACTIVITIES OF DAILY LIVING.** Facilities shall offer supervision of or assistance with activities of daily living as needed by each resident. Residents shall be encouraged to be as independent as possible in performing activities of daily living ADLs.

(5) **NURSING SERVICES.**

(a) Pursuant to Section 429.255, F.S., the facility may employ or contract with a nurse to:

1. Take or supervise the taking of vital signs;
2. Manage pill-organizers and administer medications as described under Rule 58A-5.0185, F.A.C.;
3. Give prepackaged enemas pursuant to a physician's order; and
4. Maintain nursing progress notes.

(b) Pursuant to Section 464.022, F.S., the nursing services listed in paragraph (a) may also be delivered in the facility by family members or friends of the resident provided the family member or friend does not receive compensation for such services.

(6) **RESIDENT RIGHTS AND FACILITY PROCEDURES.**

(a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C.

(b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.

(c) The ~~address and~~ telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The ~~addresses and~~ telephone numbers are: the ~~District~~ Long-Term Care Ombudsman Program Council, 1(888)831-0404; Disability Rights Florida, the Advocacy Center for Persons with Disabilities, 1(800)342-0823; ~~the Florida Local Advocacy Council~~, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Abuse Hotline, 1(800)96-ABUSE or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone and must be a minimum of 14-point font.

(d) ~~The statewide toll-free telephone number of the Florida Abuse Hotline "1(800)96-ABUSE or 1(800)962-2873" shall be posted in full view in a common area accessible to all residents.~~

(d)(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181,

F.A.C. The rules and procedures shall address the facility's policies with respect to such issues, for example, as resident responsibilities, the facility's alcohol and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.

(e)(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.

(f)(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, a readily-accessible telephone on each floor of each building where residents reside.

(g)(h) In addition to the requirements of Pursuant to Section 429.41, F.S., the use of physical restraints shall be limited to half-bed rails, which shall and only upon the written order of the resident's physician, who the use of physical restraints by a facility shall be reviewed by the resident's physician review the order biannually, and the consent of the resident or the resident's representative. Any device, including half-bed rails, which the resident chooses to use, and can remove or avoid without assistance, shall not be considered a physical restraint.

(7) **THIRD PARTY SERVICES.**

(a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, contracting, and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies may require the third party to coordinate with the facility regarding the resident's condition and the services being provided ~~pursuant to subsection 58A-5.016(8), F.A.C.~~ Pursuant to subsection (6) of this rule, the facility shall provide the resident with the facility's policy regarding the provision of services to residents by non-facility staff.

(b) In instances when residents require services from a third party provider, the facility administrator or designee must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific

service goals, unless residents or their representatives decline the assistance. The declination of assistance must be reviewed at least annually. These actions must be documented in the resident's record.

(c) In instances when residents or their representatives arrange for third party services, the facility administrator or designee, when requested by residents or representatives, must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals. These actions must be documented in the resident's record.

(d) The facility's facilitation and coordination as described under this subsection does not represent a guarantee that residents will receive third party services. If the facility's efforts at facilitation and coordination are unsuccessful, the facility should include this documentation in the resident's record, explaining the reason or reasons its efforts were unsuccessful, which will serve to demonstrate its compliance with this subsection.

(8) ELOPEMENT STANDARDS.

(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement shall be identified so staff can be alerted to their needs for support and supervision.

1. As part of its resident elopement response policies and procedures, the facility shall make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff attention shall be directed towards residents assessed at high risk for elopement, with special attention given to those with Alzheimer's disease ~~or~~ and related disorders assessed at high risk.

2. At a minimum, the facility shall have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. ~~The facility's file must contain the resident's photo identification shall be made available for the file within 10 calendar days after of admission. If in the event a resident is assessed at risk for elopement subsequent to admission, the facility's file must contain the resident's photo identification shall be made available for the file within 10 calendar days after that a determination is made that the resident is at risk for elopement.~~ The photo identification may be taken by the facility or provided by the resident or resident's representative family/caregiver.

(b) Facility Resident Elopement Response Policies and Procedures. The facility shall develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures shall provide for include:

1. An immediate staff search of the facility and premises;

2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities;

3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and

4. The continued care of all residents within the facility in the event of an elopement.

(c) Facility Resident Elopement Drills. The facility shall conduct resident elopement drills pursuant to Sections 429.41(1)(a)3. and 429.41(1)(l), F.S.

(9) OTHER STANDARDS. Additional care standards for residents residing in a facility holding a limited mental health, extended congregate care or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

Rulemaking Authority 429.41 FS. Law Implemented ~~429-02;~~ 429.255, 429.256, 429.26, 429.28, 429.41 FS. History—New 9-17-84, Formerly 10A-5.182, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.0182, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 10-9-06, 4-15-10, \_\_\_\_\_.

58A-5.0185 Medication Practices.

Pursuant to Sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule.

(1) SELF ADMINISTERED MEDICATIONS.

(a) Residents who are capable of self-administering their medications without assistance shall be encouraged and allowed to do so.

(b) If facility staff note deviations which could reasonably be attributed to the improper self-administration of medication, staff shall consult with the resident concerning any problems the resident may be experiencing with the medications; the need to permit the facility to aid the resident through the use of a pill organizer, provide assistance with self-administration of medications, or administer medications if such services are offered by the facility. The facility shall contact the resident's health care provider when observable health care changes occur that may be attributed to the resident's medications. The facility shall document such contacts in the resident's records.

(2) PILL ORGANIZERS.

(a) A "pill organizer" means a container which is designed to hold solid doses of medication and is divided according to day and time increments.

(b) A resident who self-administers medications may use a pill organizer.



(c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse shall manage the pill organizer in the following manner:

1. Obtain the labeled medication container from the storage area or the resident;
2. Transfer the medication from the original container into a pill organizer, labeled with the resident's name, according to the day and time increments as prescribed;
3. Return the medication container to the storage area or resident; and
4. Document the date and time the pill organizer was filled in the resident's record.

(d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it shall be noted in the resident's record and the facility shall consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility shall contact the resident's health care provider regarding questions, concerns, or observations relating to the resident's medications. Such communication shall be documented in the resident's record.

### (3) ASSISTANCE WITH SELF-ADMINISTRATION.

~~(a) Any unlicensed person providing assistance with self administration of medication must be 18 years of age or older, trained to assist with self-administered medication pursuant to the training requirements of Rule 58A-5.0191, F.A.C., and For facilities which provide assistance with self administered medication, either: a nurse; or an unlicensed staff member, who is at least 18 years old, trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S., and this rule.~~

~~(b) In addition to the specifications of Section 429.256(3), F.S., aAssistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and reading aloud the medication label in the resident's presence and providing assistance as specified in Section 429.256(3), F.S. Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.~~

(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained sStaff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container.

~~(d)(e) Trained sStaff~~ shall observe the resident take the medication. Any concerns about the resident's reaction to the medication shall be reported to the resident's health care provider and documented in the resident's record.

~~(e)(d)~~ When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:

1. The health care provider may prescribe a medication schedule which coincides with the resident's presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident's medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;

~~(f)(e)~~ Pursuant to Section 429.256(4)(h), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.

~~(g)(f)~~ Pursuant to Section 429.256(4)(i), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.

### (4) MEDICATION ADMINISTRATION.

(a) For facilities which provide medication administration, a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider's order or prescription label.

(b) Unusual reactions or a significant change in the resident's health or behavior shall be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider shall also be documented in the resident's record.

(c) Medication administration includes the conducting of any examination or testing, such as blood glucose testing, or other procedure necessary for the proper administration of medication that the resident cannot conduct himself or herself, and that can be performed by licensed staff.

(5) MEDICATION RECORDS.(d) A facility which performs clinical laboratory tests for residents, including blood glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves, or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical

Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500 ~~(850)487-3409~~.

(a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use.

(b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known allergies the resident may have; the name of the resident's health care provider, the health care provider's telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered.

(c) For medications which serve as chemical restraints, the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.

#### (6) MEDICATION STORAGE AND DISPOSAL.

(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their rooms or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the rooms or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if:

1. The facility administers the medication;
2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request;
3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;

5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or

6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.

(b) Centrally stored medications must be:

1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times;

2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;

3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and

4. Kept separately from the medications of other residents and properly closed or sealed.

(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future ~~resident~~ use by the resident at the resident's request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked "discontinued medication." Such medication may be reused if ~~re~~-prescribed by the resident's health care provider.

(d) When a resident's stay in the facility has ended, the administrator shall return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications shall be considered abandoned and may be disposed of in accordance with paragraph (e).

(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.

(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

#### (7) MEDICATION LABELING AND ORDERS.

(a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in

accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:

1. The resident's name; and
2. Identification of each medicinal drug product in the container.

(b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another.

(c) If the directions for use are "as needed" or "as directed," the health care provider shall be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, "as needed for pain, not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.

(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident's health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident's medication observation record. The facility may then place an "alert" label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.

(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.

(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.

(g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C. ~~Rule 64F-12.006, F.A.C.~~, sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which shall also include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they shall be kept in a container that bears a label containing the following:

1. Practitioner's name;

2. Resident's name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.

(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider shall provide the resident with a written prescription, or a fax copy of such order.

(8) **OVER THE COUNTER (OTC) PRODUCTS.** For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, vitamins, nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription.

(a) A stock supply of OTC products for multiple resident use is not permitted in any facility.

(b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident's name and the manufacturer's label with directions for use, or the licensed health care provider's directions for use. No other labeling requirements are necessary nor should be required.

(c) Residents or their representatives may purchase OTC products from an establishment of their choice.

(d) A facility cannot require a licensed health care provider's order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider's order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required.

Rulemaking Authority 429.256, 429.41 FS. Law Implemented 429.255, 429.256, 429.41 FS. History—New 10-17-99, Amended 7-30-06, 4-15-10, 10-14-10, \_\_\_\_\_.

#### 58A-5.0186 Do Not Resuscitate Orders (DNROs).

##### (1) POLICIES AND PROCEDURES.

(a) Each assisted living facility (~~ALF~~) must have written policies and procedures, which delineate its position with respect to state laws and rules relative to Do Not Resuscitate Orders (DNROs) ~~DNROs~~. The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a DNRO. The assisted living facility ~~ALF~~ must provide the following to each resident, or resident's representative, at the time of admission:

1. ~~A copy of Form SCHS 4 2006, "Health Care Advance Directives — The Patient's Right to Decide," April 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS 4 2006 is available~~

from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency's Web site at: [http://ahea.myflorida.com/MCHQ/Health\\_Facility\\_Regulation/HC\\_Advancee\\_Directives/docs/adv\\_dir.pdf](http://ahea.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advancee_Directives/docs/adv_dir.pdf); and

2. DH Form 1896, Florida Do Not Resuscitate Order Form, December, 2004, incorporated by reference in Rule 64J-2.018, F.A.C., along with the DH informational pamphlet for DH Form 1896. This form may be obtained online at: <http://www.doh.state.fl.us/demo/trauma/PDFs/DNROFormMultiLingual2004.pdf>. Written information concerning the ALF's policies regarding DNROs; and

3. Information about how to obtain DH Form 1896, Florida Do Not Resuscitate Order Form, incorporated by reference in Rule 64J-2.018, F.A.C.

(b) There must be documentation in the resident's record indicating whether or not he or she has executed a DH Form 1896 DNRO. If a DH Form 1896 DNRO has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility ALF does not receive a copy of a resident's executed DH Form 1896 DNRO, the assisted living facility ALF must document in the resident's record that it has requested a copy.

(c) The executed DH Form 1896 must be stored or maintained to be easily accessed by medical staff in the event of a medical emergency.

(2) LICENSE REVOCATION. An assisted living facility's license ALF shall be subject to revocation of its license pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, the facility # requires an individual to execute or waive DH Form 1896 a DNRO.

(3) DNRO PROCEDURES. Pursuant to Section 429.255, F.S., an assisted living facility ALF must honor a properly executed DH Form 1896 DNRO as follows:

(a) In the event a resident experiences cardiopulmonary arrest, staff trained in cardiopulmonary resuscitation (CPR); or a licensed health care provider present in the facility; may withhold cardiopulmonary resuscitation.

(b) In the event a resident is receiving hospice services and experiences cardiopulmonary arrest, facility staff must immediately contact the hospice staff. The hospice procedures shall take precedence over those of the assisted living facility.

(4) LIABILITY. Pursuant to Section 429.255, F.S., assisted living facility ALF providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing cardiopulmonary resuscitation pursuant to a properly executed Do Not Resuscitate Order (DH Form 1896) and rules adopted by the department.

Rulemaking Authority 429.255 FS. Law Implemented 429.255 FS. History--New 4-15-10, Amended \_\_\_\_\_.

58A-5.019 Staffing Standards.

(1) ADMINISTRATORS. Every facility must shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part II, Chapter 408, F.S., Part I, of Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter.

(a) An administrator must The administrators shall:

1. Be at least 21 years of age;

2. If employed on or after August 15, 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after October 30, 1995, must have a high school diploma or G.E.D.;

3. Be in compliance with Level 2 background screening requirements standards pursuant to Sections Section 408.809 and 429.174, F.S.; and

4. Complete the core training and core competency test requirements requirement pursuant to Rule 58A-5.0191, F.A.C.

(b) In the event of extenuating circumstances, such as the death of a facility administrator, the agency may permit an individual who otherwise has not satisfied the background screening or training requirements of subparagraphs (1)(a)3. and 4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:

1. Obtain compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.;

2. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C.; and

3. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.

(c)~~(b)~~ Administrators may supervise a maximum of either three assisted living facilities, or a combination of housing and health care facilities or agencies on a single campus. Administrators who supervise more than one facility shall appoint in writing a separate manager for each facility. However, administrators who supervise more than one facility shall appoint in writing a separate "manager" for each facility who must:

1. Be at least 21 years old;

2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.

(d) An individual serving as a manager must satisfy the same qualifications, background screening, and core training and competency test requirements of an administrator pursuant

to paragraph (1)(a) of this rule. In addition, a manager may not serve as a manager of more than a single facility, and may not simultaneously serve as an administrator of any other facility.

~~(e)~~ Pursuant to Section 429.176, F.S., facility owners shall notify ~~both the Agency Field Office and Agency Central Office~~ within ~~10 ten~~ (10) days of a change in a facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, January 2006, which is incorporated by reference and available online at: <http://www.ahca.myflorida.com/Publications/Forms/HOA.shtml> ~~may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C.~~

(2) STAFF.

(a) Within 30 days after beginning employment, newly hired staff must submit a statement from a health care provider documenting that the individual does not have signs or symptoms of a communicable disease, including tuberculosis. The examination performed by the health care provider must have been conducted no earlier than 6 months prior to submission of the statement. Newly hired staff shall have 30 days to submit a statement from a health care provider, based on an examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable disease including tuberculosis. Freedom from tuberculosis must be documented on an annual basis. A person with a positive tuberculosis test must submit a health care provider's statement that the person does not constitute a risk of communicating tuberculosis. Newly hired staff does not include an employee transferring, without a break in service, from one facility to another when the facility that is under the same management or ownership, without a break in service. If any staff member ~~has~~ is later found to have, or is suspected of having, a communicable disease, such individual he/she shall be immediately removed from duties until providing a statement from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease ~~the administrator determines that such condition no longer exists.~~

~~(b) All~~ Staff shall be assigned duties consistent with their individual his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.

(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.

(d) Staff provided by a staffing agency, or employed by a business entity or individual contracting to provide direct or indirect services to residents, must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.

(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:

1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and

2. Maintain time sheets for all staff.

(f) Level 2 background screening must be conducted for staff, including staff contracted to provide services to residents, pursuant to Sections 408.809 and 429.174, F.S.

~~(3) BACKGROUND SCREENING.~~

~~(a) All staff, who are hired on or after October 1, 1998, to provide personal services to residents, must be screened in accordance with Section 429.174, F.S., and meet the screening standards of Section 435.03, F.S. A packet containing background screening forms and instructions may be obtained from the Agency Background Screening Unit, 2727 Mahan Drive, Tallahassee, FL 32308; telephone (850)410-3400. Within ten (10) days of an individual's employment, the facility shall submit the following to the Agency Background Screening Unit:~~

~~1. A completed Level 1 Criminal History Request, AHCA Form 3110-0002, July 2005, which is incorporated by reference and may be obtained in the screening packet referenced in paragraph (3)(a) of this rule; and~~

~~2. A check to cover the cost of screening.~~

~~(b) The results of employee screening conducted by the agency shall be maintained in the employee's personnel file.~~

~~(c) Staff with the following documentation in their personnel records shall be considered to have met the required screening requirement:~~

~~1. A copy of their current professional license, proof that a criminal history screening has been conducted, and an affidavit of current compliance with Section 435.03, F.S.;~~

~~2. Proof of continuous employment in an occupation which requires Level 1 screening without a break in employment that exceeds 180 days, and proof that a criminal history screening has been conducted within the previous two (2) years; or~~

~~3. Proof of employment with a corporation or business entity or related entity that owns, operates, or manages more than one facility or agency licensed under Chapter 400, F.S., that conducted Level 1 screening as a condition of initial or continued employment.~~

~~(3)(4) STAFFING STANDARDS.~~

~~(a) Minimum staffing:~~

1. Facilities shall maintain the following minimum staff hours per week:

Number of Residents	Staff Hours/Week
<del>0-5</del>	168
<del>6-15</del>	212
<del>16-25</del>	253
<del>26-35</del>	294
<del>36-45</del>	335
<del>46-55</del>	375
<del>56-65</del>	416
<del>66-75</del>	457
<del>76-85</del>	498
<del>86-95</del>	539

For every 20 residents over 95 add 42 staff hours per week.

2. Independent living residents who occupy beds included within the licensed capacity of an assisted living facility and who receive no personal, limited nursing, or extended congregate care services, shall not be counted as a resident for purposes of computing minimum staff hours.

~~3.2-~~ At least one staff member who has access to facility and resident records in case of an emergency must shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

~~4.3-~~ In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.

5.4. A staff member who has completed courses in First Aid and Cardiopulmonary Resuscitation (CPR), and who holds a currently valid card documenting completion of such courses, must be in the facility at all times. At least one staff member who is trained in First Aid and CPR, as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.

a. Documentation of attendance at First Aid or CPR courses offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Heart Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement.

b. A licensed nurse shall be considered as having met the course requirements for both First Aid and CPR. In addition, an emergency medical technician or paramedic currently certified under Part III, Chapter 401, F.S., shall be considered as having met the course requirements for both First Aid and CPR.

~~6.5-~~ During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least 21 48 years of age, must be designated in writing to be in charge of the facility.

~~7.6-~~ Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.

~~8.7-~~ The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.

~~9.8-~~ Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.

(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.

(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident's care.

(d) The facility shall be required to provide staff immediately when the ~~a~~Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the ~~a~~Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The ~~a~~Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.

1. When additional staff is required above the minimum, the agency may shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs ~~will be~~ met. The plan will shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.

2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility, and the facility will shall no longer be required to maintain a plan with the agency.

3. Based on the recommendations of the local fire safety authority, the ~~a~~Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the ~~a~~Agency that fire safety requirements are being met.

(e) Facilities that are co-located with a nursing home may use shared staffing, provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.

(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

Rulemaking Authority ~~429.275~~, 429.41, 429.52, ~~429.275~~ FS. Law Implemented ~~429.02~~, 429.174, ~~429.24~~, 429.275, 429.41, 429.52 FS. History—New 5-14-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.19, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.019, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 4-15-10, \_\_\_\_\_.

(Substantial rewording of Rule 58A-5.0191 follows. See Florida Administrative Code for present text.)

58A-5.0191 Administrator, Manager, and Staff Training Requirements and Competency Test.

Administrators, managers, and staff must satisfy the minimum training, testing, continuing education, and documentation requirements as specified in this rule.

(1) ALL FACILITY STAFF. All facility staff, regardless of responsibilities or duties, must satisfy the following requirements within 30 days of beginning employment:

(a) Completion of a one-time education training course on HIV and AIDS, which includes the topics prescribed in Section 381.0035, F.S. Staff subject to the requirements of Section 456.033, F.S., or who have documentation of prior completion of this training course, are exempt from this requirement.

(b) Completion of in-service training regarding the facility's resident elopement response policies and procedures.

(c) Completion of at least 1 hour of training on the facility's policies and procedures regarding Do Not Resuscitate Orders (DNROs).

(2) ADMINISTRATORS AND MANAGERS. Administrators and managers must satisfy the training requirements as stated below.

(a) Core Training. Completion of an approved assisted living facility core training course consisting of a minimum of 40 hours of training. The course and the training provider must be approved by the department. Completion of an approved core training course is required prior to registering for the core competency test. A listing of approved courses and training providers may be obtained from <http://elderaffairs.state.fl.us/doea/alf.php> or <http://www.alf.usf.edu>.

(b) Core Competency Test. Successful passage of the core competency test no later than 30 days after becoming employed as a facility administrator or manager, and within 6 months of completing an approved core training course. The minimum passing score for each module of the competency

test is 75%. Registration information for the core competency test may be obtained from the ALF Core Competency Testing Office at <http://www.alf.usf.edu>, or by calling (813) 974-2571.

1. Administrators and managers who fail to pass the core competency test after three attempts must retake an approved 40 hour core training course prior to retaking the core competency test.

2. The fees for the core competency test shall not exceed \$200. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken.

(c) Initial Specialty License Training. Administrators and managers of facilities holding the following specialty licenses must satisfy the specific training identified below:

1. Extended Congregate Care. Completion of 4 hours of initial training in extended congregate care prior to the facility's receiving its initial extended congregate care license, or within 30 days of beginning employment in a facility with an existing extended congregate care license. The training must address extended congregate care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility.

2. Limited Mental Health. Completion of a minimum of 6 hours of training in working with individuals with mental health diagnoses, and successful passage of a limited mental health competency test, within 6 months of the facility's receiving an initial limited mental health license, or within 30 days of beginning employment in a facility with an existing limited mental health license. The training course may be offered online by the Department of Children and Families or, if conducted in a group setting, must be provided by a registered trainer approved by the Department of Children and Families, or its designee. The minimum passing score for each module of the limited mental health competency test is 75%.

(d) Continuing Education. Completion of 18 hours of continuing education every 2 years in topics related to the core training curriculum as specified in DOEA Form ALFCT-001, Assisted Living Facility Minimum Core Training Curriculum, June 2009, incorporated in Rule 58T-1.205, F.A.C., or other topics as specified below.

1. Continuing Education Providers. Continuing education hours may be obtained from any of the following providers:

a. Core trainers registered with the department;

b. Providers offering courses through an accredited college, university, or private post-secondary institution;

c. Providers and courses registered within the continuing education tracking databases maintained by the department or the Department of Health;

d. Courses and workshops offered by or in conjunction with a state agency which are approved by the department;

e. For training related to food services, continuing education may be obtained from a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian; or

f. For training related to nutrition, continuing education may be obtained from a certified food manager, certified dietary manager, registered or licensed dietitian, or dietetic registered technician.

2. Extended Congregate Care. Administrators and managers of facilities maintaining an extended congregate care license must complete a minimum of 4 of the required 18 hours of continuing education in topics relating to the medical, physical, psychological, or social needs of frail elderly and disabled persons. The initial extended congregate care training received under subparagraph (2)(c)1. of this rule may count once for 4 of the required 18 hours of continuing education.

3. Limited Mental Health.

a. Administrators and managers of facilities maintaining a limited mental health license must complete a minimum of 3 of the required 18 hours of continuing education in the following topics:

(i) Mental health diagnoses; and

(ii) Mental health treatment such as mental health needs, services, behaviors and appropriate interventions; resident progress in achieving treatment goals; how to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and crisis services and Baker Act procedures.

b. The initial limited mental health training received under subparagraph (2)(c)2. of this rule may count once for 6 of the required 18 hours of continuing education.

4. Food Services. If the administrator or manager is responsible for total food services and the day-to-day supervision of food services staff, the administrator or manager must annually obtain a minimum of 2 hours of continuing education in topics related to nutrition or food services in an assisted living facility.

(3) STAFF INTERACTING WITH RESIDENTS. Direct care staff, other than administrators and managers who have satisfied the training requirements of subsection (2) of this rule, must satisfy the training requirements as stated below. Additionally, staff in regular contact with residents must satisfy the limited mental health training specified in subparagraph (3)(c)2. below.

(a) Pre-Service Training. Facility administrators or managers must provide or arrange through approved providers as set forth in subparagraph (2)(d)1. of this rule, a minimum of 1 hour of training for direct care staff relating to infection control, universal precautions, and facility sanitation procedures.

1. Pre-service training must be completed before direct care staff may provide personal care to residents.

2. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, may be used to meet this requirement.

3. Nurses, certified nursing assistants, and home health aides trained in accordance with Rule 59A-8.0095, F.A.C., are exempt from the pre-service training requirements.

(b) In-Service Training. Facility administrators or managers must provide or arrange through approved providers as set forth in subparagraph (2)(d)1. of this rule, the following in-service training within 30 days of direct care staff beginning employment:

1. 1 hour of training covering the reporting of adverse incidents, and facility emergency procedures, including chain-of-command and staff roles relating to emergency evacuation;

2. 1 hour of training covering resident rights in an assisted living facility, and recognizing and reporting resident abuse, neglect, and exploitation; and

3. 3 hours of training covering resident behavior and needs, and providing assistance with the activities of daily living. Nurses, certified nursing assistants, and home health aides trained in accordance with Rule 59A-8.0095, F.A.C., are exempt from this 3 hour in-service training requirement.

(c) Specialty License Training.

1. Extended Congregate Care. All direct care staff providing care to residents in an extended congregate care program must complete at least 2 hours of in-service training, provided by the facility administrator or manager, within 30 days of beginning employment in the facility. The training must address extended congregate care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility.

2. Limited Mental Health. Direct care staff and staff in regular contact with mental health residents must complete a minimum of 6 hours of training in working with individuals with mental health diagnoses, and must successfully pass a limited mental health competency test, within 6 months of the facility's receiving an initial limited mental health license, or within 30 days of beginning employment in a facility with an existing limited mental health license. The training course may be offered online by the Department of Children and Families or, if conducted in a group setting, must be provided by a registered trainer approved by the Department of Children and Families, or its designee. The minimum passing score for each module of the limited mental health competency test is 75%.

(d) Continuing Education. Direct care staff and staff in regular contact with mental health residents in a licensed mental health facility must complete a minimum of 3 hours of continuing education every 2 years from continuing education providers specified in subparagraph (2)(d)1. of this rule in the following topics:

1. Mental health diagnoses; and



2. Mental health treatment such as mental health needs, services, behaviors and appropriate interventions; resident progress in achieving treatment goals; how to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and crisis services and Baker Act procedures.

(4) ADDITIONAL TRAINING REQUIREMENTS FOR ADMINISTRATORS, MANAGERS AND STAFF. Additional training requirements for administrators, managers, and staff are specified below.

(a) Alzheimer's Disease or Related Disorders ("ADRD") Training. Facilities advertised as providing special care for persons with ADRD, or which maintain secured areas as described in Chapter 4, Section 434.4.6 of the Florida Building Code, as adopted in Rule 61G20-1.001, F.A.C., must ensure that facility staff receive the following training.

1. Staff with incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents within 3 months of beginning employment.

2. Direct care staff and staff in regular contact with residents with ADRD must obtain 4 hours of initial training within 3 months of beginning employment. The following individuals will be considered as having met this initial training requirement:

a. Administrators and managers who have successfully completed the training requirements of subsection (2) of this rule;

b. Facility staff who meet the requirements of an ADRD training provider pursuant to Rule 58A-5.0194, F.A.C.; and

c. Staff who have received both the initial one hour and continuing three hours of ADRD training pursuant to Sections 400.1755, 400.6045(1), and 429.917, F.S.

3. The initial training, entitled "Alzheimer's Disease or Related Disorders Level I Training," must address the following subject areas:

a. Understanding Alzheimer's disease or related disorders;

b. Characteristics of Alzheimer's disease or related disorders;

c. Communicating with residents with Alzheimer's disease or related disorders;

d. Family issues;

e. Resident environment; and

f. Ethics.

4. Direct care staff must obtain an additional 4 hours of training within 9 months of beginning employment. Facility staff who meet the requirements of an ADRD training provider pursuant to Rule 58A-5.0194, F.A.C., will be considered as having met this requirement.

5. The additional training, entitled "Alzheimer's Disease or Related Disorders Level II Training," must address the following subject areas:

a. Behavior management;

b. Assistance with activities of daily living;

c. Activities for residents;

d. Stress management for the caregiver; and

e. Medical information.

6. Continuing education. Direct care staff, including administrators and managers, must obtain 4 hours of continuing education annually in topics related to Alzheimer's Disease or Related Disorders Level I and II Training.

(b) Assistance With Self-Administered Medication Training. Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must complete 6 hours of training provided by a registered nurse, licensed pharmacist, or department staff prior to assuming this responsibility. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises.

1. Courses provided in fulfillment of this requirement must address the following subject areas:

a. State law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities;

b. Procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label;

c. Providing the right medications to the right resident;

d. Common medications;

e. The importance of taking medications as prescribed;

f. Recognition of side effects, adverse reactions, and procedures to follow when residents appear to be experiencing side effects and adverse reactions;

g. Documentation and record keeping; and

h. Medication storage and disposal.

2. A training certificate will be issued to a trainee demonstrating an ability to provide assistance with self-administration, including the ability to:

a. Read and understand a prescription label;

b. Assist with oral dosage forms, topical dosage forms, and topical ophthalmic, otic, and nasal dosage forms;

c. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;

d. Recognize the need to obtain clarification of an "as needed" prescription order;

e. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider, or facility employer of inability to assist in the administration of such orders;

f. Complete a medication observation record;

g. Retrieve and store medication; and

h. Recognize the general signs of adverse reactions to medications and report such reactions.

3. Continuing education. Unlicensed persons who provide assistance with self-administered medications, and who have successfully completed the initial 6 hour training, must obtain annually a minimum of 2 hours of continuing education in topics relating to providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education may only be provided by a registered nurse, licensed pharmacist, or department staff.

(c) Food Services.

1. Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1 hour in-service training within 30 days of employment in safe food handling practices.

2. Continuing education. An individual, other than an administrator or manager, who has been designated as specified in Rule 58A-5.020, F.A.C., as responsible for total food services and the day-to-day supervision of food services staff must obtain annually a minimum of 2 hours of continuing education in topics related to nutrition or food services in an assisted living facility. This continuing education may be obtained from the providers specified in subparagraph (2)(d)1. of this rule.

(5) TRAINING DOCUMENTATION AND MONITORING

(a) Certificates or copies of certificates of any training required by this rule must be documented in the facility's personnel files for a period of 3 years. The documentation must include the following:

1. The title of the training program;
2. The subject matter of the training program;
3. The training program agenda;
4. The number of hours of the training program;
5. The trainee's name, dates of participation, and location of the training program; and
6. The training provider's name, dated signature, credentials, and professional license number, if applicable.

(b) Upon successful completion of training, the training provider must issue a certificate to the trainee as specified in this rule.

(c) Administrators, managers, and staff do not have to repeat the initial or one-time training specified in this rule upon a change of employment if a copy of the training certificate is provided to the new employer for retention in the facility's personnel files. Administrators, managers, and staff must also ensure that copies of the continuing education training certificates are provided to the facility for retention in the facility's personnel files.

(d) Upon request, the facility must provide training documentation to the department or agency for review.

(e) The department and agency reserve the right to attend and monitor any training which is intended to meet regulatory requirements under this rule.

Rulemaking Authority 429.178, 429.41, 429.52 FS. Law Implemented 429.07, 429.075, 429.178, 429.256, 429.28, 429.41, 429.52 FS. History—New 9-30-92. Formerly 10A-5.0191, Amended 10-30-95, 6-2-96, 4-20-98, 11-2-98, 10-17-99, 7-5-05, 7-30-06, 10-9-06, 7-1-08, 4-15-10, \_\_\_\_\_.

58A-5.0194 Alzheimer's Disease or Related Disorders Training Provider and Curriculum Approval.

(1) The Alzheimer's Disease or Related Disorders ("ADR") training provider and curriculum shall be approved by the department or its designee prior to commencing training activities. The department or its designee shall maintain a list of approved ADRD training providers and curricula.

(a) ADRD Training Providers.

1. Individuals who seek to become an ADRD training provider must provide the department or its designee with the documentation of the following educational, teaching, or practical experience.

a. A Master's degree from an accredited college or university in a health care, human service, or gerontology related field.

b. A Bachelor's degree from an accredited college or university, or licensure as a registered nurse, and:

(i) Proof of 1 year of teaching experience as an educator of caregivers for individuals with Alzheimer's disease or related disorders;

(ii) Proof of completion of a specialized training program specifically relating to Alzheimer's disease or related disorders, and a minimum of 2 years of practical experience in a program providing direct care to individuals with Alzheimer's disease or related disorders; or

(iii) Proof of 3 years of practical experience in a program providing direct care to persons with Alzheimer's disease or related disorders.

c. Teaching experience pertaining to Alzheimer's disease or related disorders may substitute on a year-by-year basis for the required Bachelor's degree.

2. Applicants seeking approval as ADRD training providers shall complete DOEA form ALF/ADR-001, Application for Alzheimer's Disease or Related Disorders Training Provider Certification, dated March 2005, which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 and online at [http://trainingonaging.usf.edu/data/does\\_alf\\_provider.pdf](http://trainingonaging.usf.edu/data/does_alf_provider.pdf).

(b) ADRD Training Curricula. Applicants seeking approval of ADRD curricula shall complete DOEA form ALF/ADR-002, Application for Alzheimer's Disease or Related Disorders Training Three-Year Curriculum Certification, dated March 2005, which is incorporated by

reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 and online at [http://trainingonaging.usf.edu/data/doa\\_alf\\_curriculum.pdf](http://trainingonaging.usf.edu/data/doa_alf_curriculum.pdf). Approval of the curriculum shall be granted for 3 years, whereupon the curriculum shall be resubmitted to the department or its designee for reapproval.

(2) Approved ADRD training providers must maintain records of each course taught for a period of 3 years following each training presentation. Course records shall include the title of the approved ADRD training curriculum; the curriculum approval number; the number of hours of training; the training provider's name and approval number; the date and location of the course; and a roster of trainees.

(3) Upon successful completion of training, the trainee shall be issued a certificate by the approved training provider. The certificate shall include the trainee's name; the title of the approved ADRD training; the curriculum approval number; the number of hours of training received; the date and location of the course; the training provider's name and approval number; and dated signature.

(4) The department or its designee reserves the right to attend and monitor ADRD training courses, review records and course materials approved pursuant to this rule, and revoke approval for the following reasons: non-adherence to approved curriculum, failing to maintain required training credentials, or knowingly disseminating any false or misleading information.

(5) ADRD training providers and training curricula satisfying the requirements of Sections 400.1755, F.S., relating to nursing homes, and 400.6045, F.S., relating to hospices, shall be considered to satisfy the requirements of this rule.

Rulemaking Authority 429.178 FS. Law Implemented 429.178 FS. History—New.

Editorial Note: Formerly 58A-5.0191.

#### 58A-5.020 Food Service Standards.

(1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or an individual a person designated in writing by the administrator must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply shall:

(a) Be responsible for total food services and the day-to-day supervision of food services staff. If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course prior to assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices.

(b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the

designee is exempt from the requirement to complete the food and nutrition services module of the core training course prior to assuming responsibility for the facility's food service, as required in paragraph (1)(a) of this rule.

(c)(b) An administrator or designee must pPerform his or her his/her duties in a safe and sanitary manner.

(d)(e) An administrator or designee must pProvide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents resident's who require special diets.

(e)(d) An administrator or designee must comply with Maintain the food service in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C.

#### (2) DIETARY STANDARDS.

(a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, and the current Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board—National Research Council, adjusted for age, sex and activity, shall be the nutritional standard used to evaluate meals. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. Therapeutic diets must shall meet these nutritional standards to the extent possible.

(b) The residents' nutritional needs must recommended dietary allowances shall be met by offering a variety of meals foods adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of foods according to the Dietary Reference Intakes. recommended dietary allowances to be made available to each resident daily by the facility are as follows:

1. Protein: 6 ounces or 2 or more servings;
2. Vegetables: 3-5 servings;
3. Fruit: 2-4 or more servings;
4. Bread and starches: 6-11 or more servings;
5. Milk or milk equivalent: 2 servings;
6. Fats, oils, and sweets: use sparingly; and
7. Water.

(c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a licensed or registered dietitian, licensed nutritionist dietitian/nutritionist, or by a dietetic technician who is registered and supervised by a licensed or registered dietitian or licensed nutritionist dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet.

Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. ~~The annual~~ This review shall be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.

(d) Menus to be served shall be dated and planned at least ~~1 one~~ week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus, as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.

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

1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining, are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.

2. The facility shall document a resident's refusal to comply with a therapeutic diet, and provide notification to the resident's health care provider of such refusal. ~~If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident's responsible party refusing the diet is acceptable documentation of a resident's preferences. In such instances daily documentation is not necessary.~~

(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day, with not less than ~~2 two~~ hours nor more than ~~6 six~~ hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of calculating the time between meals.

(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.

(h) A ~~3 day~~ 3-day supply of non-perishable food, based on the number of weekly meals the facility has contracted with residents to serve, must and shall be on hand at all times. The quantity must shall be based on the resident census and not on licensed capacity. The supply must shall consist of ~~dry or~~ dry or canned foods that can be stored safely without ~~do not require~~

~~refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability.~~ Water sufficient for drinking and food preparation must shall also be stored, or the facility must shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

(3) FOOD HYGIENE. Copies of inspection reports issued by the county health department for the last 2 years pursuant to Rule 64E-12.004 or Chapter 64E-11, F.A.C., as applicable, depending on the licensed capacity of the assisted living facility ALF, shall be on file in the facility.

(4) ~~CONTRACTED CATERED~~ FOOD SERVICE. When food service is contracted for by the facility, ~~catered~~ the facility must shall ensure that the contracted catered food service meets all dietary standards imposed by this rule, and is adequately protected upon delivery to the facility pursuant to subsection 64E-12.004(4), F.A.C. The facility must shall maintain:

(a) A copy of the current contract between the facility and the food service contractor establishment agreeing to provide food service in the facility which includes the terms of the agreement.

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

Rulemaking Authority 429.41 FS. Law Implemented 429.41, 429.52 FS. History—New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.20, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.020, Amended 10-30-95, 6-2-96, 10-17-99, \_\_\_\_\_.

58A-5.021 Fiscal Standards.

(1) FINANCIAL STABILITY. The facility shall be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. ~~For the purposes of Section 429.47, F.S., evidence of financial instability includes filed bankruptcy by any owner; issuance of checks returned for insufficient funds; delinquent accounts; nonpayment of local, state, or federal taxes or fees; unpaid utility bills; tax or judgment liens against facility or owners property; failure to meet employee payroll; confirmed complaints to the agency or district long-term care ombudsman council regarding withholding of refunds or funds due residents; failure to maintain liability insurance due to non-payment of premiums; non-payment of rent or mortgage; non-payment for essential services; or adverse court action which could result in the closure or change in ownership or~~

management of the ALF. When there is evidence of financial instability, the agency shall require the facility to submit the following documentation:

- (a) Facilities with a capacity of 25 or less:
1. Payment of local, state or federal taxes;
  2. Delinquent accounts, if any;
  3. Number of checks returned for insufficient funds during the previous 24 months, if any;
  4. Receipt of resident rent payment;
  5. Amount of cash assets deposited in the facility bank account;
  6. Capability of obtaining additional financing, if needed; and
  7. A statement of operations or AHCA Form 3100-0009, July 2009, 3180-1002, July 1995, projecting revenues, expenses, taxes, extraordinary items, and other credits and charges for the next 12 months.

(b) Facilities with a capacity of 26 or more, shall provide the documentation described in paragraph (a) above, or submit a current asset and liabilities statement or AHCA Form 3100-0009, July 2009, 3180-1003, January 1998.

(2) ACCOUNTING PROCEDURES. The facility shall maintain written business records using generally accepted accounting principles as defined in Rule 61H1-20.007, F.A.C., which accurately reflect the facility's assets and liabilities and income and expenses. Income from residents shall be identified by resident name in supporting documents, and income and expenses from other sources, such as from day care or interest on facility funds, shall be separately identified.

(3) PERSONAL EFFECTS.

(a) The facility, upon resident request, may provide for the safekeeping in the facility of up to \$200 in personal funds, and \$500 in personal property. If the resident is expected to be absent from the facility for more than 24 hours, the facility may provide for the safekeeping of more than \$500 in personal property.

(b) Any personal funds shall be kept separately from facility funds and shall be used by residents as they choose.

(c) Any personal property held by the facility, including property held for safekeeping, shall be itemized.

(2)(4) RESIDENT TRUST FUNDS AND ADVANCED PAYMENTS. Funds or other property received by the facility belonging to or due a resident, including personal funds, shall be held as trust funds and expended only for the resident's account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co-mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds must include income and expense records of the trust fund, including the source and disposition of the funds.

(a) ~~Funds or other property received by the facility belonging to or due a resident, including the personal funds described in subsection (3), shall be held as trust funds and expended only for the resident's account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co-mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds shall include income and expense records of the trust fund, including the source and disposition of the funds.~~

(b) ~~Money deposited or advanced as security for performance of the contract agreement or as advance rent for other than the next immediate rental period shall be kept separate from the funds and property of the facility, and shall be used, or otherwise expended, only for the account of the resident. On facility financial statements, such funds shall be indicated as restricted assets and there shall be a corresponding liability shown.~~

(5) BANK ACCOUNTS. Resident funds and property in excess of the amount stated in subsection (3), and money deposited or advanced as security for performance of the contract agreement or as advance rent for other than the next immediate rental period shall be held in a Florida banking institution, located if possible in the same community in which the facility is located. The facility shall notify the resident of the name and address of the depository where all funds are being held.

(3)(6) SURETY BONDS. Pursuant to the requirements of Section 429.27(2), F.S.:

(a) ~~A facility whose owner, administrator, or staff, or representative thereof, serves as the representative payee or attorney in fact for facility residents, must maintain a surety bond, a copy of which shall be filed with the agency. For corporations which own more than one facility in the state, one surety bond may be purchased to cover the needs of all residents served by the corporation.~~

1. If serving as representative payee for residents who receive OSS, the minimum bond proceeds shall equal twice the supplemental security income or social security disability income plus the OSS payments, including the personal needs allowance.:

a. ~~The minimum bond proceeds must equal twice the average monthly aggregate income or personal funds due to residents, or expendable for their account which are held by the facility; or~~

b. ~~For residents who receive OSS, the minimum bond proceeds shall equal twice the supplemental security income or social security disability income plus the OSS payments including the personal needs allowance.~~

2. If holding a power of attorney for residents who receive OSS, the minimum bond proceeds shall equal twice the supplemental security income or social security disability income; the OSS payments, including the personal allowance; plus the value of any resident property held at the facility.:

a. ~~The minimum bond proceeds shall equal twice the average monthly income of the resident, plus the value of any resident property under the control of the attorney in fact; or~~

b. ~~For residents who receive OSS, the minimum bond proceeds shall equal twice the supplemental security income or social security disability income and the OSS payments including the personal allowance, plus the value of any resident property held at the facility.~~

(b) Upon the annual issuance of a new bond or continuation bond, the facility ~~must shall~~ file a copy of the bond with the Agency Central Office AHCA central office.

~~(7) RESIDENT ACCOUNTING.~~

~~(a) If the facility provides safekeeping for money or property; holds resident money or property in a trust fund; or if the facility owner, administrator, or staff, or representative thereof, acts as a representative payee; the resident or the resident's legal representative shall be provided with a quarterly statement detailing the income and expense records required under subsection (4), and a list of any property held for safekeeping with copies maintained in the resident's file. The facility shall also provide such statement upon the discharge of the resident, and if there is a change in ownership of the facility as provided under Rule 58A-5.014, F.A.C.~~

~~(b) If the facility owner, administrator, or staff, or representative thereof, serves as a resident's attorney in fact, the resident shall be given, on a monthly basis, a written statement of any transaction made on behalf of the resident.~~

~~(c) Within 30 days of receipt of an advance rent or security deposit, the facility shall notify the resident in writing of the manner in which the licensee is holding the advance rent or security deposit.~~

~~(4)(8) LIABILITY INSURANCE.~~ Pursuant to Section 429.275, F.S., facilities ~~must shall~~ maintain liability insurance coverage; as defined in Section 624.605, F.S., which remains in force at all times. On the renewal date of the facility's policy or whenever a facility changes policies, the facility ~~must shall~~ file documentation of continued coverage with the Agency Central Office AHCA central office. Such documentation ~~must shall~~ be issued by the insurance company and ~~must shall~~ include the name and street address of the facility, ~~the street address of the facility;~~ a reference that the facility it is an assisted living facility, the its licensed capacity, and the dates of coverage.

Rulemaking Authority 429.24, 429.27, 429.275, 429.41 FS. Law Implemented ~~429.11;~~ 429.24, 429.27, 429.275 FS. History—New 5-14-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.21, Amended 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.021, Amended 10-30-95, 6-2-96, 10-17-99,\_\_\_\_\_.

58A-5.023 Physical Plant Standards.

(1) NEW FACILITIES. Newly constructed facilities that are to be licensed as assisted living facilities, and existing structures not previously licensed as assisted living facilities that are to be converted to assisted living facilities, as well as any subsequent additions, modifications, alterations, renovations or refurbishing of such facilities, should be aware of the following standards:

(a) Chapter 4, Section 434, of the Florida Building Code, as adopted in Rule 61G20-1.001, F.A.C., Florida Building Code Adopted; and

(b) Section 633.022, F.S., Uniform Firesafety Standards, and Rule Chapter 69A-40, F.A.C., The Uniform Fire Safety Standards for Assisted Living Facilities, except for the specific National Fire Protection Association codes described in Section 429.41, F.S.

~~(a) Newly Constructed Facilities. Newly constructed facilities that are to be licensed as assisted living facilities and any subsequent additions, modifications, alterations, renovations or refurbishing of such facilities should be aware of the following standards:~~

~~1. Chapter 4, Section 434, of the Florida Building Code, as adopted in Rule 9N-1.001, F.A.C., Florida Building Code Adopted; and~~

~~2. Section 633.022, F.S., Uniform Firesafety Standards, and Rule Chapter 69A-40, F.A.C., The Uniform Fire Safety Standards for Assisted Living Facilities, except for the specific National Fire Protection Association codes described in Section 429.41, F.S.~~

~~(b) New Facilities in Converted Buildings. Existing structures not previously licensed as assisted living facilities that are to be converted to assisted living facilities and any subsequent additions, modifications, alterations, renovations or refurbishing of such facilities should be aware of the following standards:~~

~~1. Chapter 4, Section 434, of the Building Code, as adopted in Rule 9N-1.001, F.A.C., Florida Building Code Adopted; and~~

~~2. Section 633.022, F.S., Uniform Firesafety Standards, and Rule Chapter 69A-40, F.A.C., The Uniform Fire Safety Standards for Assisted Living Facilities, except for the specific National Fire Protection Association codes described in Section 429.41, F.S.~~

(2) EXISTING FACILITIES.

(a) An assisted living facility ~~that was initially licensed prior to the effective date of this rule~~ must comply with the rule or building code in effect at the time of initial licensure, and except that any part of the facility included in additions, modifications, alterations, refurbishing, renovations or reconstruction must comply with the codes and standards referenced in subsection (1) of this rule. Determination of the

installation of a fire sprinkler system in an existing facility must comply with the requirements described in Section 429.41, F.S.

(b) A facility undergoing change of ownership shall be considered an existing facility for purposes of this rule.

(3) OTHER REQUIREMENTS.

(a) All facilities must:

1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; ~~and~~

2. ~~Must Be~~ maintained free of hazards; and

3. ~~Must Ensure~~ that all existing architectural, mechanical, electrical, and structural systems and appurtenances are maintained in good working order.

(b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:

1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident;

2. A closet or wardrobe space for hanging clothes;

3. A dresser, chest or other furniture designed for storage of clothing or personal effects;

4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and

5. A comfortable chair, if requested.

(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.

(d) Residents who use portable bedside commodes must be provided with privacy during use.

(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains, and must not be threadbare.

(4) FACILITIES WITH 16 OR FEWER RESIDENTS: Pursuant to Section 429.41, F.S., facilities with 16 or fewer residents are not required to maintain an accessible telephone in each building where residents reside, maintain written staff job descriptions, have awake night staff, or maintain standardized recipes as provided in Rules paragraphs 58A-5.0182(6)(f), 58A-5.0182(6)(g), 58A-5.019(2)(e), 58A-5.019(3)(a)4, 58A-5.019(4)(a), and 58A-5.020(2)(b), F.A.C., respectively.

Rulemaking Authority 429.41 FS. Law Implemented 429.27, 429.28, 429.41 FS. History—New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.23, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.023, Amended 10-30-95, 6-2-96, 10-17-99, 7-30-06, 4-15-10, \_\_\_\_\_.

58A-5.024 Records.

The facility ~~must shall~~ maintain required the following ~~written~~ records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. For purposes of this section, "readily available" means the ability to produce documents, records, or other such data, either by electronic or paper format, upon request. If records are maintained in an electronic format, facility staff must be able to access the data and produce requested information.

(1) FACILITY RECORDS. Facility records ~~must shall~~ include:

(a) The facility's license which ~~must shall~~ be displayed in a conspicuous and public place within the facility.

(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:

1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a stage 2 pressure sore; and

2. Date of discharge, ~~the~~ reason for discharge, and ~~the~~ identification of the facility or home address to which the resident was is discharged; ~~or home address~~; or if the person is deceased, the date of death. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending intends to return pursuant to Rule 58A-5.025, F.A.C.

(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).

~~(d) An up to date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.~~

~~(d)(e)~~ The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which ~~must shall~~ be immediately accessible ~~located where immediate access~~ by facility staff ~~is assured~~.

~~(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;~~

~~(e)(g)~~ The facility's liability insurance policy required under Rule 58A-5.021, F.A.C.;

~~(f)(h)~~ For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.

~~(g)(i)~~ The admission package presented to new or prospective residents (less the resident's contract) described in Rule ~~58A-5.0181~~ 58A-5.0182, F.A.C.

~~(h)(j)~~ If the facility advertises that it provides special care for persons with Alzheimer's disease or related disorders, a copy of all such facility advertisements as required by Section 429.177, F.S.

~~(i)(k)~~ A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.

~~(j)(l)~~ All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and, for facilities which contract for ~~entered~~ food services, a copy of the contract for food entered services and the food service contractor's ~~enterer's~~ license or certificate to operate.

~~(k)(m)~~ All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last ~~two~~ 2 years.

~~(l)(n)~~ All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.

~~(m)(o)~~ Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.

~~(n)(p)~~ Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

~~(o)(q)~~ The facility's resident elopement response policies and procedures.

~~(p)(r)~~ The facility's documented resident elopement response drills.

(2) STAFF RECORDS.

(a) Personnel records for each staff member shall contain, at a minimum, a copy of the ~~original~~ employment application, with references furnished, and documentation verifying verification of freedom from communicable disease including tuberculosis. In addition, records shall contain the following, as applicable:

1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.;

2. Copies of all licenses or certifications for all staff providing services which require licensing or certification;

3. Documentation of compliance with level 2 + background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and required under Rule 58A-5.019, F.A.C.;

4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., ~~for facilities with a licensed capacity of seventeen (17) or more residents;~~ and

5. Documentation verifying that the of facility direct care staff and administrator participated ~~participation~~ in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C.

(b) The facility must ~~shall~~ not be required to maintain personnel records for staff provided by a licensed staffing agency, or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor, as described in Rule 58A-5.019, F.A.C.

(c) The facility must ~~shall~~ maintain the ~~facility's~~ written work schedules and staff time sheets, as required under Rule 58A-5.019, F.A.C., for the most recent ~~last~~ 6 months of employment.

(3) RESIDENT RECORDS. Resident records must ~~shall~~ be maintained on the premises, and include:

(a) Resident demographic data as follows:

1. Name;
2. Sex;
3. Race;
4. Date of birth;
5. Place of birth, if known;
6. Social security number;
7. Medicaid and/or Medicare number, or name of other health insurance carrier;
8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and
9. Name, address, and phone number of health care provider, and case manager if applicable.

(b) A copy of the Resident Health Assessment form ~~medical examination~~ described in Rule 58A-5.0181, F.A.C.

(c) Any health care provider's orders for medications, nursing services, therapeutic diets, ~~do not resuscitate order~~, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.

(d) The ~~A~~ signed statement from a resident who refuses ~~refusing~~ a therapeutic diet pursuant to Rule 58A-5.020, F.A.C., if applicable.

(e) The resident care record described in paragraph 58A-5.0182(1)(e), F.A.C.



(f) A weight record which is initiated on admission. Information may be taken from the resident's health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.

(g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident's contract.

(h) For facilities which manage a pill organizer, assist with self-administration of medications, or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.

(i) A copy of the resident's contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C.

(j) For a facility whose owner, administrator, or staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S.

(k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S.

(l) A copy of Alternate Care Certification for Optional State Supplementation (OSS) Form, CF-ES 1006, October 2005 March 1998, if the resident is an OSS recipient. The absence of this form shall not be the basis for administrative action against a facility considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families Family Services.

(m) Documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.

(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient, as required under Rule 58A-5.0181, F.A.C.

(o) The resident's Do Not Resuscitate Order, DH Form 1896, if applicable.

(p)(e) For beds included within the licensed capacity of an assisted living facility, but which are occupied by independent living residents who receive no personal, limited nursing, or extended congregate care services, certain record keeping may be limited. Such record keeping for these independent living residents who receive meals may apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals

~~but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:~~

1. A log listing the names of residents participating in this arrangement;

2. The resident demographic data required under this paragraph subsection;

3. The health assessment medical examination described in Rule 58A-5.0181, F.A.C.;

4. The resident's contract described in Rule 58A-5.025, F.A.C.; and

5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.

~~(q)(p)~~ Except for resident contracts, which must be retained for 5 years, all resident records must shall be retained for 2 years following the departure of a resident from the facility, unless it is required by contract to retain the records for a longer period of time. Upon request, residents must shall be provided with a copy of their ~~resident~~ records upon departure from the facility.

~~(r)(e)~~ Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

#### (4) RECORD INSPECTION.

~~(a) All records required by this rule chapter shall be available for inspection at all times by staff of the agency, the department, the district long term care ombudsman council, and the advocacy center for persons with disabilities.~~

~~(a)(b)~~ The resident's records must shall be available to the resident, ~~and~~ the resident's legal representative, designee, surrogate, guardian, or attorney in fact, or case manager; or the resident's estate, and such additional parties as authorized in writing or by law.

~~(b)(e)~~ Pursuant to Section 429.35, F.S., agency reports which pertain to any agency survey, inspection, monitoring visit, or complaint investigation shall be available to the residents and the public.

1. Requestors must shall be required to provide identification prior to review of records.

2. In facilities that are co-located with a licensed nursing home, the inspection of record for all common areas shall be the nursing home inspection report.

~~(d) The facility shall ensure the availability of records for inspection.~~

Rulemaking Authority 429.275, 429.41, 429.275 FS. Law Implemented 429.07, 429.075, 429.24, 429.255, 429.256, 429.26, 429.27, 429.275, 429.28, 429.35, 429.41, 429.52 FS. History—New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.24, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.024, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 10-9-06.

58A-5.0241 Adverse Incident Report.

(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within ~~1 one (1)~~ business day after the incident, pursuant to the requirements in Rule 59A-35.110, F.A.C., which requires online reporting on AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report 1 Day, January 2006, and incorporated by reference. The form shall be submitted via electronic mail to [riskmgmt@ahca.myflorida.com](mailto:riskmgmt@ahca.myflorida.com); on-line at <http://ahca.myflorida.com/reporting/index.shtml>; by facsimile to (850)922-2217; or by U.S. Mail to AHCA, Florida Center for Health Information and Policy Analysis, 2727 Mahan Drive, Mail Stop 16, Tallahassee, Florida 32308-5403, telephone (850)412-3731. AHCA Form 3180-1024 is available from the Florida Center for Health Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other reporting requirements specified in Florida Statutes.

(2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported under subsection (1) above, the facility shall submit a full report within ~~15 fifteen (15)~~ days of the incident. The full report shall be submitted pursuant to the requirements in Rule 59A-35.110, F.A.C., which requires online reporting on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report 15 Day, dated January 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule.

Rulemaking Authority 429.23 FS. Law Implemented 429.23 FS. History—New 1-9-02, Amended 7-30-06,\_\_\_\_\_.

58A-5.0242 Liability Claim Report.

(1) MONTHLY LIABILITY CLAIM REPORT. Each assisted living facility must licensed under Part I of Chapter 429, F.S., shall report monthly any liability claim filed against the facility pursuant to the requirements in Rule 59A-35.110, F.A.C., which requires online reporting, by completing an Assisted Living Facility Monthly Liability Claim Information, DOEA Form 3180-1026, dated July 2006, which is incorporated by reference and available from the Agency for Health Care Administration at 2727 Mahan Drive, Mail Stop 27, Tallahassee, Florida 32308, or the agency Web site at [http://ahca.myflorida.com/MCHQ/Long\\_Term\\_Care/Assisting\\_living/monthly\\_liability\\_claim.pdf](http://ahca.myflorida.com/MCHQ/Long_Term_Care/Assisting_living/monthly_liability_claim.pdf). Each facility must comply with the reporting report time frames frame and transmission requirements specified in Section 429.23(5), F.S.

(2) If a liability claim has not been filed against the facility in a given month, no report is required.

Rulemaking Authority 429.23 FS. Law Implemented 429.23 FS. History—New 1-9-02, Amended \_\_\_\_\_.

58A-5.025 Resident Contracts.

(1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, the facility must offer a contract for execution by the each resident or the resident's legal representative shall execute a contract with the facility which contains the following provisions:

(a) A list of the specific services, supplies, and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services, and the resident elects to receive such services;

(b) The daily, weekly, or monthly rate;

(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract;

(d) A provision stating that giving at least 30 days written notice will be given prior to any rate increase;

(e) Any rights, duties, or obligations of residents, other than those specified in Section 429.28, F.S.;

(f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments;

(g) A refund policy which shall conform to Section 429.24(3), F.S.;

(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or psychiatric facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility, unless the resident's medical condition, ~~such as the resident's being comatose,~~ prevents the resident from giving written notification, ~~such as when a resident is comatose,~~ and the resident does not have a responsible party to act ~~on~~ in the resident's behalf;

(i) A provision stating whether the ~~facility organization~~ is affiliated with any religious organization, and, if so, which organization, and its relationship to the facility;

(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must shall be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide has services needed by the resident. In the event the resident has no individual person to represent him or her, the facility must shall refer the resident to the social service agency for placement. If there is

disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect;-

(k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule;-

(l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and-

(m) The facility's policies and procedures related to a properly executed DH Form 1896, Do Not Resuscitate Order.

(2) The resident, or the resident's representative, shall be provided with a copy of the executed contract.

(3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative shall be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum shall be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility, and the resident or the resident's legal representative, and a copy given to the resident or the resident's representative.

Rulemaking Authority 429.24, 429.41 FS. Law Implemented 429.24, 429.41 FS. History--New 10-17-99, Amended 7-30-06, 4-15-10, \_\_\_\_\_.

#### 58A-5.026 Emergency Management.

(1) EMERGENCY PLAN COMPONENTS. Pursuant to Section 429.41, F.S., each facility must shall prepare a written comprehensive emergency management plan in accordance with the "Emergency Management Criteria for Assisted Living Facilities," dated October 1995, which is incorporated by reference. This document is available from the local emergency management agency. The emergency management plan must, at a minimum, address the following:

(a) Provision for all hazards;-

(b) Provision for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment;-

(c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications;-

(d) Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies;-

(e) Identification of residents with Alzheimer's disease or ~~and~~ related disorders dementias, and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation;-

(f) Identification of and coordination with the local emergency management agency;-

(g) Arrangement for post-disaster activities, including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the local county office of emergency management agency the number of residents who have been relocated, and the place of relocation; and-

(h) The identification of staff responsible for implementing each part of the plan.

(2) EMERGENCY PLAN APPROVAL. The plan must shall be submitted for review and approval to the local county emergency management agency.

(a) The local county emergency management agency has 60 days in which to review and approve the plan or advise the facility of necessary revisions. Any revisions must be made, and the plan resubmitted to the local county office of emergency management within 30 days of receiving notification from the local county agency that the plan must be revised.

(b) Newly-licensed facility and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.

(c) The facility shall review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local county emergency agency for review and approval.

1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.

2. Changes in the identification of specific staff must be submitted to the local county emergency management agency annually as a signed and dated addendum that is not subject to review and approval.

(d) The local county emergency management agency shall be the final administrative authority for emergency management plans prepared by assisted living facilities.

(e) Any plan approved by the local county emergency management agency shall be considered to have met all the criteria and conditions established in this rule.

(3) PLAN IMPLEMENTATION. In the event of an internal or external disaster, the facility ~~must shall~~ implement the facility's emergency management plan in accordance with Chapter 252, F.S.

(a) All staff must be trained in their duties and are responsible for implementing the emergency management plan.

(b) If telephone service is not available during an emergency, the facility ~~must shall~~ request assistance from local law enforcement or emergency management personnel in maintaining communication.

(4) FACILITY EVACUATION. The facility must evacuate the premises during or after an emergency if so directed by the local emergency management agency.

(a) The facility ~~must shall~~ report the evacuation to the local office of emergency management or designee and to the agency within 6 hours of the evacuation order, and when the evacuation is complete, if the evacuation is not completed within the 6 hour period.

(b) The facility shall not be re-occupied until the area is cleared for reentry by the local emergency management agency or its designee, and the facility can meet the immediate needs of the residents.

(c) A facility with significant structural damage must relocate residents until the facility can be safely re-occupied.

(d) The facility is responsible for knowing the location of all residents until all residents have ~~the resident has~~ been relocated from the facility.

(e) The facility ~~must shall~~ provide the agency with the name of a contact person who shall be available by telephone 24 hours a day, seven days a week, until the facility is re-occupied.

(f) The facility ~~must shall~~ assist in the relocation of residents, and ~~must shall~~ cooperate with outreach teams established by the Department of Health or emergency management agency to assist in relocation efforts. Resident needs and preferences shall be considered to the extent possible in any relocation decision.

(5) EMERGENCY SHELTER. In the event a state of emergency has been declared and the facility is not required to evacuate the premises, the facility may provide emergency shelter above the facility's licensed capacity provided the following conditions are met:

(a) Life safety will not be jeopardized for any individual;

(b) The immediate needs of residents and other individuals sheltered at the facility can be met by the facility;

(c) The facility reports the over capacity and conditions causing it, to the Agency Field Office within ~~48~~ forty eight (48) hours or as soon as practical. As an alternative, the facility may report to the Agency Central Office at (850)412-4304 ~~(850)487-2515~~. If the facility will continue to be over capacity after the declared emergency ends, the ~~a~~Agency shall review requests for excess capacity on a case-by-case basis; ~~and~~

(d) The facility maintains a log of the additional ~~individuals~~ persons being housed in the facility. The log ~~must shall~~ include the individual's name, usual address, and the dates of arrival and departure. The log shall be available for review by representatives of the agency, the department, the local emergency management agency or its designee. The admissions and discharge log maintained by the facility may be used for this purpose provided the information is maintained in a manner that is easily accessible.

Rulemaking Authority 429.41 FS. Law Implemented 429.41 FS. History—New 10-17-99, Amended 7-30-06, \_\_\_\_\_.

58A-5.029 Limited Mental Health.

(1) LICENSE APPLICATION.

(a) Any facility intending to admit three or more mental health residents must obtain a limited mental health license from the ~~a~~Agency ~~in accordance with Rule 58A-5.014, F.A.C., and Section 429.075, F.S.,~~ prior to accepting the third mental health resident.

(b) Facilities applying for a limited mental health license which have uncorrected deficiencies or violations found during the facility's last survey, complaint investigation, or monitoring visit will be surveyed prior to the issuance of a limited mental health license to determine if such deficiencies or violations have been corrected.

(2) RECORDS.

(a) A facility with a limited mental health license ~~must shall~~ maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required under Rule 58A-5.024, F.A.C., shall be sufficient provided that all mental health residents are clearly identified.

(b) Staff records ~~must shall~~ contain documentation that designated staff have completed limited mental health training as required by Rule 58A-5.0191, F.A.C.

(c) Resident records ~~for mental health residents in a facility with a limited mental health license~~ must include the following:

1. Documentation; provided by a mental health care provider ~~the Department of Children and Family Services~~ within 30 days of the resident's admission to the facility, that the resident is a mental health resident as defined in Section 394.4574, F.S., and Documentation that the resident is receiving social security disability or supplemental security income; and optional state supplementation; as follows: ~~and any of the following shall meet this requirement.~~

a. An affirmative statement on the Alternate Care Certification for Optional State Supplementation (OSS) Form, CF-ES 1006, October 2005 ~~March 1998~~, available from <http://www.dcf.state.fl.us>, that the resident is receiving SSI or SSDI ~~SSI/SSDI~~ due to a psychiatric disorder;

b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental ~~illness disorder~~. Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information to the Department of Children and Families ~~Family Services; or-~~

c. A written statement from the resident's case manager, ~~or other mental health care provider~~, that the resident is an adult with severe and persistent mental illness. The case manager ~~or other mental health care provider must shall~~ consider the following minimum criteria in making that determination:-

(i) The resident is eligible for, is receiving, or has received ~~mental health services state funded services from the Department of Children and Family Services' Substance Abuse and Mental Health program office~~ within the last 5 years; or

(ii) The resident has been diagnosed as having a ~~severe and persistent mental illness disorder~~.

2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility, that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment ~~must shall~~ be conducted by a psychiatrist, clinical psychologist, clinical social worker, ~~or~~ psychiatric nurse, or person supervised by one of these professionals.

a. Any of the following documentation which contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, shall meet this requirement:

(i) Completed Alternate Care Certification for Optional State Supplementation (OSS) Form, CF-ES Form 1006, ~~October 2005 March 1998~~ available from <http://www.dcf.state.fl.us>;

(ii) Discharge Statement from a state mental hospital completed within 90 days prior to admission to the ~~assisted living facility ALF~~ provided it contains a statement that the individual is appropriate to live in an assisted living facility; or

(iii) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility.

b. A mental health resident returning to a facility from treatment in a hospital or crisis stabilization unit (~~CSU~~) will not be considered a new admission, and ~~will~~ not require a new assessment. However, a break in a resident's continued residency which requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident's mental health care provider must provide a new assessment.

### 3. A Community Living Support Plan.

a. Each mental health resident and the resident's mental health case manager ~~must shall~~, in consultation with the facility administrator, prepare a plan within 30 days of the resident's admission to the facility, or within 30 days after receiving the appropriate placement assessment under paragraph (2)(c), whichever is later, which:

(i) Includes the specific needs of the resident which must be met in order to enable the resident to live in the assisted living facility and the community;

(ii) Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident's needs, and the frequency and duration of such services;

(iii) Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident's needs, and the frequency and duration of such services and activities;

(iv) Includes the obligations of the facility to facilitate and assist the resident in attending appointments and arranging transportation to appointments for the services and activities identified in the plan which have been provided or arranged for by the resident's mental health care provider or case manager;

(v) Includes a description of other services to be provided or arranged by the facility;

(vi) Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident, and a description of the signs and symptoms particular to the resident that indicate the immediate need for professional mental health services;

(vii) Is in writing and signed by the mental health resident, the resident's mental health case manager, and the ~~assisted living facility ALF~~ administrator or manager and a copy placed in the resident's file. If the resident refuses to sign the plan, the resident's mental health case manager shall add a statement that the resident was asked but refused to sign the plan;

(viii) Is updated at least annually;

(ix) May include the Cooperative Agreement described in subparagraph (2)(c)4. If included, the mental health care provider must also sign the plan; and

(x) Must be available for inspection to those who have a lawful basis for reviewing the document.

b. Those portions of a service or treatment plan prepared pursuant to Rule 65E-4.014, F.A.C., which address all the elements listed in sub-subparagraph (2)(c)3.a. above may be substituted.

4. Cooperative Agreement. The mental health care provider for each mental health resident and the facility administrator or designee ~~must shall~~, within 30 days of the resident's admission to ~~the~~ facility or receipt of the resident's appropriate placement assessment, whichever is later, prepare a written statement which:

a. Provides procedures and directions for accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the provider's 24-hour emergency crisis telephone number.;

b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services under Section 409.912, F.S.;

c. May cover all mental health residents of the facility who are clients of the same provider; ~~and~~;

d. May be included in the Community Living Support Plan described in subparagraph (2)(c)3.

Missing documentation shall not be ~~the basis for administrative action against a facility considered a deficiency~~ if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and ~~Families Family Services~~, or the mental health care provider ~~under contract to provide mental health services to clients of the department~~.

(3) RESPONSIBILITIES OF FACILITY. In addition to the staffing and care standards of this rule chapter to provide for the welfare of residents in an assisted living facility, a facility holding a limited mental health license must:

(a) Ensure that the residents who meet the criteria as a mental health resident are referred for case management and other mental health services as needed from either a public or private agency. If a resident refuses services, the facility must document the refusal and must request such refusal in writing.

~~(b)(a)~~ Meet the facility's obligation to assist the resident in carrying out the activities identified in the Community Living Support Plan.;

~~(c)(b)~~ Provide an opportunity for private face-to-face contact between the mental health resident and the resident's mental health case manager or other treatment personnel of the resident's mental health care provider.;

~~(d)(e)~~ Observe resident behavior and functioning in the facility, and record and communicate observations to the resident's mental health case manager or mental health care provider regarding any significant behavioral or situational changes which may signify the need for a change in the resident's professional mental health services, supports, and services described in the community living support plan, or that the resident is no longer appropriate for residency in the facility.;

(e) If the facility initiates an involuntary mental health examination pursuant to Section 394.463, F.S., the facility must document all actions taken in the effort to avert such action.

~~(f)(d)~~ Ensure that designated staff have completed limited mental health training as required by Rule 58A-5.0191, F.A.C.; ~~and~~

~~(g)(e)~~ Maintain facility, staff, and resident records in accordance with the requirements of this rule ~~chapter~~.

Rulemaking Authority 429.41 FS. Law Implemented ~~394.4574, 429.02, 429.075, 429.26, 429.41, 409.912~~ FS. History--New 8-15-90, Amended 9-30-92, Formerly 10A-5.029, Repromulgated 10-30-95, Amended 6-2-96, 11-2-98, 7-30-06, \_\_\_\_\_.

58A-5.030 Extended Congregate Care Services.

(1) LICENSING.

(a) Any facility intending to establish an extended congregate care program must ~~meet the license requirements specified in Section 429.07, F.S., and~~ obtain a license from the agency prior to accepting extended congregate care residents in accordance with Rule 58A-5.014, F.A.C.

(b) Only that portion of a facility which meets the physical requirements of subsection (3) and which is staffed in accordance with subsection (4) shall be considered licensed to provide extended congregate care ECC services to residents which meet the admission and continued residency requirements of this rule.

(2) EXTENDED CONGREGATE CARE POLICIES. Policies and procedures established through an extended congregate care program must promote resident independence, dignity, choice, and decision-making. The program ~~must shall~~ develop and implement specific written policies and procedures which address:

(a) Aging in place.;

(b) The facility's residency criteria developed in accordance with the admission and discharge requirements described in subsection (5) and extended congregate care ECC services listed in subsection (8).;

(c) The personal and supportive services the facility intends to provide, how the services will be provided, and the identification of staff positions to provide the services including their relationship to the facility.;

(d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff.;

(e) Identifying potential unscheduled resident service needs and ~~mechanisms mechanism~~ for meeting those needs including the identification of resources to meet those needs.;

(f) A process for mediating conflicts among residents regarding choice of room or apartment and roommate; ~~and~~;

(g) How to involve residents in decisions concerning the resident. The program ~~must shall~~ provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions, a family member or other resident representative shall be consulted. Choices shall include at a minimum whether:

1. To participate in the process of developing, implementing, reviewing, and revising the resident's service plan;

2. To remain in the same room in the facility, except that a current resident transferring into an extended congregate care ECC program may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed;

3. To select among social and leisure activities;

4. To participate in activities in the community. At a minimum the facility must shall arrange transportation to such activities if requested by the resident; and

5. To provide input with respect to the adoption and amendment of facility policies and procedures.

(3) PHYSICAL SITE REQUIREMENTS. Each extended congregate care facility must shall provide a homelike physical environment which promotes resident privacy and independence including:

(a) A private room or apartment, or a semi-private room or apartment, shared with a roommate of the resident's choice. The entry door to the room or apartment must shall have a lock which is operable from the inside by the resident with no key needed. The resident must shall be provided with a key to the entry door on request. The resident's service plan may allow for a non-locking entry door if the resident's safety would otherwise be jeopardized; and-

(b) A bathroom, with a toilet, sink, and bathtub or shower, which is shared by a maximum of 4 four (4) residents for a maximum ratio of four (4) residents to one (1) bathroom.

1. A centrally located hydro-massage bathtub may substitute for a bathtub or shower and be considered equivalent to two bathrooms, increasing the resident to bathroom ratio from four-to-one to eight-to-one four (4) to one (1) to eight (8) to one (1). The substitution of a centrally located hydro-massage bathtub for a bathtub or shower that increases the resident to bathroom ratio above four-to-one four (4) to one (1) may occur only once in a facility. The one time substitution of a centrally located hydro-massage bathtub does not preclude the installation of multiple hydro-massage bathtubs in the facility. The limitation applies only to the one-time reduction in the total number of bathrooms in the facility.

2. The entry door to the bathroom shall have a lock that the resident can operate from the inside with no key needed. The resident's service plan may allow for a non-locking bathroom door if the resident's safety would otherwise be jeopardized.

(4) STAFFING REQUIREMENTS. The following staffing requirements apply for eEach extended congregate care program, shall:

(a) Specify a staff member to serve as the extended congregate care supervisor if the administrator does not perform this function. If the administrator supervises more than one facility, he/she shall appoint a separate ECC supervisor for each facility holding an extended congregate care license.

~~1. The extended congregate care supervisor shall be responsible for the general supervision of the day to day management of an ECC program and ECC resident service planning.~~

~~(a)2. Supervision by an administrator who has The administrator of a facility with an extended congregate care license and the ECC supervisor, if separate from the administrator, must have a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long-term care, or acute care setting or agency serving elderly or disabled persons. If an administrator appoints a manager as the supervisor of an extended congregate care facility, both the administrator and manager must satisfy the requirements of subsection 58A-5.019(1), F.A.C.~~

~~1. A baccalaureate degree may be substituted for one year of the required experience.~~

~~2. A nursing home administrator licensed under Chapter 468, F.S., shall be considered exempt from the educational requirements referenced in paragraph (4)(a) qualified under this paragraph.~~

(b) Provide, as staff or by contract, the services of a nurse who must shall be available to provide nursing services as needed by extended congregate care ECC residents, participate in the development of resident service plans, and perform monthly nursing assessments.

(c) Provide enough qualified staff to meet the needs of extended congregate care ECC residents in accordance with Rule 58A-5.019, F.A.C., and the amount and type of services established in each resident's service plan.

~~(d) Ensure that adequate staff are awake during all hours. Regardless of the number of ECC residents, awake staff shall be provided to meet the resident scheduled and unscheduled night needs of residents.~~

~~(e) In accordance with agency procedures established in Rule 58A-5.019, F.A.C., the agency shall require facilities to immediately provide additional or appropriately more qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because of insufficient staffing, in accordance with the staffing standards established in Rule 58A-5.019, F.A.C. the lack of sufficient or adequately trained staff.~~

(f) Ensure and document that staff receive extended congregate care training as required under Rule 58A-5.0191, F.A.C.

(5) ADMISSION AND CONTINUED RESIDENCY.

(a) An individual must meet the following minimum criteria in order to be admitted to an extended congregate care program.

1. Be at least 18 years of age;:-

2. Be free from signs and symptoms of a communicable disease which is likely to be transmitted to other residents or staff; however, a person who has human immunodeficiency

virus (HIV) infection may be admitted to a facility, provided that he or she would otherwise be eligible for admission according to this rule;-

3. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted;-

4. Not be a danger to self or others as determined by a health care provider, or mental health practitioner licensed under Chapters 490 or 491, F.S.;

5. Not be bedridden;-

6. Not have any stage 3 or 4 pressure sores;-

7. Not require any of the following nursing services:

a. Oral or nasopharyngeal suctioning;

b. Nasogastric tube feeding;

c. Monitoring of blood gases;

d. Intermittent positive pressure breathing therapy;

e. Skilled rehabilitative services as described in Rule 59G-4.290, F.A.C.; or

f. Treatment of a surgical incision, unless the surgical incision and the condition which caused it have been stabilized and a plan of care developed;-

8. Not require 24-hour nursing supervision; ~~and-~~

9. Have been determined to be appropriate for admission to the facility by the facility administrator or manager. The administrator or manager shall base his or her ~~his/her~~ decision on:

a. An assessment of the strengths, needs, and preferences of the individual, the health assessment required by subsection (6) of this rule, and the preliminary service plan developed under subsection (7);

b. The facility's residency criteria, and services offered or arranged for by the facility to meet resident needs; and

c. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C.

(b) Criteria for continued residency in an extended congregate care ECC program shall be the same as the criteria for admission, except as specified below. ~~follows:~~

1. A resident may be bedridden for up to 14 consecutive days.

2. A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:

a. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;

b. Continued residency is agreeable to the resident and the facility;

c. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. The interdisciplinary plan delineates the services that are being provided by hospice and the facility. ~~Facility staff~~

~~may provide any nursing service within the scope of their license including 24-hour nursing supervision, and total help with the activities of daily living;~~ and

d. Documentation of the requirements of ~~this~~ subparagraph ~~(5)(b)2.~~ is maintained in the resident's file.

3. The extended congregate care administrator or manager is responsible for monitoring the continued appropriateness of placement of a resident in an extended congregate care program at all times.

4. A hospice resident that meets the qualifications of continued residency pursuant to this rule may only receive services from the assisted living facility's staff within the scope of the facility's license.

5. Staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice. Staff may not exceed the scope of their professional licensure or training in any licensed assisted living facility.

(6) HEALTH ASSESSMENT. Prior to admission to an extended congregate care ECC program, all persons, including residents transferring within the same facility to that portion of the facility licensed to provide extended congregate care services, must be examined by a physician or advanced registered nurse practitioner pursuant to Rule 58A-5.0181, F.A.C. A health assessment conducted within 60 days prior to admission to the extended congregate care ECC program shall meet this requirement. Once admitted, a new health assessment must be obtained at least annually.

(7) SERVICE PLANS.

(a) Prior to admission the extended congregate care administrator or manager must ~~supervisor shall~~ develop a preliminary service plan which includes an assessment of whether the resident meets the facility's residency criteria, an appraisal of the resident's unique physical, psychological and ~~psycho~~ social needs and preferences, and an evaluation of the facility's ability to meet the resident's needs.

(b) Within 14 days of admission the extended congregate care administrator or manager must ~~supervisor shall~~ coordinate the development of a written service plan which takes into account the resident's health assessment obtained pursuant to subsection (6); the resident's unique physical, psychological and ~~psycho~~ social needs and preferences; and how the facility will meet the resident's needs including the following if required:

1. Health monitoring;

2. Assistance with personal care services;

3. Nursing services;

4. Supervision;

5. Special diets;

6. Ancillary services;

7. The provision of other services such as transportation and supportive services; and



8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences.

(c) Pursuant to the definitions of “shared responsibility” and “managed risk” as provided in Section 429.02, F.S., the service plan ~~must shall~~ be developed and agreed upon by the resident or the resident’s representative or designee, surrogate, guardian, or attorney-in-fact, ~~the facility designee~~, and ~~must shall~~ reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident’s service needs and preferences.

(d) The service plan shall be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident’s physical or mental status, or pursuant to recommendations for modifications in the resident’s care as documented in the nursing assessment.

(8) EXTENDED CONGREGATE CARE SERVICES. All services ~~must shall~~ be provided in the least restrictive environment, and in a manner which respects the resident’s independence, privacy, and dignity.

(a) An extended congregate care program may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends shall be encouraged to provide supportive services for residents. The facility ~~must shall~~ provide training for family or friends to enable them to provide supportive services in accordance with the resident’s service plan.

(b) An extended congregate care program ~~must shall~~ make available the following additional services if required by the resident’s service plan:

1. Total help with bathing, dressing, grooming and toileting;
2. Nursing assessments conducted more frequently than monthly;
3. Measurement and recording of basic vital functions and weight;
4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident’s food and fluid intake and output;
5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider’s order. If the individual needs assistance with self-administration, the facility must inform the resident of the qualifications of staff who will be providing this assistance, and, if unlicensed persons staff will be providing such assistance, obtain the resident’s or the resident’s

surrogate, guardian, or attorney-in-fact’s informed written consent to provide such assistance as required under Section 429.256, F.S.;

6. Supervision of residents with dementia and cognitive impairments;

7. Health education and counseling, and the implementation of health-promoting programs and preventive regimes;

8. Provision or arrangement for rehabilitative services; and

9. Provision of escort services to health-related appointments.

(c) Licensed nursing staff in an extended congregate care program may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility’s written policies and procedures, provided ~~and~~ the nursing services are:

1. Authorized by a health care provider’s order and pursuant to a plan of care;
2. Medically necessary and appropriate for treatment of the resident’s condition;
3. In accordance with the prevailing standard of practice in the nursing community;
4. A service that can be safely, effectively, and efficiently provided in the facility;
5. Recorded in nursing progress notes; and
6. In accordance with the resident’s service plan.

(d) At least monthly, or more frequently if required by the resident’s service plan, a nursing assessment of the resident ~~must shall~~ be conducted.

(9) RECORDS. In addition to the records required under Rule 58A-5.024, F.A.C., an extended congregate care program must maintain the following:

~~(a) In addition to the records required under Rule 58A-5.024, F.A.C., an extended congregate care program shall maintain the following:~~

- ~~1.~~ The service plans for each resident receiving extended congregate care services;
- ~~(b)2.~~ The nursing progress notes for each resident receiving nursing services;
- ~~(c)3.~~ Nursing assessments; and
- ~~(d)4.~~ The facility’s extended congregate care ECC policies and procedures.

~~(b) Upon request, a facility shall report to the department such information as necessary to meet the requirements of Section 429.07(3)(b)9., F.S.~~

(10) DISCHARGE. If the facility and the resident are unable to agree on a service plan, ~~or if~~ the facility is unable to meet the resident’s needs as identified in the service plan, ~~or if~~ the resident no longer meets the criteria for continued residency, the resident ~~must shall~~ be discharged or relocated in accordance with Sections 429.26 429.26(8) and 429.28, F.S. 429.28(1), F.S.

Rulemaking Authority 429.07, 429.41 FS. Law Implemented ~~429.02~~, 429.07, 429.255, 429.26, 429.28, 429.41 FS. History—New 9-30-92, Formerly 10A-5.030, Amended 10-30-95, 6-2-96, 4-20-98, 11-2-98, 10-17-99, 7-30-06, \_\_\_\_\_.

58A-5.031 Limited Nursing Services.

Any facility intending to provide limited nursing services ~~as described in subsection (1) must meet the license requirements specified in Section 429.07, F.S., and obtain a license from the Agency in accordance with Rule 58A-5.014, F.A.C.~~

(1) NURSING SERVICES. A facility with a limited nursing services license may provide the following nursing services in addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S.

- (a) Conducting passive range of motion exercises.
- (b) Applying ice caps or collars.
- (c) Applying heat, including dry heat, hot water bottle, heating pad, aquathermia, moist heat, hot compresses, sitz bath and hot soaks.
- (d) Cutting the toenails of diabetic residents or residents with a documented circulatory problem if the written approval of the resident's health care provider has been obtained.
- (e) Performing ear and eye irrigations.
- (f) Conducting a urine dipstick test.
- (g) ~~Replacing Replacement~~ of an established self-maintained indwelling urinary catheter, or performance of an intermittent urinary catheterizations.
- (h) Performing digital stool removal therapies.
- (i) Applying and changing routine dressings that do not require packing or irrigation, but are for abrasions, skin tears and closed surgical wounds.
- (j) ~~Caring Care~~ for stage 2 pressure sores. Care for stage 3 or 4 pressure sores are not permitted under this rule.
- (k) Caring for casts, braces and splints. Care for head braces, such as a halo is not permitted under this rule.
- (l) ~~Conducting Conduct~~ nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse.
- (m) For hospice patients, providing any nursing service permitted within the scope of the nurse's license including 24-hour nursing supervision.
- (n) Assisting, applying, caring for and monitoring the application of anti-embolism stockings or hosiery as prescribed by the health care provider and in accordance with the manufacturers' guidelines.
- (o) Administration and regulation of portable oxygen.
- (p) Applying, caring for, and monitoring a transcutaneous electric nerve stimulator (TENS).
- (q) Catheter, colostomy, ileostomy care and maintenance.

(2) RESIDENT CARE STANDARDS.

(a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C.

(b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided.

(c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which shall be maintained in the resident's file.

(d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who ~~must shall~~ be available to provide such services as needed by residents. The facility ~~must shall~~ maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files.

(e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community.

(3) RECORDS.

(a) A record of all residents receiving limited nursing services under this license and the type of service provided, ~~must shall~~ be maintained.

(b) Nursing progress notes ~~must shall~~ be maintained for each resident who receives limited nursing services.

(c) A nursing assessment conducted at least monthly ~~must shall~~ be maintained on each resident who receives a limited nursing service.

Rulemaking Authority ~~429.02~~, 429.41 FS. Law Implemented ~~429.02~~, 429.07, 429.255, 429.26, 429.41 FS. History—New 9-30-92, Formerly 10A-5.031, Amended 10-30-95, 10-17-99, 7-30-06, \_\_\_\_\_.

58A-5.033 Administrative Enforcement.

Facility staff shall cooperate with ~~a~~Agency personnel during surveys, complaint investigations, monitoring visits, ~~implementation of correction plans~~, license application and renewal procedures and other activities necessary to ensure compliance with Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., Part I of Chapter 429, F.S., and this rule chapter.

~~(1) INSPECTIONS:~~

~~(a) Pursuant to Section 429.34, F.S., the agency shall conduct a survey, investigation, or appraisal of a facility:~~

- ~~1. Prior to issuance of a license;~~
- ~~2. Prior to biennial renewal of a license;~~
- ~~3. When there is a change of ownership;~~
- ~~4. To monitor facilities licensed to provide limited nursing or extended congregate care services, or who were cited in the previous year for a Class I or Class II, or 4 or more uncorrected Class III violations;~~

~~5. Upon receipt of an oral or written complaint of practices that threaten the health, safety, or welfare of residents;~~

~~6. If the agency has reason to believe a facility is violating a provision of Part I III of Chapter 429, F.S., or this rule chapter;~~

~~7. To determine if cited deficiencies have been corrected; and~~

~~8. To determine if a facility is operating without a license.~~

~~(b) The inspection shall consist of full access to and examination of the facility's physical premises and facility records and accounts, and staff and resident records.~~

~~(c) Agency personnel shall interview facility staff and residents in order to determine whether the facility is respecting resident rights and to determine compliance with resident care standards. Interviews shall be conducted privately.~~

~~(d) Agency personnel shall respect the private possessions of residents and staff while conducting facility inspections.~~

~~(1)(2) ABBREVIATED SURVEY.~~

~~(a) An applicant for license renewal who does not have any class I or class II violations or uncorrected class III violations, verified ~~confirmed~~ long-term care ombudsman program ~~council~~ complaints reported to the agency by the program LTCOC, or confirmed licensing complaints within the two licensing periods immediately preceding the current renewal date, shall be eligible for an abbreviated biennial survey by the agency. Facilities that do not have two survey reports on file with the agency under current ownership are not eligible for an abbreviated inspection. Upon arrival at the facility, the agency must ~~shall~~ inform the facility that it is eligible for an abbreviated survey, and that an abbreviated survey will be conducted.~~

~~(b) Compliance with key quality of care standards described in the following statutes and rules will be used by the agency during its abbreviated survey of eligible facilities:~~

~~1. Section 429.26, F.S., and Rule 58A-5.0181, F.A.C., relating to residency criteria;~~

~~2. Section 429.27, F.S., and Rule 58A-5.021, F.A.C., relating to proper management of resident funds and property;~~

~~3. Section 429.28, F.S., and Rule 58A-5.0182, F.A.C., relating to respect for resident rights;~~

~~4. Section 429.41, F.S., and Rule 58A-5.0182, F.A.C., relating to the provision of supervision, assistance with the activities of daily living ADLs, and arrangement for appointments and transportation to appointments;~~

~~5. Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., relating to assistance with or administration of medications;~~

~~6. Section 429.41, F.S., and Rule 58A-5.019, F.A.C., relating to the provision of sufficient staffing to meet resident needs;~~

7. Section 429.41, F.S., and Rule ~~58A-5.020~~ 58A-5.0191, F.A.C., relating to minimum dietary requirements and proper food hygiene;

8. Section 429.075, F.S., and Rule 58A-5.029, F.A.C., relating to mental health residents' community support living plan;

9. Section 429.07, F.S., and Rule 58A-5.030, F.A.C., relating to meeting the environmental standards and residency criteria in a facility with an extended congregate care license; and

10. Section 429.07, F.S., and Rule 58A-5.031, F.A.C., relating to the provision of care and staffing in a facility with a limited nursing services license.

(c) The agency will expand the abbreviated survey or conduct a full survey if violations which threaten or potentially threaten the health, safety, or ~~welfare~~ security of residents are identified during the abbreviated survey. The facility must ~~shall~~ be informed when ~~that~~ a full survey will be conducted. If one or more of the following serious problems are identified during an abbreviated survey, a full biennial survey will be immediately conducted:

1. Violations of Rule Chapter 69A-40, F.A.C., relating to firesafety, that threaten the life or safety of a resident;

2. Violations relating to staffing standards or resident care standards that adversely affect the health, ~~or~~ safety, or welfare of a resident;

3. Violations relating to facility staff rendering services for which the facility is not licensed; or

4. Violations relating to facility medication practices that are a threat to the health, ~~or~~ safety, or welfare of a resident.

~~(2)(3) SURVEY DEFICIENCY.~~

(a) Prior to or in conjunction with a notice of violation issued pursuant to Part II, Chapter 408, F.S., and Section 429.19, F.S. ~~and Chapter 120, F.S.~~, the agency shall issue a statement of deficiency for Class I, II, III, and IV violations which are observed by ~~a~~ Agency personnel during any inspection of the facility. The deficiency statement must ~~shall~~ be issued within 10 ten ~~(10)~~ working days of the ~~a~~ Agency's inspection and must ~~shall~~ include:

1. A description of the deficiency;

2. A citation to the statute or rule violated; and

3. A time frame for the correction of the deficiency;

~~4. A request for a plan of correction which shall include time frame for correction of the deficiency; and~~

~~5. A description of the administrative sanction that may be imposed if the facility fails to correct the deficiency within the established time frame.~~

(b) Additional time may be granted to correct specific deficiencies if a written request is received by the agency prior to the time frame included in the agency's statement.

~~(e) The facility's plan of correction must be received by the agency within 10 working days of receipt of the deficiency statement and is subject to approval by the agency.~~

~~(3)(4) EMPLOYMENT OF A CONSULTANT.~~

(a) Medication Deficiencies.

1. If a Class I, Class II, or uncorrected Class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by agency personnel pursuant to an inspection of the facility, the agency must shall notify the facility in writing that the facility must employ, on staff or by contract, the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse, as determined by the agency.

2. The initial on-site consultant visit must shall take place within 7 working days of the identification of a Class I or Class II deficiency and within 14 working days of the identification of an uncorrected Class III deficiency. The facility must shall have available for review by the agency a copy of the pharmacist's or registered nurse's license and a signed and dated recommended corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.

3. The facility must shall provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must shall provide the facility with written notification of such determination.

(b) Dietary Deficiencies.

1. If a Class I, Class II, or uncorrected Class III deficiency directly related to dietary standards as established in Rule 58A-5.020, F.A.C., is documented by agency personnel pursuant to an inspection of the facility, the agency must shall notify the facility in writing that the facility must employ, on staff or by contract, the services of a registered or licensed dietitian, or a licensed nutritionist dietitian/nutritionist.

2. The initial on-site consultant visit must shall take place within 7 working days of the identification of a Class I or Class II deficiency and within 14 working days of the identification of an uncorrected Class III deficiency. The facility must shall have available for review by the agency a copy of the dietitian's license or registration card and a signed and dated dietary consultant's recommended corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.

3. The facility must shall provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the dietary consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper

dietary standards are followed and that such consultant services are no longer required. The agency must shall provide the facility with written notification of such determination.

~~(5) ADMINISTRATIVE SANCTIONS. Administrative fines shall be imposed for Class I and Class II violations, or Class III or IV violations which are not corrected within the time frame set by the Agency, and for repeat Class III violations, as set forth in Section 429.19, F.S.~~

~~(a) The Agency shall notify facilities of the imposition of sanctions, their right to appeal the sanctions, the remedies available, and the time limit for requesting such remedies as provided under Chapter 120, F.S., and Part II of Chapter 59-1, F.A.C.~~

~~(b) When an administrative fine payment is returned from the applicant's bank for whatever reason, the agency shall add to the amount due a service fee of \$20 or 5 percent of the face amount of the check, whichever is greater, up to a maximum charge of \$200. Proceeds from this fee shall be deposited in the same agency account as the fine.~~

Rulemaking Authority 429.41, 429.42 FS. Law Implemented 429.07, 429.08, ~~429.11, 429.12, 429.14, 429.17, 429.19, 429.256, 429.26, 429.27, 429.28, 429.34, 429.41, 429.42 FS. History—New 9-30-92, Formerly 10A-5.033, Amended 10-30-95, 10-17-99, 1-9-02, 7-30-06, 4-15-10, \_\_\_\_\_.~~

58A-5.035 Waivers.

~~The agency, in consultation with the department, may waive rules promulgated pursuant to Part I, Chapter 429, F.S., if the waiver request meets the conditions set forth in Section 429.41(4), F.S., and demonstrates and evaluates innovative or cost effective congregate care alternatives which will enable individuals to age in place.~~

(1) Application Process.

~~(a) Licensed assisted living facilities proposing a waiver under this statute must submit the request in writing. All requests must include the facility name and address, license number, administrator's name and contact information for the requestor, or its attorney. Petitions for waiver of rules will only be considered other than for the objectives detailed in Section 429.41(4), F.S., including emergency waivers, will not be considered under this section but should follow the petition for waiver provisions of Section 120.542, F.S., and Rule Chapter 28-104, Variance or Waiver, F.A.C.~~

(b) The written request must address the elements required in Section 429.41(4), F.S. In addition, the following information must be included in order to demonstrate how a waiver of the stated rule will permit development of a concept that will achieve the purpose of the underlying statute:

1. The rule or rules for which the waiver is requested;
2. The licensee's anticipated date or dates for implementation of the concept;

3. If applying based on cost-effectiveness or cost-savings, a cost-benefit analysis of the proposed alternative to both residents or potential residents as well as facility operations;-

4. An analysis of the impact the alternative will have on the relevant local community, including any barriers such as zoning or use issues, which may need resolution prior to implementation;-

5. Specific performance measures with an annual projection of objectives and goals to be achieved broken into quarterly increments or an annual projection of outcome measures, if the concept will be implemented in less than 90 days; ~~and-~~

6. If applying based on cost-effectiveness or cost-savings, an annual budget projection for the proposed alternative broken into quarterly increments.

(c) A waiver can be requested at the time of the initial license application, relicensure, or any time during the licensure period.

(d) Waiver requests must be submitted to the Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Mail Stop 30, Tallahassee, Florida 32308-5403.

(2) In accordance with Section 120.542(6), F.S., the agency shall post notice of the request within 15 ~~fifteen (15)~~ days of receipt of the request. The agency shall make any requests for additional information within 30 days of receipt of the request. If additional information is provided, the agency may request clarification of only that information no later than 30 days following receipt of the information. The agency shall process the waiver request pursuant to the time frame referenced in Section 120.542(8), F.S.

(3) The agency, in consultation with the department, will evaluate all requests in light of the likelihood the concept, as described in detail, will achieve the underlying statutory objectives of innovative or cost effective congregate care alternatives to enable individuals to age in place, ~~as provided in Section 429.41(4), F.S.~~ Waivers may be granted only so long as there is reasonable assurance that the health, safety, or welfare of residents will not be endangered by the waiver.

(4) The agency shall grant or deny the request for waiver and enter an order summarizing the facts ~~it~~ relied on, and reasons supporting its decision. The agency must provide notice of its order as described in Section 120.542(8), F.S. The requestor shall be advised that a denial of the request may be reviewed as provided in subsection (5) of this rule.

(5) Report of Findings. A facility that has been granted a waiver must submit an annual report within 12 months of the order granting the waiver ~~as specified in Section 429.41(4), F.S.~~ If the report is not submitted as required, the agency may revoke the waiver.

(a) The agency will review the report of findings to determine whether the waiver shall be renewed or revoked. The agency shall make the determination based on whether the facility has met the requirements outlined in paragraph

~~subparagraph~~ (1)(b) of this rule. The agency shall enter an order providing the general basis for making its decision and notify the licensee of its opportunity to seek review of a revocation in accordance with Sections 120.569 and 120.57, F.S. and Rule 28-106.111, F.A.C.

(b) The agency may also consider other material which is available relative to this review.

(c) A waiver is effective unless revoked by the agency or superseded by statutory or regulatory change.

(d) In reviewing the report of findings, the agency, in consultation with the department, shall assess whether statutory or regulatory changes should be pursued to enable other facilities to adopt the same practices.

Rulemaking Authority 429.41 FS. Law Implemented 120.542, 429.41 FS. History—New 9-30-92, Formerly 10A-5.035, Amended 10-30-95, 7-1-08, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Anthony J. DePalma, Assistant General Counsel  
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Charles T. Corley, Secretary, Department of Elder Affairs  
DATE OF PROPOSED RULE APPROVED BY AGENCY HEAD: November 20, 2012  
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: May 11, 2012

### Section III Notices of Changes, Corrections and Withdrawals

**FLORIDA PAROLE COMMISSION**

RULE NO.:	RULE TITLE:
23-15.015	Indexing of Orders
	NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 38, No. 60, October 29, 2012 issue of the Florida Administrative Register.

The Agency has determined that the proposed change will not require legislative ratification pursuant to Section 120.541(3), F.S., or other applicable statutes: 1) there was no SERC required under Section 120.541(1), F.S., and 2) based on direct past experience with Agency rules, there are no adverse impacts or regulatory costs as defined by Section 120.541(2)(a), F.S.

**FLORIDA PAROLE COMMISSION**

RULE NOS.:	RULE TITLES:
23-20.002	Scope of Responsibility
23-20.007	Procedures

**NOTICE OF CORRECTION**

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**FLORIDA PAROLE COMMISSION**

RULE NOS.:	RULE TITLES:
23-21.002	Definitions
23-21.004	Commission Meetings
23-21.007	Salient Factor Scoring
23-21.013	Biennial Interview Procedure
23-21.014	Special Interviews
23-21.0155	Extraordinary Interview and Review Procedures
23-21.017	Review of Term and Conditions of Parole
23-21.019	Parole Rescission
23-21.021	Warrant and Arrest
23-21.022	Revocation of Parole; Preliminary Hearings; Final Hearings

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**FLORIDA PAROLE COMMISSION**

RULE NOS.:	RULE TITLES:
23-22.007	Victim Input
23-22.008	Control Release Evaluation Procedure
23-22.010	Advancing or Extending Control Release Dates
23-22.013	Control Release Supervision
23-22.014	Revocation of Control Release

**NOTICE OF CORRECTION**

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 38, No. 60, October 29, 2012 issue of the Florida Administrative Register.

The Agency has determined that the proposed change will not require legislative ratification pursuant to Section 120.541(3), F.S., or other applicable statutes: 1) there was no SERC required under Section 120.541(1), F.S., and 2) based on direct past experience with Agency rules, there are no adverse impacts or regulatory costs as defined by Section 120.541(2)(a), F.S.

**FLORIDA PAROLE COMMISSION**

RULE NOS.:	RULE TITLES:
23-23.007	Victim Information
23-23.011	Revocation of Conditional Release

**NOTICE OF CORRECTION**

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 38, No. 60, October 29, 2012 issue of the Florida Administrative Register.

The Agency has determined that the proposed change will not require legislative ratification pursuant to Section 120.541(3), F.S., or other applicable statutes: 1) there was no SERC required under Section 120.541(1), F.S., and 2) based on direct past experience with Agency rules, there are no adverse impacts or regulatory costs as defined by Section 120.541(2)(a), F.S.

**FLORIDA PAROLE COMMISSION**

RULE NOS.:	RULE TITLES:
23-24.020	Conditional Medical Release Eligibility
23-24.040	Conditional Medical Release Rescission
23-24.050	Revocation of Conditional Medical Release

**NOTICE OF CORRECTION**

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 38, No. 60, October 29, 2012 issue of the Florida Administrative Register.

The Agency has determined that the proposed change will not require legislative ratification pursuant to Section 120.541(3), F.S., or other applicable statutes: 1) there was no SERC required under Section 120.541(1), F.S., and 2) based on direct past experience with Agency rules, there are no adverse impacts or regulatory costs as defined by Section 120.541(2)(a), F.S.

**FLORIDA PAROLE COMMISSION**

RULE NOS.:	RULE TITLES:
23-25.004	Addiction Recovery Supervision
23-25.005	Revocation of Addiction Recovery Supervision

**NOTICE OF CORRECTION**

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 38, No. 60, October 29, 2012 issue of the Florida Administrative Register.

The Agency has determined that the proposed change will not require legislative ratification pursuant to Section 120.541(3), F.S., or other applicable statutes: 1) there was no SERC required under Section 120.541(1), F.S., and 2) based on direct past experience with Agency rules, there are no adverse impacts or regulatory costs as defined by Section 120.541(2)(a), F.S.

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Board of Accountancy**

RULE NO.: 61H1-33.0032  
 RULE TITLE: Board Approval of CPA Ethics Continuing Education by Providers  
 NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 38, No. 60, October 29, 2012 issue of the Florida Administrative Register.

The correction is as follows:

The Purpose and Effect and Summary were incorrectly stated.

The Purpose and Effect should have read:

PURPOSE AND EFFECT: The Board proposes the rule amendment to delete fee references as all fee information is being reorganized into Rule Chapter 61H1-31, F.A.C.

The Summary should have read: SUMMARY: Fee references will be removed.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Veloria A. Kelly, Division Director, Board of Accountancy, 240 N.W. 76th Drive, Suite A, Gainesville, Florida 32607.

**Section IV  
 Emergency Rules**

**NONE**

**Section V  
 Petitions and Dispositions Regarding Rule  
 Variance or Waiver**

**WATER MANAGEMENT DISTRICTS**

Southwest Florida Water Management District

RULE NO.: RULE TITLE:

40D-22.201: Year-Round Water Conservation Measures

NOTICE IS HEREBY GIVEN that on November 13, 2012, the Southwest Florida Water Management District, received a petition for variance No. 13-4139 from East Lake Woodlands, Ltd., 1055 East Lake Woodlands Parkway, Oldsmar, FL 34677 seeking relief from provisions of Rule 40D-22.201(4), F.A.C.,

concerning lawn and landscape irrigation. A copy of the petition may be obtained from 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Lois Sorensen at 7601 U.S. Highway 301 North, Tampa, Florida 33637-6749, (813)985-7481, x. 2298. To be considered, comments must be received by the close of business on December 5, 2012 at the Southwest Florida Water Management District, 7601 U.S. Highway 301 North, Tampa, Florida 33637-6749, Attention: Lois Sorensen. For additional information, contact Lois Sorensen at (813)985-7481, x. 2298, water.variances@watermatters.org.

**WATER MANAGEMENT DISTRICTS**

Southwest Florida Water Management District

RULE NO.: RULE TITLE:

40D-22.201: Year-Round Water Conservation Measures

NOTICE IS HEREBY GIVEN that on November 16, 2012, the Southwest Florida Water Management District, received a petition for variance No. 13-4141 from Brentwood Farms, LLC seeking relief from provisions of Rule 40D-22.201(4), F.A.C., concerning lawn and landscape irrigation. A copy of the petition may be obtained from 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Lois Sorensen at 7601 U.S. Highway 301 North, Tampa, Florida 33637-6749, (813) 985-7481 x. 2298. To be considered, comments must be received by the close of business on December 5, 2012 at the Southwest Florida Water Management District, 7601 U.S. Highway 301 North, Tampa, Florida 33637-6749, Attention: Lois Sorensen. For additional information, contact Lois Sorensen at (813) 985-7481 x. 2298, water.variances@watermatters.org.

**WATER MANAGEMENT DISTRICTS**

Southwest Florida Water Management District

RULE NO.: RULE TITLE:

40D-22.201: Year-Round Water Conservation Measures

NOTICE IS HEREBY GIVEN that on November 16, 2012, the Southwest Florida Water Management District, received a petition for variance No. 13-4140 from Hampton Hills, LLC seeking relief from provisions of Rule 40D-22.201(4), F.A.C., concerning lawn and landscape irrigation. A copy of the petition may be obtained from 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Lois Sorensen at 7601 U.S. Highway 301 North, Tampa, Florida 33637-6749, (813) 985-7481 x. 2298. To be considered, comments must be received by the close of business on December 5, 2012 at the Southwest Florida Water Management District, 7601 U.S. Highway 301 North, Tampa,

Florida 33637-6749, Attention: Lois Sorensen. For additional information, contact Lois Sorensen at (813) 985-7481 x. 2298, [water.variances@watermatters.org](mailto:water.variances@watermatters.org).

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE NO.: RULE TITLE:

40D-22.201: Year-Round Water Conservation Measures

NOTICE IS HEREBY GIVEN that on October 12, 2012, the Southwest Florida Water Management District, received a petition for variance No. 13-4135 from Thomas Ward seeking relief from provisions of Rule 40D-22.201(4), F.A.C., concerning lawn and landscape irrigation. A copy of the petition may be obtained from 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays.

A copy of the Petition for Variance or Waiver may be obtained by contacting: , by contacting Lois Sorensen at 7601 U.S. Highway 301 North, Tampa, Florida 33637-6749, (813) 985-7481 x. 2298. To be considered, comments must be received by the close of business on December 5, 2012 at the Southwest Florida Water Management District, 7601 U.S. Highway 301 North, Tampa, Florida 33637-6749, Attention: Lois Sorensen. For additional information, contact Lois Sorensen at (813) 985-7481 x. 2298, [water.variances@watermatters.org](mailto:water.variances@watermatters.org).

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-5.001: Safety Standards

The Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety hereby gives notice:

On November 19, 2012 the Division issued an order. The Final Order was in response to a Petition for an emergency Variance from Airmasters, filed October 23, 2012, and advertised on October 29, 2012 in Vol. 38, No. 60, of the Florida Administrative Register. No comments were received in response to the petition. The Final Order on the Petition for Variance grants the Petitioner a variance from Rule 2.1.1.3, 2.1.1.6, 2.1.1.7, 2.7.1, and 2.10.1, ASME A18.1, 2008 edition, as adopted by Chapter 30, Section 3001.2 Florida Building Code as adopted by subsection 61C-5.001(1), Florida Administrative Code that requires that this vertical platform lift have between 0.375 and 0.75 inches clearance, running clearance of not less than 3/4 inch for entry and exit sides and between 2 and 3 inches on either side, speed no more than 30 FPM, and continuous pressure operating button and Petitioner wishes to install a lift that will travel 15ft because the Petitioner has demonstrated that the purpose of the statute

underlying the rule will be met and that Petitioner would suffer a substantial hardship if required to comply with this rule (VW 2012-345).

A copy of the Order or additional information may be obtained by contacting: Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-5.001: Safety Standards

The Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety hereby gives notice:

On November 19, 2012 the Division issued an order. The Final Order was in response to a Petition for a Variance from Owens Corning, filed October 30, 2012, and advertised on November 2, 2012 in Vol. 38, No. 64, of the Florida Administrative Register. No comments were received in response to the petition. The Final Order on the Petition for Variance grants the Petitioner a variance from Rule 2.7.4, ASME A17.3, 1996 edition, as adopted by subsection 61C-5.001(1), Florida Administrative Code that requires upgrading the elevators restricted door openings, until June 30, 2013 because the Petitioner has demonstrated that the purpose of the statute underlying the rule will be met and that Petitioner would suffer a substantial hardship if required to comply with this rule (VW 2012-354).

A copy of the Order or additional information may be obtained by contacting: Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-5.001: Safety Standards

The Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety hereby gives notice:

On November 19, 2012, the Department issued a Final Order that was in response to a Petition for a Variance from 2400 Building, filed October 24, 2012, and advertised on October 29, 2012 in Vol. 38, No. 60, of the Florida Administrative Weekly. No comments were received in response to the petition. The Final Order on the Petition for Variance denies the Petitioner a variance from Section 399.02, Florida Statute, from the requirements of general requirements, the design, construction, operation, inspection, testing, maintenance,



alteration, and repair of multiple equipment because this section does not authorize agencies to grant variances or waivers to statutes (VW 2012-348).

A copy of the Order or additional information may be obtained by contacting: Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013, (850)488-1133.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-5.001: Safety Standards

NOTICE IS HEREBY GIVEN that on November 16, 2012, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, received a petition for Seascape Condominium. Petitioner seeks an emergency variance of the requirements of ASME A17.1a, Section 303.3d, as adopted by Chapter 30, Section 3001.2 Florida Building Code adopted by subsection 61C-5.001(1), Florida Administrative Code that requires upgrading the elevators shut off valve which poses a significant economic/financial hardship. Any interested person may file comments within 5 days of the publication of this notice with Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013 (VW 2012-370).

A copy of the Petition for Variance or Waiver may be obtained by contacting: Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-5.001: Safety Standards

NOTICE IS HEREBY GIVEN that on November 16, 2012, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, received a petition for Boca Entrada I Condominium. Petitioner seeks an emergency variance of the requirements of an unspecified Section of A17.3, as adopted by subsection 61C-5.001(1), Florida Administrative Code that requires upgrading the elevators which poses a significant economic/financial hardship. Any interested person may file comments within 5 days of the publication of this notice with Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013 (VW 2012-371).

A copy of the Petition for Variance or Waiver may be obtained by contacting: Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-5.001: Safety Standards

NOTICE IS HEREBY GIVEN that on November 19, 2012, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, received a petition for Lorio & Associates. Petitioner seeks a variance of the requirements of ASME A17.3, Section 3.11.3, as adopted by subsection 61C-5.001(1), Florida Administrative Code that requires upgrading the elevators with firefighters' emergency operations which poses a significant economic/financial hardship. Any interested person may file comments within 14 days of the publication of this notice with Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013 (VW 2012-373).

A copy of the Petition for Variance or Waiver may be obtained by contacting: Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-5.001: Safety Standards

NOTICE IS HEREBY GIVEN that on November 16, 2012, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, received a petition for Ft. Pierce Utilities (1). Petitioner seeks an emergency variance of the requirements of ASME A17.1b, Section 303.3d, as adopted by Chapter 30, Section 3001.2 Florida Building Code adopted by subsection 61C-5.001(1), Florida Administrative Code that requires upgrading the elevators shut off valve which poses a significant economic/financial hardship. Any interested person may file comments within 5 days of the publication of this notice with Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013 (VW 2012-366).

A copy of the Petition for Variance or Waiver may be obtained by contacting: Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-5.001: Safety Standards

NOTICE IS HEREBY GIVEN that on November 16, 2012, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, received a petition for Ft. Pierce Utilities (2). Petitioner seeks an

emergency variance of the requirements of ASME A17.3, Section 3.3.2, 3.4.5(d), 3.10.4(u), and ASME A17.1, Section 106.1e(1), as adopted by Chapter 30, Section 3001.2 Florida Building Code adopted by Chapter 30, Section 3001.2 Florida Building Code as adopted by subsection 61C-5.001(1), Florida Administrative Code that requires upgrading the elevators platform guards, car illumination, emergency stop switch, and pit floor illumination which poses a significant economic/financial hardship. Any interested person may file comments within 5 days of the publication of this notice with Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013 (VW 2012-367).

A copy of the Petition for Variance or Waiver may be obtained by contacting: Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-5.001: Safety Standards

NOTICE IS HEREBY GIVEN that on November 16, 2012, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, received a petition for Ft. Pierce Utilities (3). Petitioner seeks an emergency variance of the requirements of ASME A17.1b, Section 2502.4, as adopted by Chapter 30, Section 3001.2 Florida Building Code adopted by subsection 61C-5.001(1), Florida Administrative Code that requires upgrading the elevators valves, supply piping and fittings which poses a significant economic/financial hardship. Any interested person may file comments within 5 days of the publication of this notice with Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013 (VW 2012-368).

A copy of the Petition for Variance or Waiver may be obtained by contacting: Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-5.001: Safety Standards

NOTICE IS HEREBY GIVEN that on November 16, 2012, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, received a petition for Ft. Pierce Utilities (4). Petitioner seeks an emergency variance of the requirements of ASME A17.1b, Section 2500.12, as adopted by Chapter 30, Section 3001.2 Florida Building Code adopted by subsection 61C-5.001(1), Florida Administrative Code that requires upgrading the elevators hoistway door locking devices and electric contacts,

and hoistway access switches which poses a significant economic/financial hardship. Any interested person may file comments within 5 days of the publication of this notice with Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013 (VW 2012-369).

A copy of the Petition for Variance or Waiver may be obtained by contacting: Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-5.001: Safety Standards

NOTICE IS HEREBY GIVEN that on November 19, 2012, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, received a petition for Sago Cay Apartments. Petitioner seeks a variance of the requirements of ASME A17.1, Section 2.20.4, 2.18.5 and 8.11.2.1.3(cc)(1) & (3) as adopted by paragraph 61C-5.001(1)(a), Florida Administrative Code that requires steel ropes of a minimum diameter of 9.5 mm which poses a significant economic/financial hardship. Any interested person may file comments within 5 days of the publication of this notice with Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013 (VW 2012-372).

A copy of the Petition for Variance or Waiver may be obtained by contacting: Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

RULE NO.: RULE TITLE:

62-699.310: Classification and Staffing of Domestic Wastewater or Water Treatment Plants and Water Distribution Systems

62-699.311: Additional Classification and Staffing Requirements

The Department of Environmental Protection hereby gives notice:

That on October 16, 2012, the Department of Environmental Protection issued a Final Order granting a petition for variance to City of Tallahassee (COT). The petition for variance was received on August 27, 2012, seeking a reissuance of a variance from paragraph 62-699.310(2)(e), and subsections 62-699.311(4) and 62-699.311(10), F.A.C., to allow for a reduction in staffing requirements at the COT's Class B and C water treatment plants and to allow for a lead/chief operator to supervise multiple Class B water treatment plants connected to a single water distribution system. The petition was assigned OGC Case No. 12-1461. Notice of receipt of the petition was published in the Florida Administrative Weekly on September

14, 2012. No public comment was received. The Final Order granted the variance because the petitioner demonstrated that the application of Rule 62-699, F.A.C., would create a substantial hardship and that the purposes of the underlying statutes would be met with the conditions imposed by the Department under the variance. The conditions require that the COT staff its water treatment plants as laid out in the order in terms of operator classes, visits, and hours; that the COT maintain a centralized SCADA system that is staffed every hour of every day by a Class C or higher operator, that continuously monitors the performance of each of the COT's water treatment plants and affords the operator the capability to immediately shut down any plant; and that the COT shall have two Class B or higher water treatment plant operators serve as lead/chief operators of its 27 existing plants and one proposed plant.

A copy of the Order or additional information may be obtained by contacting: Virginia Harmon, Department of Environmental Protection, Drinking Water Section, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; telephone: (850)245-8630.

## Section VI Notices of Meetings, Workshops and Public Hearings

### DEPARTMENT OF STATE

The Florida Department of State's Office of Cultural, Historical and Information Programs announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, November 28, 2012, 10:00 a.m. until conclusion

PLACE: Edison and Ford Winter Estates' Lecture Hall, 2301 McGregor Boulevard, Fort Myers, Florida 33901

GENERAL SUBJECT MATTER TO BE CONSIDERED: Viva Florida 500 Southwest Region Partners' Meeting. Update and general information on how museums, organizations, governmental agencies and individuals in the southwest Florida region can get involved in Viva Florida 500. Viva Florida 500 commemorates the 500 year anniversary in 2013 from the time Juan Ponce de León arrived on Florida's east coast and named this beautiful land La Florida.

A copy of the agenda may be obtained by contacting: Rachel Porter: Rachel.Porter@dos.myflorida.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Rachel Porter: Rachel.Porter@dos.myflorida.com.

If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Rachel Porter: Rachel.Porter@dos.myflorida.com.

### DEPARTMENT OF STATE

Division of Historical Resources

The Bureau of Historic Preservation, Florida Historical Marker Council announces a telephone conference call to which all persons are invited.

DATE AND TIME: December 7, 2012, 9:00 a.m.

PLACE: R.A. Gray Building, Room 404, 500 South Bronough Street, Tallahassee, Florida 32399-0250

GENERAL SUBJECT MATTER TO BE CONSIDERED: To review applications for the Florida Historical Marker Program.

A copy of the agenda may be obtained by contacting: Michael Zimny @ (850)245-6333 or email: Michael.Zimny@dos.myflorida.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Michael Zimny @ (850)245-6333 or email: Michael.Zimny@dos.myflorida.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Michael Zimny @ (850)245-6333 or email: Michael.Zimny@dos.myflorida.com.

### DEPARTMENT OF STATE

Division of Elections

The Department of State announces the meeting of Florida's 29 presidential electors to cast their votes for President and Vice President of the United States.

DATE AND TIME: December 17, 2012, 2:00 p.m.

PLACE: Florida Senate, The Capitol, Tallahassee, Florida.

GENERAL SUBJECT MATTER TO BE CONSIDERED: Florida's presidential electors will meet to cast Florida's 29 votes in the Electoral College for the offices of President and Vice President of the United States. Spectator seating is reserved for credentialed media and invited guests of the presidential electors.

For more information, you may contact: Gary J. Holland, Assistant General Counsel, Department of State, at (850)245-6536 or Gary.Holland@DOS.myflorida.com.

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DEPARTMENT OF LAW ENFORCEMENT

Criminal Justice Standards and Training Commission  
The Criminal Justice Standards and Training Commission announces a workshop to which all persons are invited.

DATE AND TIME: Thursday, January 17, 2013, 8:30 a.m.

PLACE: Seminole State College Criminal Justice Institute, Sanford/Lake Mary Campus, Center for Public Safety Building, 100 Weldon Boulevard, Sanford, Florida 32773-6199

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Criminal Justice Standards and Training Officer Discipline Penalty Guidelines Task Force will discuss revisions to the officer discipline penalty guidelines.

A copy of the agenda may be obtained by contacting: Glen Hopkins at (850)410-8660 or GlenHopkins@fdle.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Glen Hopkins at (850)410-8660 or GlenHopkins@fdle.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice).

For more information, you may contact: Glen Hopkins at (850)410-8660 or GlenHopkins@fdle.state.fl.us.

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DEPARTMENT OF TRANSPORTATION

The Florida Department of Transportation, District 2, announces a hearing to which all persons are invited.

DATES AND TIMES: Lake City Meeting: Thursday, November 29, 2012, 3:00 p.m. – 7:00 p.m.;

Jacksonville Hearing: Monday, December 10, 2012, 5:30 p.m.

PLACES: Lake City Meeting: Florida Department of Transportation, District Office, Madison Room, 1109 S. Marion Avenue, Lake City, Florida

Jacksonville Hearing: Florida Department of Transportation, Jacksonville Urban Office Training Facility, 2198 Edison Avenue, Jacksonville, Florida.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Transportation, District Two, is conducting a public hearing and public meeting pursuant to Section 339.135(4)(c), Florida Statutes, to present the Department's Tentative Five-Year Work Program for Fiscal Years beginning July 1, 2013 through June 30, 2018, and to consider the necessity of making any changes to the Work Program. All persons are invited to attend and be heard. Written comments from the Metropolitan Planning Organizations, County Commissions and other interested

parties will be received by the Department at the hearing or meeting and until December 26, 2012. Comments should be addressed to: Mr. Greg Evans, P.E., District Two Secretary, Florida Department of Transportation, 1109 S. Marion Avenue, Mail Station 2000, Lake City, Florida 32025-5874. Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

A copy of the agenda may be obtained by contacting: Mr. Bill Henderson, District Planning and Environmental Manager, Florida Department of Transportation, District 2, 1109 S. Marion Avenue, MS 2007, Lake City, Florida 32025-5874.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Mr. Bill Henderson, District Planning and Environmental Manager, Florida Department of Transportation, District 2, 1109 S. Marion Avenue, MS 2007, Lake City, Florida 32025-5874, (386)961-7873 or (800)749-2967, extension 7873. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice).

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BOARD OF TRUSTEES OF INTERNAL IMPROVEMENT TRUST FUND

The Florida Department of Environmental Protection, Office of Coastal and Aquatic Managed Areas announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, December 19, 2012, 6:00 p.m. – 8:00 p.m.

PLACE: Guana Tolomato Matanzas National Estuarine Research Reserve (GTMNERR) Environmental Education Center, 505 Guana River Road, Ponte Vedra Beach, FL 32082

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Management Advisory Group for GTMNERR will hold a meeting to provide advisory input for the management of GTMNERR.

A copy of the agenda may be obtained by contacting Margarete Laidlaw: by email, Margarete.Laidlaw@dep.state.fl.us; by phone, (904)823-4500 or by mail, 505 Guana River Road, Ponte Vedra Beach, FL 32082.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Margarete Laidlaw at (904)823-4500. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice).

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FLORIDA PAROLE COMMISSION

The Florida Parole Commission announces a public meeting to which all persons are invited.

**DATES AND TIMES:** Wednesday, December 5, 2012; December 12, 2012; December 19, 2012 and an emergency agenda as needed on December 21, 2012 at 8:30 a.m.

**NOTE:** If not completed, meetings will continue on Thursday, December 6, 2012; December 13, 2012; and December 20, 2012 at 8:30 a.m.

**PLACE:** Florida Parole Commission, 4070 Esplanade Way, Tallahassee, FL 32399-2450

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Regularly scheduled meeting for all Parole, Conditional Release, Conditional Medical Release, Addiction Recovery, Control Release and all other Commission business.

A copy of the agenda may be obtained by contacting: Florida Parole Commission, (850)488-1293.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Florida Parole Commission, (850)488-1293. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

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#### EXECUTIVE OFFICE OF THE GOVERNOR

The Florida Children and Youth Cabinet Human Trafficking Workgroup announces a public meeting to which all persons are invited.

**DATE AND TIME:** December 3, 2012, 2:00 p.m. – 4:00 p.m.

**PLACE:** Department of Juvenile Justice, 2737 Centerview Drive, Secretary's Conference Room, Tallahassee, Florida 32399-3100

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The workgroup will discuss ongoing human trafficking issues, hear updates on the Intake Identification Project, Safe Harbor Act Implementation and other projects.

A copy of the agenda may be obtained by contacting: Frenchie Yon, Governor's Office of Adoption and Child Protection, (850)717-9261 or [frenchie.yon@eog.myflorida.com](mailto:frenchie.yon@eog.myflorida.com).

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Frenchie Yon, Governor's Office of Adoption and Child Protection, (850)717-9261 or [frenchie.yon@eog.myflorida.com](mailto:frenchie.yon@eog.myflorida.com). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800) 955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Frenchie Yon, Governor's Office of Adoption and Child Protection, (850)717-9261 or [frenchie.yon@eog.myflorida.com](mailto:frenchie.yon@eog.myflorida.com).

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#### REGIONAL PLANNING COUNCILS

West Florida Regional Planning Council

The West Florida Regional Planning Council announces a public meeting to which all persons are invited.

**DATE AND TIME:** December 10, 2012, 9:00 a.m.

**PLACE:** Fort Walton Beach Chamber of Commerce, 34 Miracle Strip Parkway, Fort Walton Beach, FL

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Adoption of the 2012 CEDS Major Update – Alan Gray, AICP. This is a statewide coordinated effort and our document will mirror the Statewide Economic Strategy being created by the Department of Economic Opportunity (DEO) under direction of the Governor.

A copy of the agenda may be obtained by contacting: Alan Gray at [alan.gray@wfrpc.org](mailto:alan.gray@wfrpc.org) or (850)332-7976, ext 245.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Alan Gray at [alan.gray@wfrpc.org](mailto:alan.gray@wfrpc.org) or (850)332-7976 ext 245. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800) 955-8771 (TDD) or (800) 955-8770 (Voice).

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#### METROPOLITAN PLANNING ORGANIZATIONS

The Florida MPO Advisory Council Policy & Technical Subcommittee announces a public meeting to which all persons are invited.

**DATE AND TIME:** November 30, 2012, 10:00 a.m. - 3:00 p.m.

**PLACE:** Hillsborough County MPO, 601 East Kennedy Blvd., 26th Floor, Conference Room A & B, Tampa, FL, (813)272-5940

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Activities related to transportation planning with and adjacent to metropolitan areas in Florida.

A copy of the agenda may be obtained by contacting: Brigitte Messina, (850) 414-4037 or [brigitte.messina@mpoac.org](mailto:brigitte.messina@mpoac.org).

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 2 days before the workshop/meeting by contacting: Brigitte Messina, (850)414-4037 or

brigitte.messina@mpoac.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Brigitte Messina, (850)414-4037 or [brigitte.messina@mpoac.org](mailto:brigitte.messina@mpoac.org).

**WATER MANAGEMENT DISTRICTS**

Northwest Florida Water Management District

The Northwest Florida Water Management District announces a public meeting to which all persons are invited.

DATE AND TIME: November 30, 2012, 1:00 p.m.; December 3, 2012, 8:30 a.m. (EST)

PLACE: District Headquarters

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Governing Board Meeting – to consider District business. The Fiscal Year 2013-2014 Preliminary Budget will be presented during the Administration, Budget and Finance Committee and considered during the Governing Board meeting on November 30, 2012.

Other Meetings to be held on Friday, November 30, 2012:

11:00 District Lands Committee

12:00 Committee of the Whole – Administration, Budget and Finance

1:05 Public Hearing on Regulatory Matters

A copy of the agenda may be obtained by contacting: Savannah White, NFWFMD, 81 Water Management Drive, Havana, FL 32333, (850)539-5999 (also available through the Internet: [www.nwfwmd.state.fl.us](http://www.nwfwmd.state.fl.us)).

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 72 hours before the workshop/meeting by contacting: Ms. Jean Whitten. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

**WATER MANAGEMENT DISTRICTS**

Southwest Florida Water Management District

The Southwest Florida Water Management District (SWFWMD) announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, December 6, 2012, 9:00 a.m.

PLACE: SWFWMD Tampa Service Office, 7601 US Highway 301 North, Tampa, FL 33637

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Joint Agricultural and Green Industry Advisory Committee meeting: To discuss committee business including FARMS program contract elements. Governing Board Members and FARMS workgroup members may attend.

A copy of the agenda may be obtained by contacting: [WaterMatters.org](http://WaterMatters.org) – Boards, Meetings & Event Calendar; (800)423-1476 (FL only) or (352)796-7211.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: SWFWMD Human Resources Bureau Chief at (800)423-1476 (FL only) or (352)796-7211, x4702; TDD (FL only) (800)231-6103 or email to [ADACoordinator@swfwmd.state.fl.us](mailto:ADACoordinator@swfwmd.state.fl.us). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800) 955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: [Debby.Weeks@watermatters.org](mailto:Debby.Weeks@watermatters.org) (800)423-1476 (FL only) or (352)796-7211, x4751 (Ad Order EXE0236).

**WATER MANAGEMENT DISTRICTS**

Southwest Florida Water Management District

The Southwest Florida Water Management District announces a public meeting to which all persons are invited.

DATE AND TIME: December 5, 2012, 9:00 a.m.

PLACE: 7601 Highway 301 North, Tampa, Florida 33637

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Pending/Application No. and Project Name

4302691.008 FishHawk West Phase 1

673268 Bee Ridge Rd Improvements from Mauna Loa Blvd to Iona Rd

A copy of the agenda may be obtained by contacting: Danielle Sailler, (813) 985-7481, ext. 4355.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: SWFWMD, Human Resources Bureau Chief at (800) 423-1476, ext. 4702; TDD (FL only); (800) 231-6103; or email: [ADACoordinator@swfwmd.state.fl.us](mailto:ADACoordinator@swfwmd.state.fl.us). If you are

hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800) 955-8770 (Voice).

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#### REGIONAL UTILITY AUTHORITIES

Tampa Bay Water – A Regional Water Supply Authority

The Tampa Bay Water announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, December 17, 2012, 9:00 a.m.

PLACE: Tampa Bay Water Administrative Offices, 2575 Enterprise Road, Clearwater, FL 33763

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular Board Meeting.

A copy of the agenda may be obtained by contacting: Records Department at (727)796-2355.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Records Department at (727)796-2355. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Records Department.

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#### AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

The Agency for Health Care Administration announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, December 4, 2012, 9:00 a.m.

PLACE: Crowne Plaza Orlando-Downtown, 304 West Colonial Drive, Orlando, FL 32801

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Governor's Panel on Excellence in Long-Term Care will be considering applications received for the Gold Seal Award designation. Other business as needed may also be discussed.

A copy of the agenda may be obtained by contacting: Jacquie Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308, email: jacqueline.williams@ahca.myflorida.com

For more information, you may contact: Jacquie Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308, email: jacqueline.williams@ahca.myflorida.com.

#### DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

State Boxing Commission

The Florida State Boxing Commission announces a public meeting to which all persons are invited.

DATE AND TIME: December 10, 2012, 9:30 a.m.

PLACE: Department of Business and Professional Regulation, Board Conference Room, 1940 North Monroe Street, Tallahassee, Florida 32399, and conference call, conference call number (888) 670-3525, pass code: 6744892830 then #.

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a general business meeting, including biennial license review, and to consider possible changes to proposed language in Chapters 61K1-1, 61K1-3, 61K1-4, Florida Administrative Code, regarding boxing, kickboxing, and mixed marital arts professional and amateur rules.

A copy of the agenda may be obtained by contacting: Lina Hurtado, (850) 488-8500.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 24 hours before the workshop/meeting by contacting: Lina Hurtado, (850) 488-8500. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800) 955-8771 (TDD) or (800) 955-8770 (Voice).

For more information, you may contact: Lina Hurtado, (850)488-8500.

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#### DEPARTMENT OF HEALTH

Board of Massage

The Board of Massage Therapy announces a telephone conference call to which all persons are invited.

DATE AND TIME: December 11, 2012, 9:00 a.m.

PLACE: Conference call number: (888) 670-3525; participant passcode: 4319491106.

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business of the Board.

A copy of the agenda may be obtained by contacting: Anthony Jusevitch, Executive Director, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, FL 32399; (850)245-4161.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Anthony Jusevitch, Executive Director, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, FL 32399, (850)245-4161. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800) 955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

DEPARTMENT OF HEALTH

Board of Medicine

The Board of Medicine – Probable Cause Panel North announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, December 14, 2012, 2:00 p.m.

PLACE: Meet-Me #: (888)670-3525; Participation code: 794 062 0467

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a public meeting to reconsider disciplinary cases with prior findings of probable cause.

A copy of the agenda may be obtained by contacting: Susan Chase at (850)245-4640, ext. 8145, or email her at [susan\\_chase@doh.state.fl.us](mailto:susan_chase@doh.state.fl.us).

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 10 days before the workshop/meeting by contacting: Susan Chase at (850)245-4640, ext. 8145, or email her at [susan\\_chase@doh.state.fl.us](mailto:susan_chase@doh.state.fl.us). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800) 955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

DEPARTMENT OF HEALTH

Board of Nursing

The Florida Board of Nursing South Probable Cause Panel announces a telephone conference call to which all persons are invited.

DATE AND TIME: December 20, 2012, 10:00 a.m. - 1:00 p.m.

PLACE: Department of Health, Tallahassee at Meet Me Number (888) 670-3525 code 1135981458.

GENERAL SUBJECT MATTER TO BE CONSIDERED: For cases previously heard by the panel.

A copy of the agenda may be obtained by contacting: Joe Baker Jr., Executive Director, 4052 Bald Cypress Way, Bin #C02, Tallahassee, FL 32399-3257.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by

contacting: the Board at (850)245-4125. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

DEPARTMENT OF HEALTH

Division of Children’s Medical Services

The Children’s Medical Services announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, December 7, 2012, 1:00 p.m. – 4:00 p.m.

PLACE: Capital Circle Office Center, 4025 Esplanade Way, Room # 301, Tallahassee, FL 32399-0950

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida KidCare Coordinating Council, an advisory body appointed by the Florida Department of Health, will meet on Friday, December 7, 2012, 1:00 p.m. – 4:00 p.m. in Tallahassee to discuss Florida KidCare, the state children’s health insurance program. The Council is charged with making recommendations concerning the implementation and operation of the program.

A copy of the agenda may be obtained by contacting: Gail Vail, Department of Health, (850)245-4200, ext. 2238, [Gail\\_Vail@doh.state.fl.us](mailto:Gail_Vail@doh.state.fl.us).

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Refugee Services

The Collier Refugee Task Force announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, December 5, 2012, 10:00 a.m. – 12:00 Noon

PLACE: Catholic Charities, 2210 Santa Barbara Blvd., Naples, FL 34116

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose of the Collier Refugee Task Force meeting is to increase awareness of the refugee populations, share best practices, spot trends in refugee populations, build collaborations between agencies, help create good communication among service providers, get informed about upcoming community events, and discuss refugee program service needs and possible solutions to meeting those needs.

A copy of the agenda may be obtained by contacting: Janet Blair at (813)558-5841 or Taddese Fessehaye at (407)317-7335.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the



agency at least 5 days before the workshop/meeting by contacting: Janet Blair at (813)558-5841 or Taddese Fessehaye at (407)317-7335. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Janet Blair at (813)558-5841 or Taddese Fessehaye at (407) 317-7335.

#### NAVIGATION DISTRICTS

##### Florida Inland Navigation District

The Florida Inland Navigation District announces public meetings to which all persons are invited.

**DATES AND TIMES:** December 8, 2012, 8:00 a.m. and January 18, 2013, 8:00 a.m.

**PLACE:** The Hilton Hotel, 100 N. Atlantic Avenue, Daytona Beach, Florida

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The December meeting of the District has been cancelled and the January regular business meeting of the District has been moved from St. Johns County to Volusia County.

A copy of the agenda may be obtained by contacting: the District at 1314 Marcinski Road, Jupiter, FL 33477, by telephone at (561)627-3386 or at our website [aicw.org](http://aicw.org).

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: the District at 1314 Marcinski Road, Jupiter, FL, 33477, by telephone at (561)627-3386. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

#### FISH AND WILDLIFE CONSERVATION COMMISSION

##### Freshwater Fish and Wildlife

The Florida Fish and Wildlife Conservation Commission announces a public meeting to which all persons are invited.

**DATE AND TIME:** December 10, 2012, 9:00 a.m.

**PLACE:** Bryant Building, Room #272, 620 South Meridian Street, Tallahassee, FL 32399-1600

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** This is a meeting of the Steering Committee for the Florida Beaches Habitat Conservation Plan. Topics to be discussed include: a detailed year-end update from staff on HCP progress, presentation of preliminary results of take modeling efforts, and discussion of revisions to work regarding threats to species and plan administrations units. No votes are scheduled.

A copy of the agenda may be obtained by contacting: Kat Diersen, Florida Fish and Wildlife Conservation Commission, Species Conservation Planning Section, 620 South Meridian Street, MS 2A, Tallahassee, Florida 32399-1600, (850)921-1023, [katherine.diersen@myfwc.com](mailto:katherine.diersen@myfwc.com); or by contacting the FWC Division of Habitat and Species Conservation, (850) 488-3831.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: The ADA Coordinator at (850)488-6411. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Kat Diersen, Florida Fish and Wildlife Conservation Commission, Species Conservation Planning Section, 620 South Meridian Street, MS 2A, Tallahassee, Florida 32399-1600, (850)921-1023, [katherine.diersen@myfwc.com](mailto:katherine.diersen@myfwc.com); or contact the FWC Division of Habitat and Species Conservation, (850) 488-3831.

#### FISH AND WILDLIFE CONSERVATION COMMISSION

##### Marine Fisheries

The Florida Fish and Wildlife Conservation Commission announces a public meeting to which all persons are invited.

**DATE AND TIME:** December 10, 2012, 6:00 p.m. – 8:00 p.m. and December 12, 2012, 6:00 p.m. – 8:00 p.m.

**PLACE:** Webinar: <http://fwc.adobeconnect.com/mfm/>; Voice-only access – Contact [Carly.Canion@MyFWC.com](mailto:Carly.Canion@MyFWC.com) or (850) 617-9627.

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The Florida Fish and Wildlife Conservation Commission will be holding two webinars to gather public testimony regarding the potential creation of saltwater game fish and sport fish designations. Suggested parameters for game fish include no commercial harvest, possession or sale; fish could only be targeted with hook and line; and captain and crew of for-hire vessels such as charter boats would have a bag limit of zero. The sport fish designation, as proposed, would offer a higher level of protection than game fish by including no recreational harvest as well as no commercial harvest, possession or sale and targeting sport fish only with hook and line. PLEASE NOTE: Each webinar will cover the same topic; participants only need to attend one.

A copy of the agenda may be obtained by contacting: Jessica McCawley, 2590 Executive Center Circle East, Suite 201, Tallahassee, Florida 32301, (850)487-0554.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: The ADA Coordinator at (850) 488-6411. If you

are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800) 955-8771 (TDD) or (800)955-8770 (Voice).

For more information, you may contact: Jessica McCawley, 2590 Executive Center Circle East, Suite 201, Tallahassee, Florida 32301, (850)487-0554.

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#### DEPARTMENT OF FINANCIAL SERVICES

Division of Funeral, Cemetery, and Consumer Services

The Board of Funeral, Cemetery, and Consumer Services, operating under Ch. 497, Florida Statutes announces public meetings to which all persons are invited.

**DATES AND TIMES:** By teleconference: January 3, 2013; March 7, 2013; May 9, 2013; June 6, 2013; July 11, 2013; September 5, 2013; November 7, 2013. In person, in Tallahassee: February 7, 2013; June 27, 2013; December 5, 2013. In person, in Jacksonville: April 4, 2013. In person, in Orlando/Altamonte Springs: August 1, 2013. In person, in Tampa: October 3, 2013. All meetings will start at 10:00 a.m.

**PLACES:** The public may participate in teleconference meetings by calling (850)413-1558, conference code 5592450 or by attendance at the Pepper Building, Suite 320, 111 W Madison, Tallahassee FL, where Board staff will have a speaker phone connected to the teleconference by which the public can hear and address the Board.

All in-person meetings of the Board will be held: Tallahassee at room 230A, Alexander Building, Tallahassee FL; Jacksonville at the Embassy Suites Jacksonville-Baymeadows, 9300 Baymeadows Road, Jacksonville FL; Altamonte Springs at the Hilton Orlando/Altamonte Springs, 350 S North Lake Blvd, Altamonte Springs, FL; Tampa at the Doubletree Hotel Tampa Westshore, 4500 W Cypress St., Tampa, FL

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Applications for license; disciplinary actions; applications for approval of change in ownership or control of existing licenses; reports by staff; approval of minutes of prior meetings.

A copy of the agenda may be obtained by contacting: LaTonya Bryant, at (850)413-3039 at least 7 days before the meeting. Any changes to the above meeting schedule will be published at least 10 days before the affected meeting, under the heading "Announcements," on the Division's webpage at the following web address: [www.myfloridacfo.com/FuneralCemetery/](http://www.myfloridacfo.com/FuneralCemetery/).

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: LaTonya Bryant at (850)413-3039. If you are

hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice).

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#### GULF CONSORTIUM

The Gulf Consortium announces a public meeting to which all persons are invited.

**DATE AND TIME:** November 28, 2012, 9:00 a.m. - 11:00 a.m.(EST)

**PLACE:** Hyatt Regency Sarasota, Room Sarasota EF, 1000 Boulevard of the Arts, Sarasota, Florida, 34236

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The Gulf Consortium is a joint public entity formed by interlocal agreement among some or all of the 23 county governments which are affected by the Deepwater Horizon oil spill pursuant to the RESTORE Act that was passed by Congress and signed into law by the President in 2012. Each of the member counties will be entitled to have one member on the Board of Directors. A director may be an elected official, appointed official, employee or other designee of a Consortium Member. This notice announces the second meeting of the Gulf Consortium. It will be organizational in nature.

Please note that some of the members of the Board of Directors of the Gulf Consortium may also be members of the Commission on Oil Spill Response Coordination (the "Commission"). It is possible that Directors of the Gulf Consortium and members of the Commission may discuss items of mutual interest at meetings of either group. The Commission has scheduled meetings at 9:00 a.m. on November 26, 2012, at the Emerald Coast Convention Center, 1250 Miracle Strip Parkway, Fort Walton Beach, FL 32548, and at 9:00 a.m. on December 7, 2012 at the Walton County-South Annex Branch Office, 31 Coastal Centre Blvd, Santa Rosa, FL 32459 and Notices of these meetings were published in the Florida Administrative Weekly on various dates, including the September 21, 2012 edition. For information on the Commission meetings, contact Amber Siegel at [amber.siegel@tetrattech.com](mailto:amber.siegel@tetrattech.com).

A copy of the agenda may be obtained by contacting: Doug Darling, [DDarling@fl-counties.com](mailto:DDarling@fl-counties.com).

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 2 days before the workshop/meeting by contacting: Doug Darling, [DDarling@fl-counties.com](mailto:DDarling@fl-counties.com). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice).

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**FLORIDA ASSOCIATION OF CENTERS FOR INDEPENDENT LIVING**

The Florida Association of Centers for Independent Living announces a telephone conference call to which all persons are invited.

DATE AND TIME: December 6, 2012, 10:00 a.m. EST

PLACE: Via teleconference.

GENERAL SUBJECT MATTER TO BE CONSIDERED: To discuss the status of the James Patrick Memorial Work Incentives Personal Attendant Services Program.

A copy of the agenda may be obtained by contacting: Cyndi Mundell at (850)575-6004 or cyndi@floridacils.org.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Cyndi Mundell at (850)575-6004 or cyndi@floridacils.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800) 955-8771 (TDD) or (800) 955-8770 (Voice).

**ORANGE COUNTY RESEARCH AND DEVELOPMENT AUTHORITY**

The Orange County Research and Development Authority announces a public meeting to which all persons are invited.

DATE AND TIME: December 13, 2012, 8:00 a.m.

PLACE: Central Florida Research Park, 12424 Research Parkway, Suite 100, Orlando, FL 32826

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Business Meeting.

A copy of the agenda may be obtained by contacting: Joe Wallace, (407)282-3944.

**CITIZENS PROPERTY INSURANCE CORPORATION**

The Citizens Property Ins announces a public meeting to which all persons are invited.

DATE AND TIME: December 13, 2012, 2:00 p.m.

PLACE: Orlando, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: Depopulation Committee Meeting.

Citizens Property Insurance Corporation announces a Depopulation Committee Meeting to begin at 2:00 p.m. (EDT) on December 13, 2012 being held in Orlando at the Peabody Hotel, 9801 International Drive. Items of discussion include, but are not limited to, committee updates. For additional information please go to [www.citizensfla.com](http://www.citizensfla.com) or, call Jill Stafford at (800)807-7647.

A copy of the agenda may be obtained by contacting: Jill Stafford at (800)807-7647.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the

agency at least 5 days before the workshop/meeting by contacting: Jill Stafford at (800) 807-7647. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800) 955-8771 (TDD) or (800) 955-8770 (Voice).

**CITIZENS PROPERTY INSURANCE CORPORATION**

The Citizens Property Insurance announces a public meeting to which all persons are invited.

DATE AND TIME: December 13, 2012, 4:30 p.m.

PLACE: Orlando, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: Finance and Investment Committee Meeting.

Citizens Property Insurance Corporation announces a Finance and Investment Committee Meeting to begin at 4:30 p.m. (EDT) on December 13, 2012 being held in Orlando at the Peabody Hotel, 9801 International Drive. Items of discussion include, but are not limited to, committee updates. For additional information please go to [www.citizensfla.com](http://www.citizensfla.com), or call Jill Stafford at (800)807-7647.

A copy of the agenda may be obtained by contacting: Jill Stafford at (800)807-7647.

**THE STUDY COMMITTEE ON INVESTOR-OWNED WATER AND WASTEWATER UTILITY SYSTEMS**

The Study Committee on Investor-Owned Water and Wastewater Utility Systems announces two public meetings to which all persons are invited.

DATE AND TIME: Wednesday, December 5, 2012, 9:00 a.m. – 12:00 p.m.

PLACE: Pasco County Commission Board Room, 8731 Citizens Drive, New Port Richey, Florida 34654

DATE AND TIME: Wednesday, December 5, 2012, 6:00 p.m. – 9:00 p.m.

PLACE: Eustis Community Center, 601 North Shore Drive, Eustis, Florida 32726

GENERAL SUBJECT MATTER TO BE CONSIDERED: Chapter 2012-187, Laws of Florida established a Study Committee on Investor-Owned Water and Wastewater Utility Systems, to identify issues of concern of investor-owned water and wastewater utility systems, particularly small systems, and their customers and research possible solutions. As directed by subsection (7) of the law, the Committee is holding two meetings in counties centrally located to customers recently affected by a significant increase in utility rates. These meetings are intended to allow customers to provide public comment on issues affecting investor owned utilities generally, including those issues identified by the legislation and the Committee. Members of the public who wish to address the Committee are urged to appear promptly at each scheduled meeting time since the meeting may end early if no persons are present to address the Committee.

A copy of the agenda may be obtained by contacting: JoAnn Chase, (850)413-6978 or JChase@psc.state.fl.us, or from the Committee's website at www.floridawaterstudy.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Katherine Pennington (850)413-6960. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice).

For more information, you may contact: JoAnn Chase, (850)413-6978, JChase@psc.state.fl.us, or consult the Committee's website.

DRMP, INC.

The Florida Department of Transportation, District Three announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, December 13, 2012, 5:30 p.m. to 6:30 p.m. (CST)

PLACE: Warrington Presbyterian Church Fellowship Hall, 406 South Navy Boulevard, Pensacola, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Transportation will hold a public information meeting regarding the bridge replacement for County Road (C.R.) 292A (West Sunset Avenue) over Bayou Grande in Escambia County. Proposed improvements consists of replacing the functionally obsolete bridge on C.R. 292A over Bayou Grande with a two-lane structure, adding bike lanes and 5-foot sidewalks. The project extends from Syrcle Drive to Chatman Street, approximately .25 miles. During construction, the road will be closed and traffic diverted. No additional right-of-way will be needed. The department will receive bids for construction in spring 2015.

A copy of the agenda may be obtained by contacting: the department's General Consultant Project Manager Sandra Lamb, P.E., 1141 Jackson Avenue, Chipley, Florida 32428; toll-free (866)855-7275; or via email at sandra.lamb@atkinsglobal.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least seven days before the workshop/meeting by contacting: Sandra Lamb, P.E., at the contact information listed above. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800) 955-8770 (Voice).

THE CUNNINGHAM GROUP

The Florida Department of Transportation (FDOT), District Six announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, December 4, 2012, 6:30 p.m.

PLACE: Peacock Education Center within the Knight Concert Hall of the Adrienne Arsht Center, 1300 Biscayne Boulevard, Miami, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: Public Information Meeting for the State Road (SR) 836/I-395 Roadway Project from N.E. 1 Avenue to Biscayne Bay, FIN No. 251688-3-52-01

A copy of the agenda may be obtained by contacting: Public Information Specialist Heather Leslie at (305)640-7462 or via e-mail at Heather.Leslie@dot.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Brian Rick by telephone at (305)470-5349 or by writing to him at the FDOT Public Information Office, 1000 N.W. 111 Ave., Miami, FL 33172, or via e-mail at Brian.Rick@dot.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (Voice).

Section VII  
Notices of Petitions and Dispositions  
Regarding Declaratory Statements

Section VIII  
Notices of Petitions and Dispositions  
Regarding the Validity of Rules

Notice of Petition for Administrative Determination has been filed with the Division of Administrative Hearings on the following rules:

NONE

Notice of Disposition of Petition for Administrative Determination have been filed by the Division of Administrative Hearings on the following rules:

NONE

Section IX  
Notices of Petitions and Dispositions  
Regarding Non-rule Policy Challenges

NONE

**Section X  
Announcements and Objection Reports of  
the Joint Administrative Procedures  
Committee**

**NONE**

**Section XI  
Notices Regarding Bids, Proposals and  
Purchasing**

DEPARTMENT OF EDUCATION

Florida International University  
6C8-5.009 Use of University Facilities

NOTICE TO CONSTRUCTION MANAGERS

The Florida International University Board of Trustees announces that construction management services are required for the Project identified below:

**PROJECT NAME & NUMBER:** BT-868 Parking Garage Six (“Project”)

**PROJECT LOCATION:** Modesto A. Maidique Campus (MMC), Miami, Florida

**PROJECT DESCRIPTION:**

The University’s Department of Parking and Transportation plans to construct a new parking garage for approximately 2,000 cars on the MMC site currently designated as Parking Lot #1, located between SW 8th Street and SW 10th Street (University Drive – East Campus Circle) and between the 112th street campus entrance and the existing PG4 Garage.

The Project will be similar in design and construction to the existing PG5 “Market Station” which is located about 900 feet east of the proposed site. In addition to parking on upper floors, the ground floor of the project may include a bus station, retail space, classrooms, offices and support spaces. These spaces may be constructed as unfinished shell space, fully built out concurrently with the garage or, alternatively, the area may be initially constructed as parking with some provisions for future conversion into enclosed space.

The Project will involve construction of roadway improvements and access drives needed to facilitate traffic flow into, out of, and around the proposed garage. Adjacent features such as a traffic circle and a pedestrian bridge may also be incorporated into the Project.

The Project is planned to occur in at least two major phases and may require multiple Guaranteed Maximum Prices (GMPs). Preliminary site demolition work, underground utilities work, foundations and other underground work will start as a first phase prior to new above-ground work. Work on the creation of shell space or build-out of the shell space may occur as additional phases after the parking garage is substantially

complete. Funding sources for shell space and build-out of the shell space and for a bridge and some road work elements are unknown at this time and their construction is contingent on funding. FIU reserves the right to retain separate construction management firms to manage the construction of the shell space and build-out of the shell space and to do other improvements within and adjacent to Parking Garage Six as separate projects.

The total building construction cost is currently estimated to be approximately \$31,000,000. Construction Documents are expected to be completed in 2013 and all phases of construction must be completed in time for the start of the fall 2014 semester.

**INSTRUCTIONS:** Firms desiring to provide construction management services for the project shall submit a letter of application and a completed Construction Manager Qualifications Supplement (CMQS) form. Proposals must not exceed 80 pages, including the CMQS and letter of application. Pages must be numbered consecutively. Submittals, which do not comply with these requirements or do not include the requested data, will not be considered. No submittal material will be returned.

Submit ten (10) bound copies of the required proposal data and one CD copy of the complete proposal in Adobe Acrobat PDF format of the above requested data bound in the order listed. Applications that do not comply with the above instructions will not be considered. Application material will not be returned. The University reserves the right to suspend or discontinue the selection process at any time and to return or reject any or all submissions of qualifications without obligation to the respondent. The award of this contract is subject to availability of funds.

The Construction Manager Qualifications Supplement (CMQS) form and the Project Fact Sheet, which describes the selection process schedule for this Project and additional information regarding the Project scope, may be obtained from the web-site <http://facilities.fiu.edu/projects/BT-868PG6.htm>. Requests for meetings by individual firms will not be granted. Once the firm acquires the required forms, questions may be directed to Facilities Planning at (305)348-4090 or via email to [griffith@fiu.edu](mailto:griffith@fiu.edu) and cc: [mazorras@fiu.edu](mailto:mazorras@fiu.edu).

**GENERAL REQUIREMENTS:** All applicants must be licensed to practice as general contractors in the State of Florida at the time of application. Corporations must be registered to operate in the State of Florida by the Department of State, Division of Corporations, at the time of application. As required by Section 287.133, Florida Statutes, a construction management firm may not submit a proposal for this project if it is on the convicted vendor list for a public entity crime committed within the past 36 months. The selected construction management firm must warrant that it will neither utilize the services of, nor contract with, any

supplier, subcontractor, or consultant in excess of \$15,000.00 in connection with this project for a period of 36 months from the date of their being placed on the convicted vendor list.

FIU HAS CREATED STANDARD CONTRACT FORMS, GENERAL TERMS AND CONDITIONS OF THE CONTRACT FOR CONSTRUCTION AND STANDARD INSURANCE REQUIREMENTS APPLICABLE TO CM SERVICES TO PROVIDE FOR AN EFFICIENT AND EFFECTIVE PROCESS. THESE FORMS ARE AVAILABLE FOR REVIEW, AND CAN BE FOUND AT <http://facilities.fiu.edu/formsandstandards.htm>.

ALL APPLICANTS SHOULD REVIEW THE APPLICABLE FIU CONTRACT FORM AND STANDARD INSURANCE REQUIREMENTS CAREFULLY PRIOR TO MAKING A DECISION AS TO WHETHER OR NOT TO RESPOND TO THIS ADVERTISEMENT.

SUBMIT QUALIFICATIONS TO: Selection Committee, Florida International University, Facilities Planning, Campus Support Complex, 11555 S.W. 17th St., Room #142, Modesto A. Maidique Campus, Miami, Florida 33199. Submittals must be received between 8:30 a.m.. and 12:30 p.m.. or 1:30 p.m. and 4:00 p.m.. local time, Friday, December 21st, 2012.

Submittals will not be accepted before or after the times and date stated above. Facsimile (FAX) submittals are not acceptable and will not be considered.

11TH JUDICIAL CIRCUIT

RFP2012-01 Batterer's Intervention Program (BIP) Service Providers

ADVERTISEMENT NOTICE

The Eleventh Judicial Circuit of Florida ("Circuit") seeks sealed proposals from qualified entities ("Proposers") to provide, as a batterers' intervention program ("BIP") service provider ("BIP Service Provider"), services to address domestic violence issues in Miami-Dade County, Florida. Such services will include, but are not limited to: (i) helping batterers take responsibility for their acts of violence; (ii) emphasizing alternative behaviors by teaching skills to control violent and abusive behavior; and (iii) collaborating with other community-based providers to facilitate substance abuse treatment, educational, and employment opportunities for batterers.

In view of the high incidence of domestic violence related crimes in Miami-Dade County and the need to have qualified BIP Service Providers to provide certain services in an effort to reduce the incidence of such crimes, the Circuit, along with local justice system and social service agencies developed the "Batterers' Intervention Program ("BIP") Service Provider Application" and the "Batterers' Intervention Program ("BIP") Minimum Certification Standards" that comprise the Request for Proposals for Batterers' Intervention Program ("BIP") Service Providers ("RFP #2012-01").

RFP # 2012-01 will be available November 16, 2012 on the Eleventh Judicial Circuit's website at [www.jud11.flcourts.org](http://www.jud11.flcourts.org) under the heading "RFP #2012-01 Batterers' Intervention Program ("BIP") Service Providers." Deadline for receipt of sealed proposals is December 14, 2012.

Section XII  
Miscellaneous

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motor Vehicles

Motorcycle Sales of West Palm Beach, LLC, d/b/a A1 Cycles Sales for the establishment of ACYL line-make

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that A1 Cycles, Inc., intends to allow the establishment of Motorcycle Sales of West Palm Beach, LLC, d/b/a A1 Cycles Sales as a dealership for the sale of motorcycles manufactured by A1 Cycles, Inc. (line-make ACYL) at 2215 Belvedere Road, Suite A, West Palm Beach, (Palm Beach County), Florida 33406, on or after December 21, 2012.

The name and address of the dealer operator(s) and principal investor(s) of Motorcycle Sales of West Palm Beach, LLC, d/b/a A1 Cycles Sales are dealer operator(s): Dienna Inks, 5666 Honeysuckle Drive, West Palm Beach, Florida 33415; principal investor(s): Dienna Inks, 5666 Honeysuckle Drive, West Palm Beach, Florida 33415.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS 65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Mike Beland, A1 Cycles, Inc., 2215 Belvedere Road, West Palm Beach, Florida 33406.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving

the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motor Vehicles

Kissimme Chevrolet, LLC, for the relocation of CHEV line-make

Notice of Publication for the Relocation of a  
Franchise Motor Vehicle Dealer in a County of More  
than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that General Motors, LLC, intends to allow the relocation of Kissimmee Chevrolet, LLC, as a dealership for the sale of Chevrolet automobiles manufactured by General Motors, LLC, (line-make CHEV) from its present location at 2500 North Orange Blossom Trail, Kissimmee, (Osceola County), Florida 34744, to a proposed location at Intersection of 417 and Highway 441, Orlando, (Orange County), Florida 32837, on or after December 21, 2012.

The name and address of the dealer operator(s) and principal investor(s) of Kissimmee Chevrolet, LLC, are dealer operator(s): Alan C. Starling, 2500 North Orange Blossom Trail, Kissimmee, Florida 34744, principal investor(s): Alan C. Starling, 2500 North Orange Blossom Trail, Kissimmee, Florida 34744.

The notice indicates intent to relocate the franchise in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, as amended by Chapter 88-395, Laws of Florida, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS 65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Carlos Latour, General Motors, LLC, 100 Renaissance Center, Detroit, Michigan 48265.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving

the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motor Vehicles

MJM Bachrodt, LLC, d/b/a MJ Truck Nation for the establishment of MIFU

Notice of Publication for a New Point  
Franchise Motor Vehicle Dealer in a County of More  
than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that Mitsubishi Fuso Truck of America, Inc., intends to allow the establishment of MJM Bachrodt, LLC d/b/a MJ Truck Nation as a dealership for the sale of Mitsubishi Fuso trucks manufactured by Mitsubishi Fuso Truck of America, Inc. (line-make MIFU) at 3775 Interstate Park Road West, Rivera Beach, (Palm Beach County), Florida 33404, on or after December 21, 2012.

The name and address of the dealer operator(s) and principal investor(s) of MJM Bachrodt, LLC d/b/a MJ Truck Nation are dealer operator(s): Lou Bachrodt, 1801 West Atlantic Boulevard, Pompano Beach, Florida 33069; principal investor(s): Lou Bachrodt, 1801 West Atlantic Boulevard, Pompano Beach, Florida 33069, Michael J. Martin, Jr., 8290 Genova Way, Lake Worth, Florida 33467 and Michael J. Martin, Sr., 11040 Northwest 28th Street, Coral Springs, Florida 33065.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS 65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Orin Black, Mitsubishi Fuso Truck of America, Inc., 2015 Center Square Rd, Logan Township, New Jersey 08085.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving

the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motor Vehicles

Precision motorsports of America, Inc., for the establishment of BASH

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that Peace Power Sports, Inc., intends to allow the establishment of Precision Motorsports of America, Inc., as a dealership for the sale of motorcycles manufactured by Chongqing Astronautical Bashan Motorcycle Manufacturer. Co. Ltd. (line-make BASH) at 920 Harbor Lake Drive, Safety Harbor, (Hillsborough County), Florida 33629, on or after December 21, 2012.

The name and address of the dealer operator(s) and principal investor(s) of Precision Motorsports of America, Inc., are dealer operator(s): Adam Bergman, 4312 West Palmira Avenue, Tampa, Florida 33629; principal investor(s): Adam Bergman, 4312 West Palmira Avenue, Tampa, Florida 33629 and Garry Dodds, 17 Friendship Court, Safety Harbor, Florida 34695.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312 MS65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Fang Liu, Peace Power Sports, Inc., 2533 Royal Lane, Suite 505, Dallas, Texas 75229.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motor Vehicles

Superior Engineering Corp. of America, Inc., d/b/a Motor Toys for the FSTI line-make

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that Puma Cycles Corporation, intends to allow the establishment of Superior Engineering Corp. of America, Inc., d/b/a Motor Toys as a dealership for the sale of motorcycles manufactured by Foshan City Fosti Motorcycle Manufacturing Co. Ltd. (line-make FSTI) at 4520 North Tamiami Trail, Naples, (Collier County), Florida 34103, on or after December 21, 2012.

The name and address of the dealer operator(s) and principal investor(s) of Superior Engineering Corp. of America, Inc., d/b/a Motor Toys are dealer operator(s): George Burt, 4520 North Tamiami Trail, Naples, Florida 34103; principal investor(s): George Burt, North Tamiami Trail, Naples, Florida 34103.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS 65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Lawrence Y. Luo, Puma Cycles Corporation, 576 Explorer Street, Brea, California 92821.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

PUBLIC SERVICE COMMISSION

Docket No. 110303-OT – Section 120.745, F.S. (2011), Legislative Review of Agency Rules in Effect on or Before November 16, 2010



Notice is hereby given that on November 20, 2012, the Florida Public Service Commission published on its website the 2012 Final Report of Compliance Economic Reviews for Group 1 rules, as required by §120.745(5)(d), F.S., and the certification of completion and of the reviews and reports required under subsection 120.745(5), F.S., for 2012, as required by §120.745(5)(d)6, F.S.

The Internet address through which the 2012 Final Report of Compliance Economic Reviews for Group 1 rules and certification of completion may be accessed is: [http://www.floridapsc.com/2011\\_Rule\\_review/Economic\\_Review/2012\\_Final\\_Report](http://www.floridapsc.com/2011_Rule_review/Economic_Review/2012_Final_Report).

The Internet address through which the certification of completion may be accessed as an addendum to the enhanced biennial rule review is: [http://www.floridapsc.com/2011\\_Rule\\_review/Economic\\_Review/Addendum11-2012.pdf](http://www.floridapsc.com/2011_Rule_review/Economic_Review/Addendum11-2012.pdf).

The person designated to receive all inquiries, public comments, and objections pertaining to the publication identified in this notice is as follows: Julie Phillips, c/o Ann Cole, Commission Clerk, Docket No. 110303-OT, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, Fax number: (850)717-0118, e-mail address: [jphillip@psc.state.fl.us](mailto:jphillip@psc.state.fl.us).

AGENCY FOR HEALTH CARE ADMINISTRATION  
Certificate of Need

NOTICE OF BATCHED APPLICATION RECEIPT AND  
NOTICE OF TENTATIVE PUBLIC HEARINGS

The Agency for Health Care Administration has received and accepted the following Certificate of Need applications for review in the batched Other Beds and Programs review cycle with an application due date of November 14, 2012.

County: Palm Beach District: 9  
CON # 10174 Application Receipt Date: 11/13/2012  
Facility/Project: VITAS Healthcare Corporation of Florida  
Applicant: VITAS Healthcare Corporation of Florida  
Project Description: Establish an eight-bed inpatient hospice facility

County: Palm Beach District: 9  
CON # 10175 Application Receipt Date: 11/14/2012  
Facility/Project: Boynton Health Care Center  
Applicant: SF Boynton, LLC  
Project Description: Add up to 18 community nursing home beds through the delicensure of up to 18 beds from an existing facility within the same planning area

County: Palm Beach District: 9  
CON # 10176 Application Receipt Date: 11/14/2012  
Facility/Project: SF Palm Beach, LLC  
Applicant: SF Palm Beach, LLC

Project Description: Establish a community nursing home of up to 60 beds through the delicensure of up to 60 beds from an existing facility within the same planning area

Also, IF REQUESTED, tentative public hearings have been scheduled as follows:

District 9  
PROPOSAL: CON #10175  
DATE/TIME: Friday, January 4, 2013, 9:00 a.m. – 10:30 a.m.

PROPOSAL: CON #10176  
DATE/TIME: Friday, January 4, 2013, 10:45 a.m. – 12:15 p.m.

PROPOSAL: CON #10174  
DATE/TIME: Friday, January 4, 2013 @ 1:00 p.m. – 2:30 p.m.

PLACE for all: Quantum Foundation  
2701 N. Australian Ave.  
West Palm Beach, Florida 33407

Public hearing requests must be in writing and be received at the Agency for Health Care Administration, CON Office, 2727 Mahan Drive, Mail Stop 28, Tallahassee, Florida, 32308, attention James B. McLemore, by 5:00 p.m., December 5, 2012. In lieu of requesting and attending a public hearing, written comments submitted to the department relative to the merits of these applications will become part of the official project application file. Pursuant to subsection 59C-1.010(3), F.A.C., written comments must be received by December 19, 2012.

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Division of Water Resource Management  
NOTICE OF INTENT TO GRANT

A WATER QUALITY CRITERIA EXEMPTION

The Department of Environmental Protection gives notice of its intent to grant an exemption from the Class G-II ground water standard for color pursuant to Rule 62-520.500, Florida Administrative Code (F.A.C.), as part of the Class V underground injection control operation Permit Number 0129560-009-UO for the Florida Department of Transportation (FDOT), located at the Rest Area Facility at Mile Marker 35 on Interstate 75 in Broward County, Florida. The exemption from color is for permitted injection to Class G-II ground water of reclaimed water, which has received advanced treatment from the on-site wastewater treatment plant and concentrate from the on-site water treatment plant. The secondary maximum contaminant level (SCML) for color is 15 color units. The petition has requested an alternative SCML of 150 color units. Color is a secondary drinking water standard, which is aesthetically based and will not pose a health threat at the requested level. The exemption will be granted for the duration

of FDOT’s underground injection control operation Permit Number 0129560-009-UO, and will be made a part of the permit. The applicant must petition for any future exemptions.

A person whose substantial interests are affected by the Department’s proposed exemption decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57 of the Florida Statutes (F.S.). The petition must contain the information set forth below and must be filed (received) with the Agency Clerk in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within 21 days of publication of this notice. The petitioner must mail a copy of the petition to the applicant, John D. Thompson, P. E., Florida Department of Transportation, 3400 West Commercial Boulevard, Fort Lauderdale, Florida 33309, at the time of filing.

The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person’s right to request an administrative determination (hearing) under Sections 120.569 and 120.57, F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention (in a proceeding initiated by another party) will only be at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, F.A.C.

A petition that disputes the material facts on which the Department’s action is based must contain the following information, as required by Rule 28-106.201, F.A.C.

- (a) The name and address of each agency affected and each agency’s file or identification number, if known;
- (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner’s representative, if any, which shall be the address for service purposes during the course of the proceeding and an explanation of how the petitioner’s substantial interests will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including specific facts the petitioner contends warrant reversal or modification of the Department action;

(f) A statement of the specific rules and statutes the petitioner contends requires reversal or modification of the agency’s proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and

(g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take with respect to the agency’s proposed action.

A petition that does not dispute the material facts on which the Department’s action is based shall state that no such facts are in dispute and otherwise contain the same information as set forth above, as required by Rule 28-106.301, F.A.C.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department on the petition have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation is not available for this proceeding.

The application is available for public inspection during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays, at the Florida Department of Environmental Protection, 2600 Blair Stone Road, Room 572D, Tallahassee, Florida 32399-2400; telephone Joe Haberfeld at (850)245-8655.

DEPARTMENT OF HEALTH  
Board of Nursing

Notice of Emergency Action

On November 20, 2012, the State Surgeon General issued an Order of Emergency Suspension Order with regard to the license of Patricia Ann Collins Goss, L.P.N., License #PN 939031. This Emergency Suspension Order was predicated upon the State Surgeon General’s findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. (2011). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Section XIII  
Index to Rules Filed During Preceding Week

**NOTE: The above section will be published on Tuesday beginning October 2, 2012.**

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