

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

**DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION**

RULE NO.: RULE TITLE:
61-35.017 Landscape Architecture Departmental
 Forms

PURPOSE AND EFFECT: The purpose and effect is to create the rule to adopt forms relating to application for licensure of landscape architects and the approval of continuing education providers and courses related to landscape architecture.

SUBJECT AREA TO BE ADDRESSED: The subject area to be addressed is the adoption of the new forms.

RULEMAKING AUTHORITY: 455.203, 455.213 FS.

LAW IMPLEMENTED: 455.213(1), 455.271, 481.309, 481.311, 481.313, 481.317, 481.319 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Andy Janecek, Rules Coordinator, Division of Professions, 1940 North Monroe Street, Tallahassee, Florida 32399-0760, (850)717-1496

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:
64B8-3.003 Renewal Fees

PURPOSE AND EFFECT: The Board proposes the development of a rule amendment to address the correct fee for resident physicians, assistant resident physicians interns and fellows.

SUBJECT AREA TO BE ADDRESSED: Clarification of the renewal fees for resident physicians, assistant resident physicians interns and fellows.

RULEMAKING AUTHORITY: 456.025, 458.309(1), 458.311, 458.3115, 458.3124, 458.313, 458.3145, 458.315, 458.316, 458.3165, 458.317, 458.319, 458.345 FS.

LAW IMPLEMENTED: 456.025(1), 456.036(3), 458.319(1), 458.345(4) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: André Ourso, J.D., M.P.H., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:
64B8-11.001 Advertising

PURPOSE AND EFFECT: The Board proposes the development of a rule amendment to add the American Board of Vascular Medicine to the list of approved entities for the purpose of advertising specialty certification.

SUBJECT AREA TO BE ADDRESSED: The addition of the American Board of Vascular Medicine to the list of approved entities.

RULEMAKING AUTHORITY: 458.309 FS.

LAW IMPLEMENTED: 456.072(1)(t), 458.331(1)(d), (l), (n), (o), 458.3312 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: André Ourso, J.D., M.P.H., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

DEPARTMENT OF HEALTH

Council of Licensed Midwifery

RULE NO.: RULE TITLE:
64B24-8.002 Disciplinary Action and Guidelines

PURPOSE AND EFFECT: The purpose of this rulemaking is to update language regarding fines related to fraud. The effect is internal consistency and statutory compliance.

SUBJECT AREA TO BE ADDRESSED: Midwifery fines related to fraud.

RULEMAKING AUTHORITY: 456.004(5), 456.079, 467.203(4) FS.

LAW IMPLEMENTED: 456.079, 467.203 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Christy Robinson, (850)245-4162

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

Section II Proposed Rules

DEPARTMENT OF EDUCATION

State Board of Education

RULE NO.: RULE TITLE:

6A-5.066 Approval of Preservice Teacher Preparation Programs

PURPOSE AND EFFECT: The purpose of this rule amendment is to implement changes to Section 1004.04, 1004.85 and 1012.56, Florida Statutes, and to update procedures for the Department of Education to review and approve state-approved teacher preparation programs, as well as implement an accountability system for the continued approval of teacher preparation programs under Sections 1004.04, 1004.85 and 1012.56, Florida Statutes.

SUMMARY: The proposed rule is a revision to requirements for the approval process for three types of teacher preparation programs offered by Florida postsecondary institutions, public school districts and private providers due to statutory changes. Proposed changes include: definitions of terms used in the rule; update specifications for the uniform core curricula; modification of processes for initial request and approval of teacher preparation programs; update criteria and data submitted for review as part of the institution's or district's annual program evaluation plan; and revise criteria for continued approval of programs to be based upon specified measures of program and program completer performance, including the program review process, timelines, and performance level targets for each of the continued approval criteria.

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 been prepared by the Agency.

Cost to postsecondary institutions and school districts is minimal, if any at all. Postsecondary institutions and school districts have been collecting and reporting data to the department for many years based on the rule currently in place. Site visits have also been part of the rule for many years. The revised rule will reduce costs because of two factors: (1) the amount of preparation prior to the site visit will be significantly reduced; (2) the length of the site visit will be reduced; and (3) the number of individuals conducting and participating in the site visit will be reduced. The one significant change to the rule, the issuance of annual program performance reports, will impose no additional burden or cost to the entities. This is because all costs associated with producing the reports (including staffing and other resources) will be borne by the department. The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs.

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: 1001.02, 1004.04, 1004.85, 1012.56 FS.

LAW IMPLEMENTED: 1004.04, 1004.85, 1012.56 FS.

A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: January 14, 2015, 8:30 a.m.

PLACE: Highlands County School Board Office, 426 School Street, Sebring, Florida 33870

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Brian Dassler, Deputy Chancellor, Division of Educator Quality, Florida Department of Education, 325 West Gaines Street, Room 1502, Tallahassee, Florida, 32399-0400, (850)245-0509

THE FULL TEXT OF THE PROPOSED RULE IS:

(Substantially rewording of Rule 6A-5.066 follows. See Florida Administrative Code for present text):

6A-5.066 Approval of ~~Preservice~~ Teacher Preparation Programs.

This rule sets forth the requirements and implementation of the approval process for each type of teacher preparation program offered by a Florida postsecondary institution, public school district or private provider.

(1) Definitions. For the purposes of this rule, the following definitions apply.

(a) “Academic year” means the period of year during which program candidates attend or complete a state-approved teacher preparation program. This includes summer term, fall term and spring term, usually mid-May to mid-May of each calendar year.

(b) “Annual demonstration of experience in a relevant prekindergarten through grade 12 (p-12) school setting” means p-12 school-based experiences occurring yearly that are related to and in a subject matter and grade level setting that are covered by the certification necessary for the field experience course(s) or internships that the program faculty is assigned to teach or supervise. Examples include, but are not limited to, co-teaching with a p-12 educator or providing p-12 instruction directly to p-12 students.

(c) “Annual Program Evaluation Plan” or “APEP” means the annual plan developed by each approved educator preparation institute to describe its review and analysis of program candidate and program completer data and how the results will impact continuous program improvements as part of its continued approval process.

(d) “Annual Program Performance Report” or “APPR” means the yearly public report card issued by the Florida Department of Education (Department) for a state-approved teacher preparation program that includes results of outcome-based performance metrics specified in Sections 1004.04(4)(a), 1004.85(4)(b) and 1012.56(8)(c)2., F.S.

(e) “Cohort” means a group of program completers who successfully satisfied all teacher preparation program requirements at any point during the academic year.

(f) “Content major” means the academic discipline to which a postsecondary student formally commits, e.g., mathematics, biology, history.

(g) “Continued approval” means that subsequent to an initial approval, a teacher preparation program has been granted the authority to operate for a five-year period. The basis for continued approval is outlined in the documents entitled Florida Department of Education Continued Program Approval Standards for Initial Teacher Preparation (ITP) Programs, Form ITP CAS-2015; Florida Department of Education Continued Program Approval Standards for Educator Preparation Institutes (EPI), Form EPI CAS-2015; and Florida Department of Education Continued Program Approval Standards for Professional Development Certification Programs (PDCP), Form PDCP CAS-2015.

(h) “Critical teacher shortage areas” mean the specific certification areas in high-need content areas and high-priority location areas that are identified annually by the State Board of Education pursuant to Rule 6A-20.0131, F.A.C., in accordance with Section 1012.07, F.S.

(i) “District Program Evaluation Plan” or “DPEP” means the annual plan developed by each approved school district professional development certification program to describe its review and analysis of program candidate and program completer data and how the results will impact continuous program improvements as part of its continued approval process.

(j) “Educator Accomplished Practices” mean those practices described in subsection 6A-5.065(2), F.A.C., which is incorporated herein by reference.

(k) “eIPEP” or “electronic Institutional Program Evaluation Plan” means a Department-maintained web-based tool for collection and reporting of candidate and completer performance data on state-approved teacher preparation programs from Florida postsecondary institutions, school districts and private providers.

(l) “Educator preparation institutes” or “EPIs” mean all Florida postsecondary or qualified private provider programs that provide instruction for non-education baccalaureate or higher degree holders under Section 1004.85, F.S., and result in qualification for an initial Florida Professional Educator’s Certificate.

(m) “Equivalent program” means a teacher preparation program that is offered in more than one institution or school district that prepares candidates in the same specific educator certification subject area(s).

(n) “Field experiences” mean activities associated with an instructional personnel’s role that are conducted in prekindergarten through grade 12 settings.

(o) “In-field teacher” means an instructional employee assigned duties in a classroom teaching subject matter or providing direct support in the learning process of students in the area in which the instructional personnel is trained and certified.

(p) “Initial approval” means that a new teacher preparation program has been granted the authority to operate for a five-year period. The basis for initial approval is outlined in the documents entitled Florida Department of Education Initial Program Approval Standards for Initial Teacher Preparation (ITP) Programs, Form ITP IAS-2015; Florida Department of Education Initial Program Approval Standards for Educator Preparation Institutes (EPI), Form EPI IAS-2015; and Florida Department of Education Initial Program Approval Standards for Professional Development Certification Programs (PDCP), Form PDCP IAS-2015.

(q) “Initial teacher preparation programs” or “ITPs” mean all programs offered by Florida postsecondary institutions that prepare instructional personnel under Section 1004.04, F.S., and result in qualification for an initial Florida Professional Educator’s Certificate.

(r) “Institutional Program Evaluation Plan” or “IPEP” means the annual plan developed by each approved ITP program to describe its review and analysis of program candidate and program completer data and how the results will impact continuous program improvements as part of its continued approval process.

(s) “Instructional position” means any full-time or part-time position held by a K-12 staff member whose function includes the provision of direct instructional services to students or provides direct support in the learning process of students as prescribed in Section 1012.01(2)(a-d), F.S., but not including substitute teachers.

(t) “Performance of prekindergarten-12 students on statewide assessments using results of student learning growth formula per Section 1012.34, F.S.” means that the score is based on the performance of p-12 students assigned to in-field program completers from the previous three-year period who received a student learning growth score from the most recent academic year for which results are available.

(u) “Placement rate” means the number of program completers reported annually by each program to the Department who are identified by the Department’s Staff Information System, as prescribed in Section 1008.385(2), F.S., as employed in a full-time or part-time instructional position in a Florida public school district in either the first or second academic year subsequent to program completion. Program completers employed in a private or out-of-state p-12 school their first or second year following program completion are also included in the calculation if data are reported by the program and have been verified. If a program provides documentation of a program completer’s death or disability, the number of program completers included in the calculation will be adjusted.

(v) “Production of program completers in statewide critical teacher shortage areas per Rule 6A-20.0131, F.A.C., in accordance with Section 1012.07, F.S.” means a bonus score is awarded when the number of program completers in specified critical teacher shortage areas increases from the most recent year compared to the number of program completers from the previous academic year.

(w) “Professional development certification program” or “PDCP” means a program in which a school district may provide instruction for members of its instructional staff who are non-education baccalaureate or higher degree holders under Section 1012.56(8), F.S., and results in qualification for an initial Florida Professional Educator’s Certificate.

(x) “Program candidate” means an individual who has been admitted into and is currently enrolled in, but has not yet completed a teacher preparation program that prepares instructional personnel to meet the qualifications for a Florida Professional Educator’s Certificate.

(y) “Program completer” means an individual who has satisfied all teacher preparation program requirements and who meets the qualifications for the Florida Professional Educator’s Certificate.

(z) “Program completer in need of remediation” means an individual who is employed in an instructional position in a Florida public school during the first two (2) years immediately following completion of the program or following initial certification, whichever occurs first, and who earns an evaluation result of developing or unsatisfactory on the school district’s evaluation system implemented under Section 1012.34, F.S.

(aa) “Reading endorsement competencies” mean those standards described in Rule 6A-4.0163, F.A.C., which is incorporated herein by reference.

(bb) “Results of program completers’ annual evaluations as specified in Section 1012.34, F.S.” mean that scores are based on program completers from the previous three-year period who received an annual evaluation rating from the most recent academic year.

(cc) “Retention rate” means the average number of years that program completers are employed in a full-time or part-time instructional position in a Florida public school district at any point each year in a five-year period following initial employment in either of the two (2) subsequent academic years following program completion. Program completers employed in a private or out-of-state p-12 school their first or second year following program completion are also included in the calculation if data are reported by the program and have been verified. If a program provides documentation of a program completer’s death or disability, the number of program completers included in the calculation will be adjusted.

(dd) “Student performance by subgroup” means the performance of students in p-12 who are assigned to in-field program completers aggregated by student subgroup, as referenced in Sections 1004.04(4)(a)3.d., 1004.85(4)(b)4. and 1012.56(8)(c)2.c., F.S., as a measure of how well the teacher preparation program prepares instructional personnel to work with a diverse population of students in a variety of settings in Florida public schools. The score is based on in-field program completers from the previous three-year period who received a student learning growth score from the most recent academic year.

(ee) “Teacher preparation program” means a state-approved course of study, the completion of which signifies that the candidate has met all training and assessment requirements for initial certification to provide direct instructional services to p-12 students.

(ff) “Ten (10) percent waiver” means that an initial teacher preparation program (ITP) may annually waive admission requirements specified in Section 1004.04(3)(b)(1-2), F.S., for up to ten (10) percent of the students admitted in the academic year.

(gg) “Two-year guarantee” means that an initial teacher preparation program (ITP) must provide assurance of the high quality of its program completers during the first two (2) years immediately following completion of the program or following the initial certification of the program completer, whichever occurs first, as specified in Section 1004.04(4)(d), F.S.

(hh) “Uniform Core Curricula” means the following for all state-approved teacher preparation programs, except as noted:

1. The standards contained in the Educator Accomplished Practices.

2. For ITPs only, the Competencies and Skills for Teacher Certification prescribed in Rule 6A-4.0021, F.A.C.

3. State content standards as prescribed in Rule 6A-1.09401, F.A.C.

4. Scientifically researched reading instruction appropriate to the candidate’s teacher preparation program area as follows:

a. ITP candidates in prekindergarten-primary (age 3-grade 3), elementary (K-6), reading (K-12) and exceptional student education (K-12) certification programs shall be prepared in reading endorsement competencies one (1) through four (4).

b. ITP candidates in middle grades (5-9), secondary (6-12), and elementary and secondary coverage (K-12) certification programs shall be prepared in reading endorsement competencies one (1) and two (2).

c. EPI and PDCP candidates shall be prepared in reading endorsement competency two (2).

5. Content literacy and mathematical practices.

6. Strategies appropriate for the instruction of English language learners so that candidates are prepared to provide instruction in the English language to limited English proficient students to develop the student’s mastery of the four (4) language skills of listening, speaking, reading and writing.

a. ITP candidates in prekindergarten-primary (age 3-grade 3), elementary (K-6), middle grades English (5-9), English (6-12) and exceptional student education (K-12) certification programs shall have completed the requirements for teaching limited English proficient students in Florida public schools by meeting the requirements specified in Rule 6A-4.0244, F.A.C., Specialization Requirements for the Endorsement in English for Speakers of Other Languages.

b. ITP candidates in teacher preparation programs not included in sub-subparagraph (1)(ii)6.a. of this rule, shall have completed a college or university level 3-credit hour overview or survey course which addresses at an awareness level the areas specified in Rule 6A-4.02451, F.A.C., Performance

Standards, Skills, and Competencies for the Endorsement in English for Speakers of Other Languages.

7. Strategies appropriate for the instruction of students with disabilities so that candidates are prepared to apply specialized instructional techniques, strategies, and materials for differentiating, accommodating, and modifying assessments, instruction, and materials for students with disabilities.

8. A focus on school safety in which candidates are prepared to create environments in which effective teaching and learning can take place by promoting a physically, emotionally, socially and academically secure climate for prekindergarten through grade 12 students.

(2) Processes for initial request and approval of teacher preparation programs.

(a) The president or chief executive officer of a Florida institution or qualified private provider, or the public school district superintendent who seeks approval to offer a teacher preparation program, shall submit a written request which is further described in the document, Florida Department of Education Request to Submit Form, Form RTS-2015, located at <http://www.fldoe.org/profdev/ictcpa.asp> and <http://www.fldoe.org/profdev/saacp.asp>. The Department will inform the institution, private provider or district superintendent in writing of the receipt of a fully completed request within ten (10) business days.

(b) Upon written verification by the Department of a fully completed request, the institution, private provider or district superintendent shall submit to the Department an electronic folio, which is further described in the documents, Florida Department of Education Initial Program Approval Standards, Form ITP IAS-2015 for ITP programs; Form EPI IAS-2015 for EPI programs; and Form PDCP IAS-2015 for PDCP programs.

(c) The Department shall conduct a review of the electronic folio submitted in support of the request for initial approval within ninety (90) days of January 15, April 15, July 15, and October 15. The Department shall notify the institution, private provider or school district in writing of the following:

1. Receipt of the electronic folio.

2. Missing or deficient elements and provide a period of sixty (60) business days for the program to submit supplemental information or documentation to address the deficit(s).

3. Approval or denial of approval for each program included in the request. A denial of approval shall identify the reason(s) for the denial and the deficiencies. A program that receives a denial of approval may reapply for initial approval.

(3) Processes for continued approval of teacher preparation programs.

(a) Reporting processes for continued approval are as follows:

1. Each institution, private provider or school district shall annually submit program candidate and completer data to the Department's secure management information system.

2. By November 15 of each year, each institution, private provider or school district shall submit via the Department's eIPEP platform located at <https://www.florida-eipep.org/>, a program evaluation plan in accordance with Florida Department of Education Continued Program Approval Standards, Form ITP CAS-2015 for ITP programs; Form EPI CAS-2015 for EPI programs; or Form PDCP CAS-2015 for PDCP programs.

3. The Department shall annually provide to each institution, private provider or school district with a state-approved teacher preparation program an Annual Program Performance Report (APPR) that includes program completer data based on the performance metrics specified in subsections 1004.04(4)(a)3., 1004.85(4)(b) and 1012.56(8)(c)2., F.S. Data shall be based on each of the program's completers who were employed as instructional personnel in a Florida public school district or as otherwise provided under subsection (1) of this rule. Performance metrics not applicable to a program shall not be rated.

4. For purposes of the APPR only, world languages' teacher preparation programs, for example Arabic, Chinese, French and Spanish, are considered equivalent programs.

5. Each performance metric appropriate for a program shall receive a performance level score ranging from one (1) to four (4) that is based on the performance level target points established as follows:

Performance Metrics	Level 4 Performance Target (4 points)	Level 3 Performance Target (3 points)	Level 2 Performance Target (2 points)	Level 1 Performance Target (1 point)
Placement Rate (not applicable for PDCP programs per Section 1012.56(8), F.S.)	Placement rate is at or above the 68th percentile of all equivalent programs across the state.	Placement rate is at or above the 34th percentile and below the 68th percentile of all equivalent programs across the state.	Placement rate is at or above the 5th percentile and below the 34th percentile of all equivalent programs across the state.	Placement rate is below the 5th percentile of all equivalent programs across the state.
Retention Rate	The average number of years employed in the 5-year period following initial placement is 4.5 years or more.	The average number of years employed in the 5-year period following initial placement is 3 years to less than 4.5 years.	The average number of years employed in the 5-year period following initial placement is 2 years to less than 3 years.	The average number of years employed in the 5-year period following initial placement is less than 2 years.
Performance of prekindergarten-12 students on statewide assessments	The probability that the average student learning growth among students taught by program	The probability that the average student learning growth among students taught by program	Not calculated.	The probability that the average student learning growth among students taught by program

using results of student learning growth formula per Section 1012.34, F.S.	growth among students taught by program completers exceeds the expectations for those students = 95 percent.	completers exceeds the expectations for those students is < 5 percent; AND the probability that the average student learning growth among students taught by program completers falls short of the expectations for those students expectations is < 5 percent.		completers falls short of the expectations for those students is = 95 percent.
Student performance by subgroups data	At least 75 percent of the subgroups meet or exceed the state standard for performance.	At least 50 percent, but less than 75 percent of the subgroups meet or exceed the state standard for performance.	At least 25 percent but less than 50 percent of the subgroups meet or exceed the state standard for performance.	Fewer than 25 percent of the subgroups exceed the state standard for performance.
Results of program completers' annual evaluations as specified in Section 1012.34, F.S.	At least 30 percent of the program's completers received a highly effective rating and 90 to 100 percent of the program's completers received either highly effective or effective ratings, and no completers were rated unsatisfactory.	Program did not meet criteria for Level 4, but at least 80 percent of the program's completers received either highly effective or effective ratings, and no completers were rated unsatisfactory.	Program did not meet criteria for Level 3, but at least 60 percent of the program's completers received a highly effective or effective rating and no more than 5 percent (more than one (1) for n < 20) of the program's completers were rated unsatisfactory.	Program did not meet criteria for Level 2, 3 or 4.
Production of program completers in statewide critical teacher shortage areas, per Rule 6A-20.0131, F.A.C., in accordance with s. 1012.07, F.S. BONUS ONLY	The critical teacher shortage program increased the number of program completers compared to the year before with a minimum of 2 completers in each year.			

6. Each APPR shall receive a summative rating score between 1.0 and 4.0 that is the average of all performance target level scores received by a program. If the program is eligible for the bonus performance metric of production of program completers in a statewide critical teacher shortage area, the summative rating score is weighted and calculated as follows:

the average of all other performance target level scores computed for the program (which will consist of between two (2) and five (5) performance targets) multiplied by 0.8, plus the bonus score of four (4) points multiplied by 0.2, to yield the summative rating score. A program shall receive an APPR if it meets the minimum requirements as follows:

a. The program shall have three (3) or more completers in the selected cohort time period for the Placement performance metric or Retention performance metric; and

b. The program shall have two (2) or more completers who received an annual evaluation for the Annual Evaluation performance metric.

7. A program that does not receive an APPR shall receive a summative rating score of 1.0 for that year.

8. The institution, private provider or school district shall have forty-five (45) business days from the date the Department transmitted the APPR data to review the APPR data on its program completers and summative rating scores, and provide the Department with documentation supporting an error or omission. The Department shall review the documentation and notify the institution, private provider or school district within fifteen (15) business days of receipt of the supporting documentation of any change to the APPR data and scores.

9. Except as noted in subparagraph (3)(a)10. of this rule, during the final year of the program approval period, the Department shall conduct a continued approval site visit that will include a review of each approved program. The purpose of the site visit shall be to review evidence of the program's implementation of the continued approval standards described in the document, Florida Department of Education Continued Program Approval Standards, Form ITP CAS-2015 or Form EPI CAS-2015 or Form PDCP CAS-2015. The site visit shall also include a review of the annual program evaluation plans described in subparagraph (3)(a)2. of this rule. At the end of the site visit, a summative rating score shall be calculated based on criteria outlined in the forms: Form ITP CAS-2015 for ITP programs; Form EPI CAS-2015 for EPI programs; or Form PDCP CAS-2015 for PDCP programs.

10. A program that has three (3) consecutive years within the continued approval period with no completers shall not receive a continued approval site visit, or a summative rating score.

(b) At the end of the continued approval period, the Department shall examine the annual summative rating scores for each program's APPRs and the summary findings with summative rating score from the site visit review. The Commissioner shall grant continued approval or denial of approval for each state-approved teacher preparation program based on the continued approval summative rating scale and shall notify the institution, private provider or school district in writing of the decision. The continued approval summative

rating for each program is computed by calculating the average of all APPR summative rating scores over the continued approval period and adding it to the summative rating score for the continued approval site visit. The resulting sum is divided by two (2), yielding an overall "continued approval summative score" (CASS) of 1.0 to 4.0. The continued approval summative rating scale is as follows:

1. Full Approval with Distinction rating: the program has earned a CASS of above 3.5.

2. Full Approval rating: the program has earned a CASS of 2.4 to 3.5

(c) Denial of Approval rating: the program has earned a CASS that is below 2.4. A program that receives a denial of approval rating may reapply for initial approval as specified in subsection (2) of this rule.

(4) Professional Training Option for Content Majors.

(a) A postsecondary institution with an approved initial teacher preparation program (ITP) pursuant to subsection (2) of this rule must obtain the approval of the Department in order to offer a Professional Training Option program for content majors attending its institution. An institution seeking approval shall submit its request in writing to the Department.

(b) Upon completion of the Professional Training Option, the individual shall have satisfied professional preparation course work as prescribed in subsection 6A-4.006(2), F.A.C., as well as:

1. Received training in the Educator Accomplished Practices;

2. Received training in reading endorsement competency two (2); and

3. Completed integrated school-based observation/participation field experiences associated with all competencies covered in the Professional Training Option.

(c) To receive approval, the institution must provide evidence of a series of courses that accomplish the required training and field experiences listed in paragraph (4)(b) of this rule. Upon receiving approval, an institution will not be required to resubmit its Professional Training Option for re-approval unless the competencies in subparagraph (4)(b)1.-2. of this rule or the requirements in subsection 6A-4.006(2), F.A.C., are changed.

(d) In order to maintain approval, an institution must:

1. Report to the Department annually the number of participants enrolled in the program and the number of program completers;

2. Provide an endorsement of transcripts for each individual who completes the Professional Training Option; and

3. Maintain compliance with the requirements pursuant to paragraph (4)(b) of this rule.

(5) Notwithstanding an applicant's deficiency in meeting the requirements for continued approval set forth in subsection (3) of this rule, the Commissioner is authorized to grant continued approval of a teacher preparation program where the applicant demonstrates that all statutory requirements are met; the failure to meet a requirement found in paragraph (3)(a) of this rule, is temporary or beyond the control of the applicant; and the Commissioner determines that the deficiency does not impair the ability of the provider to prepare effective instructional personnel.

(6) The following forms are hereby incorporated by reference and made a part of this rule, effective _____. They are located at (Insert DOS link). Copies may be obtained from the Florida Department of Education, 325 West Gaines Street, Room 124, Tallahassee, FL 32399-0400.

(a) Florida Department of Education Initial Program Approval Standards for Initial Teacher Preparation (ITP) Programs, Form ITP IAS-2015.

(b) Florida Department of Education Initial Program Approval Standards for Educator Preparation Institutes (EPI), Form EPI IAS-2015.

(c) Florida Department of Education Initial Program Approval Standards for Professional Development Certification Programs (PDCP), Form PDCP IAS-2015.

(d) Florida Department of Education Continued Program Approval Standards for Initial Teacher Preparation (ITP) Programs, Form ITP CAS-2015.

(e) Florida Department of Education Continued Program Approval Standards for Educator Preparation Institutes (EPI), Form EPI CAS-2015.

(f) Florida Department of Education Continued Program Approval Standards for Professional Development Certification Programs (PDCP), Form PDCP CAS-2015.

(g) Florida Department of Education Request to Submit Form, Form RTS-2015.

Rulemaking Authority 1001.02, 1004.04, 1004.85, 1012.56 FS. Law Implemented 1004.04, 1004.85, 1012.56 FS. History—New 7-2-98, Amended 8-7-00, 3-19-06, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Brian Dassler, Deputy Chancellor, Educator Quality
 NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Pam Stewart, Commissioner, Department of Education
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 19, 2014
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: October 27, 2014

METROPOLITAN PLANNING ORGANIZATIONS

RULE NOS.:	RULE TITLES:
35-1.001	Definitions
35-1.002	Agency Functions and Responsibilities
35-1.003	Description of the Agency Organization and Operational Procedures
35-1.004	Organization of the Governing Board
35-1.005	Staff Directors' Advisory Committee and Subcommittees
35-1.006	Notice of Meetings and Workshops
35-1.007	Agenda
35-1.008	Emergency Meetings

PURPOSE AND EFFECT: The purpose and effect of this rulemaking is the repeal of Rules 35-1.001, 35-1.002, 35-1.003, 35-1.004, 35-1.005, 35-1.006, 35-1.007, and 35-1.008, in Rule Chapter 35-1, F.A.C., because the agency is no longer subject to the Florida Administrative Procedure Act, Chapter 120, F.S.

SUMMARY: This rule repeal is part of the agency's comprehensive review of existing rules that focused on eliminating those rules that are determined to be unnecessary.

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 rule repeal does not impose any costs.

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: 339.175(11)(c) FS.

LAW IMPLEMENTED: 120.52(1)(c), 339.175(11) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: Thursday, January 22, 2015, 3:30 p.m.

PLACE: Double Tree By Hilton Hotel, 5555 Hazeltine National Drive, Orlando, Florida

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: 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, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).
THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Howard Glassman, Executive Director, Florida Metropolitan Planning Organization Advisory Council, 605 Suwannee St., MS-28B, Tallahassee, Florida 32399-0450, (850)414-4062 or howard.glassman@mpoac.org

THE FULL TEXT OF THE PROPOSED RULE IS:

35-1.001 Definitions.

Rulemaking Authority 339.175(10) FS. Law Implemented 120.53(1)(a) FS. History—New 7-6-94, Repealed.

35-1.002 Agency Functions and Responsibilities.

Rulemaking Authority 120.53(1)(a), 339.175(10) FS. Law Implemented 120.53(1)(a), 339.155(5), 339.175(10) FS. History—New 7-6-94, Repealed.

35-1.003 Description of the Agency Organization and Operational Procedures.

Rulemaking Authority 120.53(1)(a), 339.175(10) FS. Law Implemented 119.07, 119.08, 120.53(1)(a), 339.175(10) FS. History—New 7-6-94, Amended 7-2-95, Repealed.

35-1.004 Organization of the Governing Board.

Rulemaking Authority 120.53(1)(a), 339.175(10) FS. Law Implemented 120.53(1)(a), 339.175(10) FS. History—New 7-6-94, Repealed.

35-1.005 Staff Directors’ Advisory Committee and Subcommittees.

Rulemaking Authority 339.175(10) FS. Law Implemented 339.175(10) FS. History—New 7-6-94, Amended 7-2-95, Repealed.

35-1.006 Notice of Meetings and Workshops.

Rulemaking Authority 339.175(10) FS. Law Implemented 120.53(1)(d), 120.54(1)(a), 286.0105, 339.175(10) FS. History—New 7-6-94, Amended 7-2-95, Repealed.

35-1.007 Agenda.

Rulemaking Authority 120.53(1)(d), 339.175(10) FS. Law Implemented 120.53(1)(d), 120.54(1)(a), 339.175(10) FS. History—New 7-6-94, Amended 7-2-95, Repealed.

35-1.008 Emergency Meetings.

Rulemaking Authority 120.53(1)(d), 339.175(10) FS. Law Implemented 120.53(1)(d) FS. History—New 7-6-94, Amended 7-2-95, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE: Paul R. Gougelman, General Counsel, Florida Metropolitan Planning Organization Advisory Council
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Governing Board, Florida Metropolitan Planning Organization Advisory Council
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 22, 2014

METROPOLITAN PLANNING ORGANIZATIONS

RULE NO.: **RULE TITLE:**

35-2.001 Adoption of Agency Strategic Plan

PURPOSE AND EFFECT: The purpose and effect of this rulemaking is the repeal of Rule 35-2.001, F.A.C., in Rule Chapter 35-2, F.A.C., because the agency is no longer subject to the Florida Administrative Procedure Act, Chapter 120, F.S.

SUMMARY: This rule repeal is part of the agency’s comprehensive review of existing rules that focused on eliminating those rules that are determined to be unnecessary.

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.

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: 339.175(11)(c) FS.
LAW IMPLEMENTED: 120.52(1)(c), 339.175(11) FS.
IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: Thursday, January 22, 2015, 3:30 p.m.
PLACE: Double Tree By Hilton Hotel, 5555 Hazeltine National Drive, Orlando, Florida
 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: 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, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Howard Glassman, Executive Director, Florida Metropolitan Planning Organization Advisory Council, 605 Suwannee St., MS-28B, Tallahassee, Florida 32399-0450, (850)414-4062 or howard.glassman@mpoac.org

THE FULL TEXT OF THE PROPOSED RULE IS:

35-2.001 Adoption of Agency Strategic Plan.

Rulemaking Specific Authority 339.175(10) FS. Law Implemented 339.175(10) FS. History—New 7-10-96, Amended 1-20-98, Repealed

NAME OF PERSON ORIGINATING PROPOSED RULE: Paul R. Gougelman, General Counsel, Florida Metropolitan Planning Organization Advisory Council
 NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Governing Board, Florida Metropolitan Planning Organization Advisory Council
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 22, 2014

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NOS.:	RULE TITLES:
59A-4.103	Licensure, Administration and Fiscal Management
59A-4.106	Facility Policies
59A-4.107	Physician Services
59A-4.1075	Medical Director
59A-4.108	Nursing Services
59A-4.109	Resident Assessment and Care Plan
59A-4.110	Dietary Services
59A-4.112	Pharmacy Services
59A-4.118	Medical Records
59A-4.122	Physical Environment
59A-4.123	Risk Management and Quality Assurance
59A-4.126	Disaster Preparedness
59A-4.128	Evaluation of Nursing Homes and Licensure Status
59A-4.1288	Exception
59A-4.130	Fire Prevention, Fire Protection, and Life Safety
59A-4.133	Plans Submission and Review and Construction Standards
59A-4.134	Plans Submission and Fee Requirements
59A-4.150	Geriatric Outpatient Nurse Clinic
59A-4.165	Nursing Home Guide
59A-4.202	Quality of Care
59A-4.204	Turnover Ratio
59A-4.206	Termination and Frequency of Review

PURPOSE AND EFFECT: The purpose of the proposed rule amendments is to incorporate changes in the authorizing statute, revise technical errors and update references.

SUMMARY: Rule 59A-4.103, F.A.C., is amended to include provisions for initial and change of ownership applications or the suspension of a current license when licensure fees are returned to the Agency due to insufficient funds. This section also includes specifications regarding the issuance of partial inactive licenses for alternative uses pursuant to Section 400.0712, Florida Statutes (F.S.). Other changes to this section include modifications to the licensure application. This rule amendment also eliminates the requirement to report monthly vacant beds and provide quarterly nursing home staffing reports to the Agency. Rule 59A-4.106, F.A.C., is amended to include the provision of a web address for obtaining transfer and discharge forms and deletes a reference to services provided by the Department of Children and Families. This rule amendment includes the requirement for each facility to adopt, implement and maintain policies and procedures for therapeutic services (if offered), updates a reference to the Code of Federal Regulations 483, and provides a specific address to obtain copies of “Health Care Advance Directives.” Rule 59A-4.107, F.A.C., is amended to allow physician orders to be transmitted by email or electronic records and minor technical changes as needed. Rule 59A-4.1075, F.A.C., is amended to address minor technical changes as needed. Rule 59A-4.108 is amended to establish requirements for requesting the use of licensed nurses to perform licensed nursing and certified nursing assistant duties. The rule is further amended to eliminate the minimum staffing requirements which are cited in Section 400.23(3)(a)1, F.S. Rule 59A-4.109, F.A.C., is amended to address minor technical changes. Rule 59A-4.110, F.A.C., is amended to include a requirement for the director of food services to be a certified dietary manager and replaces the outdated references to the Dietary Managers training and certification process. Rule 59A-4.112, F.A.C., is amended to update statutory references and requires nursing homes to only allow licensed staff access to the locked medication room in accordance with state and federal laws. Further, the rule is amended to address the statutory requirement regarding the emergency drug medication kit contents and to address minor technical changes as needed. Rule 59A-4.118, F.A.C., relating to standards for medical records is amended to eliminate the requirement for nursing homes to employ or contract with a person who is eligible for certification as a Registered Record Administrator or an Accredited Record Technician by the American Health Information Management Association of a graduate of a School of Medical Record Science that is accredited jointly by the Council on Medical Education of the American Medical Association and the American Health Information Management Association. The amendment will align this requirement with federal requirements that states a nursing home must maintain clinical records on each resident in accordance with acceptable professional standards and practices that are: complete,

accurately documented, readily accessible and systematically organized. Rule 59A-4.122, F.A.C., is amended to define the requirement for comfortable and safe room temperatures and establishes written policies and procedures to maintain the physical plant and overall nursing home environment. Rule 59A-4.123, F.A.C., is amended to remove the requirement to complete the 1-day Adverse Incident Reporting Form and revise the 15-day Adverse Incident Reporting Form and provide for electronic submission of this form. Rule 59A-4.126, F.A.C., is amended to provide language regarding the submission of the emergency management plan, testing of this plan, and procedures and notifications for evacuation, overcapacity and re-occupancy of the nursing home structure during a disaster. Rule 59A-4.128, F.A.C., is amended to remove the statement that noncompliance will be stated as deficiencies measured in terms of scope and severity. Rule 59A-4.1288, F.A.C., is amended to update the references to federal regulations. Rule 59A-4.130, F.A.C., is amended to revise language to conform to code edition changes in the Florida Building Code and retain language not included in the Florida Building Code. Rule 59A-4.133, F.A.C., is amended to provide language to reference the Florida Building Code to conform to statutory changes, and deletes all other requirements. This rule is also amended to change the rule title to "Physical Plant Codes and Standards for Nursing Homes." Rule 59A-4.134, F.A.C., is amended to update the requirements for construction plan submissions to conform to codes and statutory changes. Rule 59A-4.150, F.A.C., is amended to delete or correct recurring or obsolete definitions and references throughout this section and allows physician assistant and advanced registered nurse practitioner to render services to nursing home residents. Rule 59A-4.165, F.A.C., is amended to replace the reference to a 45-month reporting period in the Nursing Home Guide with language that cites the time period defined in Section 400.191, F.S. The amendment includes the new website address for the Nursing Home Guide Methodology. This rule is also amended to include a methodology to obtain a Quality of Care score for current non-federally certified nursing homes that becomes federally certified. Rule 59A-4.202, F.A.C., is amended to include the web address Nursing Home Guide Methodology. Rule 59A-4.204, F.A.C., is amended to remove references to repealed statutory language and includes the methodology used to compute the nursing home turnover and stability rates for Gold Seal Award criteria purposes. Rule 59A-4.206, F.A.C., is amended to include language on termination of the Gold Seal Award designation to a facility or applicant if they no longer meet Gold Seal Award criteria.

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: A checklist was prepared by the Agency to determine the need for SERC. Based on this information at the time of the analysis and pursuant to Section 120.541, Florida Statutes, the rule will not 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: 400.23 FS.

LAW IMPLEMENTED: 400.011, 400.022, 400.141, 400.142, 400.23 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: January 20, 2015, 9:30 a.m. – 11:30 a.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room B

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: Terrosa Buie, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308 or LTCstaff@ahca.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).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jacqueline Williams, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308 or via e-mail at LTCStaff@ahca.myflorida.com or by phone at (850)412-4437
COMMENTS WILL BE RECEIVED UNTIL 5:00 P.M. ON WEDNESDAY, JANUARY 21, 2015.

THE FULL TEXT OF THE PROPOSED RULE IS:

59A-4.103 Licensure, Administration and Fiscal Management.

(1) The licensee or applicant ~~prospective licensee~~ shall make application for an initial, renewal or change of ownership license to operate a nursing home facility and shall provide:

(a) All ~~all~~ of the information required by this rule, ~~and~~ Chapter 400, Part II, F.S., and Chapter 408, Part II, on the Health Care Licensing Application, Nursing Homes, AHCA

Form 3110-6001, July 2014, which is incorporated by reference. These forms may be obtained at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX> and are available from the Agency for Health Care Administration, Long-Term Care Unit, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308 or at the web address: <http://ahca.myflorida.com/HQAlicensureforms> January, 2002, "Application for Nursing Home Licensure", and AHCA Form 3001-6001, January, 2002, Instructions for Completing Application for Nursing Home Licensure, which is incorporated by reference and AHCA Forms 3110-0011, 3110-0011A, 3110-0011B, 3110-0011C, and 3110-0011D, August, 2001, "Controlling Interest Affidavit for Nursing Homes", which is incorporated by reference and

(b) Proof of Financial Ability to Operate, AHCA Form 3100-0009, July 2009, 4332-0001, January, 2002, "Proof of Financial Ability Schedule" which is incorporated by reference, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXXX> and from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or online at <http://ahca.myflorida.com/HQAlicensureforms>.

(2) The licensure fees must ~~fee shall~~ be included with the application. ~~The licensure fees are: a biennial fee of \$100.00 An annual fee is \$50 per bed and a resident protection fee of \$. 50 per bed as required by section as described in Section 400.062(3), F.S., plus the resident protection fee of \$.25per bed and the Data Collection and Analysis Assessment of \$12.00 \$6.00-per bed as required by Section authorized by Section 408.20(1)(b), F.S., Assessments: Health Care Trust Fund Costs of Nursing Home Statistical Unit, March 9, 1994. The assessment required by Section 408.20(1)(b), F.S. Data Collection and Analysis Assessment is waived for facilities having a certificate of authority under Chapter 651, F.S.~~

(3) ~~Single copies of AHCA forms incorporated by reference within this chapter may be obtained from the AHCA, Long Term Care Section, 2727 Mahan Drive, MS 33, Tallahassee, Florida 32308.~~

(3) A nursing home licensee may request an inactive license for part of a facility to use an occupied contiguous portion of the facility for an alternative use as authorized by Section 400.0712, F.S. Prior to providing alternative services, the facility must submit a written request to the Agency. A request may be submitted at any time during the licensure period and must provide: the intended use of the inactive portion, a floor plan of the building identifying the inactive area, the total number of inactive beds and the prospective date the beds will become inactive.

(a) Upon receipt of written approval by the Agency to continue with the plan for the partial inactive license, the licensee must submit a completed Health Care Licensing

Application, Nursing Homes, AHCA Form 3110-6001, July 2014, to the Agency within 60 days of the approval and a bed change request form for beds certified through the Centers for Medicare and Medicaid Services. The appropriate facility licensure application for the alternative use must accompany this application, unless the space will be utilized for services authorized under the existing nursing home licensure.

(b) If the alternative service license is approved, a partial inactive license will be issued concurrently with the issuance of the license for the alternative use. The expiration date of the partial inactive license will be the same date that the licensee's nursing home must file for renewal of their nursing home license. The licensee must indicate the intent to continue the partial inactive license at each nursing home licensure renewal. Licensure fees will remain at the standard rate for nursing home beds, whether active or inactive, at the time of renewal and will not be assessed for another Agency license for the alternative use of the inactive beds.

(c) Notification to reactivate the inactive portion of the building and the appropriate change request form for beds certified through the Center for Medicare and Medicaid Services, must be submitted to the Agency at least 30 days prior to the planned date to admit residents to the previously inactive beds. The inactive portion of the license will be reactivated upon Agency approval.

(4) Administration.

(a) The licensee of each nursing home ~~must shall~~ have full legal authority and responsibility for the operation of the facility.

(b) The licensee of each facility ~~must shall~~ designate one person, who is licensed by the Florida Department of Health, Agency for Health Care Administration, Board of Nursing Home Administrators under Chapter 468, Part II, F.S., as the Administrator who oversees the day to day administration and operation of the facility.

(c) Each nursing home ~~must shall~~ be organized according to a written table of organization Organization.

(d) ~~The licensee shall submit a monthly vacant bed report which is incorporated by reference by using AHCA Form 3110-0013, October 2008, "Nursing Home Monthly Bed Vacancy Report", as authorized by Section 400.141, F.S., this form is available from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive MS 33, Tallahassee, FL 32308 or online at: <http://ahca.myflorida.com/>.~~

(e) ~~Submit Nursing Home Staffing Report which is incorporated by reference by using AHCA Form 3110-0012, October 2008, "Nursing Home Staffing Report", as authorized by Section 400.141, F.S., this form is available from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive MS 33, Tallahassee, FL 32308 or online at: <http://ahca.myflorida.com/>.~~

(5) Fiscal Management.

(a) The licensee, for each nursing home it operates, ~~must shall~~ maintain fiscal records in accordance with the requirements of Chapter 400, Part II, F.S., and ~~this rule these rules~~.

(b) An accrual or cash system of accounting ~~must shall~~ be used to reflect transactions of the business. Records and accounts of transactions, such as; general ledgers and disbursement journals, ~~must shall~~ be brought current no less than quarterly and shall be available for review by authorized representatives of appropriate state and ~~federal Federal~~ agencies.

(c) A licensee ~~must shall~~ obtain a surety bond as required by Chapter 400, Part II, F.S.; it ~~must shall~~ be based on twice the average monthly balance in the resident trust fund during the prior fiscal year or \$5,000, whichever is greater. A licensee who owns more than one nursing home may purchase a single surety bond to cover the residents' funds held in nursing homes located within the ~~state same AHCA service district~~. A surety bond ~~must shall~~ contain substantially the same language as is found in ~~the Nursing Home Patient Trust Surety Bond, AHCA Form 3110-6002, May 2008, July, 2001 Surety Bond~~, which is incorporated by reference and may be obtained at <http://www.flrules.org/Gateway/reference.asp?No+Ref-XXXXX> and from the Agency online at <http://ahca.myflorida.com> ~~reference~~. The surety bond ~~must AHCA 3110-6002, July, 2001, may be obtained from, and shall be filed with the Agency for Health Care Administration, AHCA 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308.~~

(d) A self-insurance pool, which may be an interest bearing account, may be established for non-certified facilities only to provide compensation to any resident suffering financial loss in accordance with the provisions of Section 400.162(5)(c), F.S., as the result of one or more of the member licensees violating any of the provisions of Section 400.162, F.S.

1. Such self-insurance pool ~~must shall~~ be administered under the direction of an elected board of trustees. The membership of the board of trustees ~~must shall~~ be composed of one representative from each participating licensee.

2. An application for establishing a self-insurance pool ~~must shall~~ be made by the trustees to the Agency ahea. Such application shall contain the following information: the names, complete addresses, and affiliation of the trustees; the name and complete address of each licensee participating in the pool; the total dollar amount of the pool; and the name and complete address of the bank in which the account is maintained and the account number. The application ~~must shall~~ be accompanied by:

a. An individual application from each licensee applying for membership in the self-insurance pool. Such application ~~must shall~~ contain the following information: the name,

telephone number, and complete address of the facility; ~~the name, telephone number, and complete address of~~ and the licensee; the name of the facility's administrator, manager or supervisor, and his or her license and renewal number; the names of all employees involved in the administration of the resident trust fund account; the average monthly balance in the resident trust fund account during the prior year; the total dollar amount the licensee has deposited in the self-insurance pool; and the name and complete address of the bank in which the account is maintained and the account number.

b. Prima facie evidence showing that each individual member of the pool has deposited an amount equal to twice the average monthly balance of the trust fund account or \$5,000.00 dollars, whichever is greater, in a separate account maintained by the board of trustees in the name of the self-insurance pool in a ~~chartered commercial~~ bank authorized under Chapter 658, F.S., in the State of Florida that is a member of the Federal Reserve System to secure performance of payment of all lawful awards made against any member or members of the self-insurance pool; as required by Section 400.162(5), F.S., and this rule these rules.

3. After the inception date of the pool, prospective new members of the pool ~~must shall~~ submit an application for membership to the board of trustees. Such application ~~must shall~~ contain the information specified in subparagraph (5)(d)2 of this rule. (5)(b)2. The trustees may approve the application for membership in accordance with these rules. If so approved, the application for membership in accordance with these rules ~~must shall~~ be filed with the Agency ahea at the Agency for Health Care Administration, Long-Term Care Unit, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308. ~~Participation in a pool by a particular licensee shall be approved by the ahea if the licensee indicates in its application that it does meet the requirements of Section 400.162(5), F.S., and these rules and verification is provided to document the financial status indicated on the application.~~

4. The amount deposited in such an account ~~must shall~~ be maintained at all times.

(e) If, at any time during the period for which a license is issued, a licensee who has not purchased a surety bond or entered into a self-insurance agreement is requested to hold funds in trust as provided in Section 400.162(5), F.S., the licensee ~~must shall~~ notify the Agency ahea, in writing, of the request at the Agency for Health Care Administration, Long-Term Care Unit, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308, and make application for a surety bond or for participation in a self-insurance agreement within seven business days of the request, ~~exclusive of weekends and holidays~~. Copies of the application, along with written documentation of related correspondence with an insurance agency or group, ~~must shall~~ be maintained and ~~must shall~~ be

available for review. All notices required by this rule provision ~~must shall~~ be sent to the Agency for Health Care Administration AHCA, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308.

Rulemaking Authority 400.062, 400.23, 408.810(8) FS. Law Implemented 400.022, 400.0712, ~~400.0225, 400.071, 400.102, 400.111, 400.1183, 400.121, 400.141, 400.147, 400.151, 400.162, 400.179, 400.20, 408.033, 400.18, 400.232~~ 408.20, 408.810(8) FS. History—New 4-1-82, Amended 4-1-84, 8-1-85, 1-1-86, 11-12-89, 12-25-90, 10-6-91, Formerly 10d-29.103, Amended 4-18-94, 2-6-97, 5-5-02, _____.

59A-4.106 Facility Policies.

(1) Admission, retention, transfer, and discharge policies:

(a) Each resident ~~must will~~ receive the following, at the time of admission, and as changes are being made and upon request, in a language the resident or his representative understands:

1. A copy of the residents' bill of rights as required by conforming to the requirements in Section 400.022, F.S.;

2. A copy of the facility's admission and discharge policies; and

3. Information regarding advance directives.

(b) Each resident admitted to the facility ~~must shall~~ have a contract as required by in accordance with Section 400.151, F.S., which includes the following covers:

1. A list of services and supplies, complete with a list of standard charges for those services and supplies, available to the resident, but not covered by the facility's per diem or by Title XVIII and Title XIX of the Social Security Act and a copy of the bed reservation and refund policies of the facility.

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

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

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

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

(f) All resident transfers and discharges ~~must shall~~ be in accordance with the facility's policies and procedures, provisions of Sections 400.022 and 400.0255, F.S., this rule, and Title 42 Code of Federal Regulations section 483.12(a), revision date January 7, 2011, other applicable state and federal laws and will include notices provided to residents ~~which are incorporated by reference~~ by using the Nursing Home Transfer and Discharge Notice, AHCA Form 3120-0002, April 2014 3120-0002A, Revised May, 2001, "Nursing Home Transfer and Discharge Notice," and, herein incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXXX>, the Fair Hearing Request for Transfer or Discharge From a Nursing Home, AHCA Form 3120-0003, April 2014, herein incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXXX>, Revised May, 2001, "Fair Hearing Request for Transfer or Discharge From a Nursing Home," the Long-Term Care Ombudsman Program Request for Review of Nursing Home Discharge and Transfer, AHCA Form 3120-0004, April 2014, herein incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXXX>, Revised, May, 2001, "Long Term Care Ombudsman Council Request for Review of Nursing Home Discharge and Transfer," or the Spanish language version, Solicitud de Revisión de Long-Term Care Ombudsman de la Dada de Alta o El Traslado de un Hogar de Ancianos, AHCA Form 3120-0004A, April 2014, herein incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXXX>. These forms may also be obtained from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, Mail Stop# MS33, Tallahassee, FL 32308 or at the web address: <http://ahca.myflorida.com/>. ~~The Department of Children and Family Services will assist in the arrangement for appropriate continued care, when requested.~~

(2) Each nursing home licensee must facility shall adopt, implement, and maintain written policies and procedures governing all services provided in the facility.

(3) All policies and procedures ~~must shall~~ be reviewed at least annually and revised as needed with input from, at minimum, the facility Administrator, Medical Director, and Director of Nursing.

(4) Each facility shall maintain policies and procedures in the following areas:

(a) Activities;

(b) Advance directives;

(c) Consultant services;

(d) Death of residents in the facility;

(e) Dental services;

(f) Staff education, including HIV/AIDS hiv/aids Training as required by section 381.0035, F.S.;

- (g) Diagnostic services;
- (h) Dietary services;
- (i) Disaster preparedness;
- (j) Fire prevention and control;
- (k) Housekeeping;
- (l) Infection control;
- (m) Laundry service;
- (n) Loss of power, water, air conditioning or heating;
- (o) Medical director/consultant services;
- (p) Medical records;
- (q) Mental health;
- (r) Nursing services;
- (s) Pastoral services;
- (t) Pharmacy services;
- (u) Podiatry services;
- (v) Resident care planning;
- (w) Resident identification;
- (x) Resident’s rights;
- (y) Safety awareness;
- (z) Social services;
- (aa) Specialized rehabilitative and restorative services;
- (bb) Therapeutic spa services, if offered;
- (cc) ~~(bb)~~ Volunteer services; and

(dd) ~~(ee)~~ The reporting of accidents or unusual incidents involving any resident, staff member, volunteer or visitor. This policy shall include reporting within the facility and to the Agency as required by Section 400.147, F.S. ahea.

(5) Staff Education.

(a) Each nursing home licensee must shall develop, implement, and maintain a written staff education plan which ensures a coordinated program for staff education for all facility employees. The staff education plan must shall be reviewed at least annually by the risk management and quality assurance committee and revised as needed.

(b) The staff education plan must shall include both pre-service and in-service programs.

(c) The staff education plan must shall ensure that education is conducted annually for all facility employees, at a minimum, in the following areas:

1. Prevention and control of infection;
2. Fire prevention, life safety, and disaster preparedness;
3. Accident prevention and safety awareness program;
4. Resident’s rights’;
5. Federal law, 42 CFR 483, Requirements for State and Long Term Care Facilities, October 1, 2011, which is incorporated by reference and available at <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=%2Findex.tpl>, September 26, 1991, which is incorporated by reference, and state rules and regulations Chapter 400, Part II, F.S., and subsection 59A-4.106(5), F.A.C. this rule;

~~6. The Florida “Right to Know” Hazardous Materials, Chapter 442, F.S.;~~

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

~~(6) Advance directives.~~

~~(a) Each nursing home licensee must shall have written policies and procedures, which delineate the nursing home’s position with respect to the state law and rules relative to advance directives. The policies must shall not condition treatment or admission upon whether or not the individual has executed or waived an advance directive. In the event of conflict between the facility’s policies and procedures and the individual’s advance directive, provision should be made in accordance with Section 765.1105 ~~Section 765.308~~, F.S.~~

~~(b) ~~(7)~~ The facility’s policy must shall include:~~

~~1. ~~(a)~~ Providing each adult individual, at the time of the admission as a resident, with a copy of “Health Care Advance Directives – The Patient’s Right to Decide,” as prepared by the Agency for Health Care Administration, revised 2006 2727 Mahan Drive, Tallahassee, FL 32308, effective 1-11-93, which is hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX>, from the Agency for Health Care Administration at <http://www.floridahealthfinder.gov/reports-guides/advance-directives.aspx>, from the Agency for Health Care Administration at 2727 Mahan Drive, Mail Stop #16, Tallahassee, FL 32308 or electronically at http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/, or with a copy of some other substantially similar document which is a written description of Florida’s state law regarding advance directives;~~

~~2. ~~(b)~~ Providing each adult individual, at the time of the admission as a resident, with written information concerning the nursing home’s policies respecting advance directives; and~~

~~3. ~~(c)~~ The requirement that documentation of the existence of an advance directive be contained in the medical record. A nursing home licensee that which is provided with the individual’s advance directive must shall make the advance directive, or a copy thereof, a part of the individual’s medical record.~~

~~Rulemaking Authority 400.141, 400.141(7), 400.142(3), 400.23, 765.110 FS. Law Implemented 400.022, 400.0255, 400.102, 400.141, 400.141(7), 400.142(3), 400.151, 400.23, 765.110 FS. History—New 4-1-82, Amended 4-1-84, Formerly 10d-29.106, Amended 4-18-94, 1-10-95, 2-6-97, 5-5-02,~~

59A-4.107 Physician Services.

(1) Each nursing home ~~licensee must facility shall~~ retain, pursuant to a written agreement, a physician licensed under Chapter 458 or 459, F.S., to serve as Medical Director. In facilities with a licensed capacity of 60 beds or less, pursuant to written agreement, a physician licensed under Chapter 458 or 459, F.S., may serve as a medical consultant ~~Medical Consultant~~ in lieu of a Medical Director.

(2) Each resident or legal representative must shall be allowed to select his or her own private physician.

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

(4) Physician orders may be transmitted by facsimile machine, email or electronic medical record as required by state health information security and privacy laws and federal HIPAA laws. It is not necessary for a physician to re-sign a facsimile order when he or she visits a facility.

(5) All physician orders must shall be followed as prescribed, and if not followed, the reason must shall be recorded on the resident's medical record during that shift.

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

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

(8) Each nursing home licensee must facility shall have a list of physicians designated to provide emergency services to residents when the resident's attending physician, or designated alternate is not available.

Rulemaking Authority 400.23 FS. Law Implemented 400.022, ~~400.102~~, 400.141, 400.23, ~~464.012~~ FS. History—New 4-1-82, Amended 4-1-84, Formerly 10D-29.107, Amended 10-5-92, 4-18-94, 1-10-95, _____.

59A-4.1075 Medical Director.

(1) Each nursing home licensee must facility will have only one physician who is designated as Medical Director.

(2)(a) The Medical Director must be a physician licensed under Chapter 458 or 459, F.S., the nursing home administrator may require that the Medical Director be certified or credentialed through a recognized certifying or credentialing organization.

(b) A Medical Director who does not have hospital privileges must shall be certified or credentialed through a recognized certifying or credentialing body, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Medical Directors Association, the Healthcare Facilities Accreditation Program of the American Osteopathic Association, the Bureau of Osteopathic Specialists of the American Osteopathic Association, the Florida Medical Directors Association or a health Health maintenance organization licensed in Florida.

(c) A physician must have his ~~or~~ her principal office within 60 miles of all facilities for which he ~~or~~ she serves as Medical Director. The principal Principal office is the office maintained by a physician as required by Section 458.348 or 459.025(3)(c)(1), F.S., pursuant to Section 458.351 or 459.026 F.S., and where the physician delivers the majority of medical services. The physician must specify the address of his ~~or~~ her principal office at the time of becoming Medical Director. The agency may approve a request to waive this requirement for rural facilities that exceed this distance requirement. A rural facility is a facility located in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other nursing home facility within the same county.

(d) The nursing home licensee must facility shall appoint a Medical Director who must shall visit the facility at least once a month. The Medical Director must shall review all new policies and procedures; review all new incident and new accident reports from the facility to identify clinical risk and safety hazards. The Medical Director must shall review the most recent grievance logs for any complaints or concerns related to clinical issues. Each visit must be documented in writing by the Medical Director.

(3) A physician may be Medical Director of a maximum of 10 nursing homes at any one time. The Medical Director, in an emergency where the health of a resident is in jeopardy and the attending physician or covering physician cannot be located, may assume temporary responsibility of the care of the resident and provide the care deemed necessary.

(4) The Medical Director ~~must appointed by the facility shall~~ meet at least quarterly with the risk management and quality assessment and assurance committee of the facility.

(5) The Medical Director ~~must appointed by the facility shall~~ participate in the development of the comprehensive care plan for the resident when he/ or she is also the attending physician of the resident.

Rulemaking Authority 400.141 FS. Law Implemented 400.141(1)(b), (2) FS. History—New 8-2-01, Amended _____.

59A-4.108 Nursing Services.

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

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

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

(4) In addition to the requirements outlined in subsection 400.23(3)(a), F.S., the ~~The~~ nursing home licensee ~~must facility shall~~ have sufficient nursing staff, on a 24-hour basis, to provide nursing and related services to residents in order to maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. ~~The facility will staff, at a minimum, an average of 1.7 hours of certified nursing assistant and .6 hours of licensed nursing staff time for each resident during a 24 hour period.~~

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

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

(7) Upon approval by the Agency, a nursing home licensee may allow a licensed nurse that performs both licensed nursing and certified nursing assistant duties during the same shift to divide the hours of patient care provided between the licensed

nurse and certified nursing assistant staffing ratio requirements consistent with services provided, as referenced in Section 400.23(3)(a)4., F.S. Approval to utilize licensed nurses to perform certified nursing assistant duties must be requested in writing. This request may be submitted upon license renewal on the Health Care Licensing Application, Nursing Homes, AHCA Form 3110-6001, July 2014, incorporated by reference in paragraph 59A-4.103(1)(a), F.A.C. or by letter from the facility administrator. The licensee must document daily the time the licensed nurse performed personal care services to comply with minimum staffing requirements. The hours of a licensed nurse with dual job responsibilities may not be counted twice.

Rulemaking Authority ~~400.022, 400.23~~ FS. Law Implemented ~~400.011, 400.022, 400.141, 400.23~~ FS. History—New 4-1-82, Amended 4-1-84, 8-1-85, 7-1-88, 7-10-91, Formerly 10D-29.108, Amended 4-18-94, _____.

59A-4.109 Resident Assessment and Care Plan.

(1) Each resident admitted to the nursing home facility ~~must shall~~ have a plan of care. The plan of care ~~must shall~~ consist of:

(a) Physician's orders, diagnosis, medical history, physical exam and rehabilitative or restorative potential.

(b) A preliminary nursing evaluation with physician's orders for immediate care, completed upon ~~on~~ admission.

(c) A complete, comprehensive, accurate and reproducible assessment of each resident's functional capacity which is standardized in the facility, and is completed within 14 days of the resident's admission to the facility and every twelve months, thereafter. The assessment ~~must shall~~ be:

1. Reviewed no less than once every 3 months;

2. Reviewed promptly after a significant change in the resident's physical or mental condition;

3. Revised as appropriate to assure the continued accuracy of the assessment.

(2) The nursing home licensee must ~~facility is responsible to~~ develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and social well-being. The care plan must be completed within 7 days after completion of the resident assessment.

(3) At the resident's option, every effort ~~must shall~~ be made to include the resident and family or responsible party, including private duty nurse or nursing assistant, in the development, implementation, maintenance and evaluation of the resident's plan of care.

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

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

Rulemaking Authority 400.23 FS. Law Implemented ~~400.022, 400.102, 400.141, 400.23 FS. History—New 4-1-82, Amended 4-1-84, Formerly 10D-29.109, Amended 4-18-94, 1-10-95, _____.~~

59A-4.110 Dietary Services.

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

(2) The Director of Food Services ~~must Dietary Services Supervisor shall~~ either be a qualified dietitian or the facility shall obtain consultation from a qualified dietitian. A qualified dietitian is one who:

(a) Is a registered dietitian ~~or nutritionist~~ as defined by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics, March 1, 1994, which is incorporated by reference, the credentialing agency for the American Dietetic Association and is currently registered with the American Dietetic Association; or

(b) Has a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, as defined by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics American Dietetic Association, March 1, 1994, which is incorporated by reference, has one year of supervisory experience in the dietetic service of a health care facility, and participates annually in continuing dietetic education.

(3) A Director of Food Services ~~Dietary Services Supervisor~~ shall be a person who:

(a) Is a qualified dietitian as defined in paragraphs 59A-4.110(2)(a), (b), F.A.C.; or

(b) Has successfully completed a college or university an associate degree program which meets the education standard established by the Academy of Nutrition and Dietetics for a Dietetic Technician, Registered American Dietetic Association; or

(c) Has successfully completed a Dietetic Assistant correspondence or class room training program, approved by the Academy of Nutrition and Dietetics American Dietetic Association; or

(d) Has successfully completed a course offered by an accredited college or university that provided 90 or more hours of correspondence or classroom instruction in food service supervision, and has prior work experience as a Dietary Supervisor in a health care institution with consultation from a qualified dietitian; or

(e) Has training and experience in food service supervision and management in the military service equivalent in content to the program in paragraph (3)(b), (c) or (d) of this rule; or

(f) Is a Certified Dietary Manager ~~certified dietary manager~~ who has successfully completed the Dietary Manager's Course and is certified through the Certifying Board for Dietary Managers the Association of Nutrition and Food Service Professionals and is maintaining their certification with continuing clock hours at 45 CEU's per three year period.

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

Rulemaking Authority 400.022(1)(a), (f), (g), 400.141(5), 400.23 FS. Law Implemented ~~400.022, 400.102, 400.141, 400.23 FS. History—New 4-1-82, Amended 4-1-84, 7-1-88, 7-10-91, Formerly 10D-29.110, Amended 4-18-94, 2-6-97, _____.~~

59A-4.112 Pharmacy Services.

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

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

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

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

(5) Drugs and biologicals used in the facility ~~must shall~~ be labeled in accordance with currently accepted professional principles; as required by Chapter 499, F.S., and Rules Chapter 64B16-28.108 and 64B16-28.502, F.A.C.

(6) Prescription drugs ~~Drugs~~ and non-prescription medications requiring refrigeration ~~must shall~~ be stored in a refrigerator. The refrigerator must be locked or located within a locked medication room and accessible only to licensed staff as required by state and federal laws. When stored in a general use

refrigerator, they shall be stored in a separate, covered, waterproof, and labeled receptacle.

(7) All controlled substances ~~must shall~~ be disposed of ~~as required by in accordance with~~ state and federal laws. All non-controlled substances may be destroyed in accordance with the facility's policies and procedures. Records of the disposition of all substances ~~must shall~~ be maintained in sufficient detail to enable an accurate reconciliation and a copy of the disposition must be filed in the resident's record or maintained electronically in a readily accessible format.

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

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

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

Rulemaking Authority 400.23, 400.142 FS. Law Implemented 400.022, 400.102, 400.141, 400.142, 400.23 FS. History—New 4-1-82, Amended 4-1-84, 7-10-91, Formerly 10D-29.112, Amended 4-18-94, _____.

59A-4.118 Medical Records.

(1) The ~~licensee must facility shall~~ designate a full-time employee as being responsible and accountable for the facility's medical records. ~~If this employee is not a qualified Medical Record Practitioner, then the facility shall have the services of a qualified Medical Record Practitioner on a consultant basis. A qualified Medical Record Practitioner is one who is eligible for a certification as a Registered Record Administrator or an Accredited Record Technician by the American Health Information Management Association or a graduate of a School of Medical Record Science that is accredited jointly by the Council on Medical Education of the American Medical~~

~~Association and the American Health Information Management Association.~~

(2) Each medical record ~~must shall~~ contain sufficient information to clearly identify the resident, his or her diagnosis and treatment, and results. ~~Medical records shall be complete, accurate, accessible and systematically organized.~~

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

Rulemaking Authority 400.23 FS. Law Implemented 400.022, 400.102, 400.141, 400.145, 400.23 FS. History—New 4-1-82, Amended 4-1-84, 3-2-88, Formerly 10D-29.118, Amended 4-18-94, _____.

59A-4.122 Physical Environment and Physical Plant Maintenance.

(1) The ~~licensee must facility shall~~ provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible.

(2) The ~~licensee must facility shall~~ provide:

- (a) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;
- (b) Clean bed and bath linens that are in good condition;
- ~~(c) Private closet space for each resident;~~
- ~~(d) Furniture, such as a bed side cabinet, drawer space;~~
- ~~(e) Adequate and comfortable lighting levels in all areas;~~
- (c)(f) Comfortable and safe room temperature levels in accordance with 42 CFR, Section 483.15(h)(6), which is incorporated by reference; and

~~(d)(g) The maintenance of comfortable sound levels. Individual radios, TVs and other such transmitters belonging to the resident will be tuned to stations of the resident's choice.~~

(3) Each nursing home licensee must establish written policies designed to maintain the physical plant and overall nursing home environment to assure the safety and well-being of residents.

(4) The building and mechanical maintenance programs must be supervised by a person who is knowledgeable in the areas of building and mechanical maintenance as determined by the facility.

(5) All mechanical and electrical equipment must be maintained in working order and must be accessible for cleaning and inspection.

(6) All heating, ventilation and air conditioning (HVAC) systems must be maintained to ensure they are operating within specified parameters to meet manufacturers' specifications. Permanent records must be maintained for equipment installed after December 31, 2014.

Rulemaking Authority 400.23 FS. Law Implemented 400.102, 400.141, 400.232 FS. History—New 4-1-82, Amended 4-1-84, Formerly 10D-29.122, Amended 4-18-94, _____.

59A-4.123 Risk Management and Quality Assurance.

(1) ~~The nursing home licensee must facility shall~~ maintain a risk management and quality assurance committee as required in Section 400.147, F.S.

(2) ~~Each licensee must submit a full report of each adverse incident to the Agency within 15 calendar days after the incident occurs as required in Section 400.147(7), F.S. through the Agency's internet site at <http://www.ahca.myflorida.com/reporting/index.shtml> as required in subsection 59A-35.110(2), F.A.C. The facility shall use AHCA Form 3110-0009, Revised, January, 2002, October, 2001, "Confidential Nursing Home Initial Adverse Incident Report—1 Day," and AHCA Form 3110-0010, 3110-0010A, and 3110-0010B, Revised, January, 2002, "Confidential Nursing Home Complete Adverse Incident Report—15 Day," which are incorporated by reference when reporting events as stated in Section 400.147, F.S. These forms may be obtained from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, MS 33, Tallahassee, FL 32308.~~

(3) ~~Each facility shall use AHCA Form 3110-0008, Revised, October 2008, "Nursing Home Monthly Liability Claim Information," which are incorporated by reference when reporting liability claims filed against it as required by Section 400.147(9), F.S. These forms may be obtained from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, MS 33, Tallahassee, FL 32308.~~

Rulemaking Authority ~~400.147, 400.23 FS. Law Implemented 400.022, 400.102, 400.141, 400.147, 400.23 FS. History—New 4-1-82, Amended 9-5-82, 4-1-84, 8-1-85, 7-10-91, Formerly 10D-29.123, Amended 4-18-94, 5-5-02, _____.~~

59A-4.126 Disaster Preparedness.

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

(2) The plan ~~must shall~~ include, ~~at a minimum,~~ the following:

(a) Criteria, as shown, in Section 400.23(2)(g), F.S.; and

(b) The Emergency Management Planning Criteria for Nursing Home Facilities, AHCA 3110-6006, March, 1994, which is incorporated herein by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXXX> and from the Agency for Health Care Administration, 2727

Mahan Drive, Mail Stop #24, Tallahassee, Florida 32308 or on the _____ website at <http://ahca.myflorida.com/MCHQ/Plans/index.shtml#forms>.

(3) ~~The plan, including the "Emergency Management Planning Criteria for Nursing Homes," must be submitted annually, at the time of a change of ownership of the facility and after significant modification of the plan, to the county emergency management agency for review and approval.~~

(4) ~~If the licensee is advised by the county emergency management agency of necessary revisions to the plan, then those revisions must be made and the plan resubmitted to the county emergency management agency within 30 days of notification.~~

(5) ~~The county emergency management agency shall be the final administrative authority for emergency plans developed by the nursing home licensee.~~

(6) ~~The nursing home licensee must test the implementation of the emergency management plan annually, either in response to a disaster, an emergency, or in a planned drill. The outcome must be evaluated and documented and appropriate modifications to the plan to address deficiencies must be made within 30 days.~~

(7) ~~The emergency management plan must be located in a designated area of the facility for immediate access by nursing home staff.~~

(8) ~~If residents must be evacuated from the premises due to emergency conditions or a disaster, then the licensee must report the location and number of residents evacuated to the Agency's Long Term Care Unit in Tallahassee by phone (850)412-4303, by fax at (850)410-1512 or through an online database approved by the Agency to report information regarding the provider's emergency status, planning or operations within 24 hours after the evacuation is complete. If the Long-Term Care Unit or the online database is unavailable to receive such information, then the licensee must contact the appropriate Agency field office or designated Agency mutual aid office. The administrator or designee is responsible for knowing the location of each resident until the resident has been discharged from the facility. The licensee must inform the appropriate Agency field office of a contact person(s) who will be available 24 hours a day, seven days a week, until the facility is reoccupied.~~

(9) ~~A licensee may exceed its licensed capacity to act as a receiving facility in accordance with an emergency operations plan for residents of evacuating providers from geographic area where an evacuation order has been issued by a local authority having jurisdiction. While in an overcapacity status, each licensee must furnish or arrange for appropriate care and services including Fire/Life Safety Safeguards for all residents.~~

(10) ~~The Agency must authorize requests for overcapacity which last in excess of 15 days. Approvals shall be based upon~~

approved jurisdiction, need, and resident safety as provided by the receiving and sending facilities.

(11) If residents are evacuated from a nursing home during or after an emergency situation or disaster and there is no damage to the facility and all utilities and services are operating within normal parameters, the facility may be reoccupied and notice provided to the Agency within 24 hours of return to the facility. This notification may be sent to the agency by telephone or fax, or by electronic transmission if receipt is confirmed. However, if there has been water intrusion, interior damage, structural damage or if the facility is unable to operate under normal electrical power then a determination of whether or not the facility can be reoccupied must be made by the Agency. A determination may also require the review and approval from the local authority having jurisdiction. In those cases, the facility may not be occupied until all approvals are obtained.

(12) A facility with significant structural or systems damage must relocate residents out of the damaged facility until approval is received from the Agency's Office of Plans and Construction to reoccupy the facility.

Rulemaking Authority 400.23 FS. Law Implemented 400.102, 400.141, 400.23 FS. History—New 4-1-82, Amended 4-1-84, Formerly 10D-29.126, Amended 8-15-94, _____.

59A-4.128 Evaluation of Nursing Homes and Licensure Status.

(1) The ~~Agency~~ agency shall, at least every 15 months, evaluate and assign a licensure status to every nursing home facility. The evaluation and licensure status shall be based on the facility's compliance with the requirements ~~of contained in~~ this rule and, Chapter 400, Part II, F.S.

(2) The evaluation shall be based on the most recent licensure survey report ~~and~~, investigations conducted by the ~~Agency~~ .AHCA and those persons authorized to inspect nursing homes under Chapter 400, Part II, F.S.

(3) The licensure status assigned to the nursing home facility will be either conditional or standard. The licensure status is based on the compliance with the standards contained in ~~this rule and Chapter 400, Part II, Chapter 408, Part II, F.S. and this rule. Non-compliance will be stated as deficiencies measured in terms of scope and severity.~~

Rulemaking Authority 400.23 FS. Law Implemented 400.102, 400.19, 400.23 FS. History—New 4-1-82, Amended 4-1-84, 9-26-85, 7-21-87, Formerly 10D-29.128, Amended 8-15-94, 2-28-95, 10-13-96, 5-5-02, _____.

59A-4.1288 Exception.

Nursing homes licensees that participate in Title XVIII or XIX must follow certification rules and regulations as required by found in 42 C.F.R., Part 483.1-483.75, Requirements for State and Long Term Care Facilities, September 26, 1991 which is

~~incorporated by reference and state rules and regulations, Chapter 400, Part II, F.S. and this rule. Non-certified facility licensees facilities must follow the contents of this rule and the standards contained in the Conditions of Participation as required by found in 42 C.F.R. 483, Requirements for States and Long Term Care Facilities, September 26, 1991 which is incorporated by reference~~ with respect to social services, dental services, infection control, dietary and the therapies.

Rulemaking Authority 400.23 FS. Law Implemented 400.102, 400.141, 400.23 FS. History—New 4-18-94, Amended _____.

(Substantial rewording of Rule 59A-4.130 follows. See Florida Administrative Code for present text.)

59A-4.130 Fire Protection, Fire Prevention, and Life Safety, Systems Failure and External Emergency Communications.

(1) Each nursing home licensee must provide fire protection through the elimination of fire hazards. All portions of the existing facility must comply with the requirements of the Existing Health Care Occupancy chapter of the National Fire Protection Association (NFPA) Life Safety Code 101, as adopted by the State Fire Marshall and described in Chapter 69A-53, Florida Administrative Code.

(2) All fires or explosions shall be reported to the Agency's Office of Plans and Construction by telephone at (850)412-4477 or by fax at (850)922-6483 by the next working day after the occurrence. The nursing home licensee shall complete and submit a Fire Incident Report, AHCA form 3500-0031, July 2014, incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX>, to the Office of Plans and Construction and a copy to the appropriate Agency field office within 15 calendar days of the incident. All reports shall be complete and thorough and shall record the cause of the fire or explosion, the date and time of day it occurred, the location within the facility, how it was extinguished, any injuries which may have occurred and a description of the local fire department participation. The Fire Incident Report is available from the Agency for Health Care Administration, Office of Plans and Construction, 2727 Mahan Drive, Mail Stop 24, Tallahassee, Florida 32308 or at the web address: <http://ahca.myflorida.com/plansandconstruction>.

(3) If a system failure of the fire alarm system, smoke detection system, or sprinkler system occurs, the following actions shall be taken by the licensee:

(a) Immediately notify the local fire department and document the response and any instructions given by the local fire department.

(b) Notify the Agency's Office of Plans and Construction and the appropriate Agency field office within one business day after the occurrence.

(c) Assess the extent of the condition, effect corrective action and document the estimated length of time for the corrective action. If the corrective action will take more than four hours, the following must be completed:

1. Implement a contingency plan to the facility fire plan containing a description of the problem, a specific description of the system failure, and the projected correction period. All staff on the shifts involved must have documented in-service training for the emergency contingency.

2. Begin a documented fire watch until the system is restored. Staff performing the fire watch must be trained in appropriate observations and actions, as well as be able to expeditiously contact the fire department. To maintain a fire watch, the licensee must utilize only certified public fire safety personnel, a security guard service, or facility staff. If facility staff are used for this function, they must meet the following criteria:

a. Be off duty from their regular facility position or assigned only to fire watch duty. The licensee must maintain compliance with direct care staffing requirements at all times;

b. Be trained and competent, as determined by the licensee, in the duties and responsibilities of a fire watch;

c. Have immediate access to two-way electronic communication.

3. If the projected correction period changes or the system is restored to normal operation, the licensee must notify the appropriate Agency's field office and local fire authorities.

(4) External Emergency Communication. Each newly constructed facility that has not received a Preliminary Stage II Plan Approval from the Office of Plans and Construction by January 1, 2015, shall provide for external electronic communication not dependent on terrestrial telephone lines, cellular, radio, or microwave towers, such as an on-site radio transmitter, satellite communication systems or a written agreement with an amateur radio operator volunteer group. This agreement must provide for a volunteer operator and communication equipment to be relocated into the facility in the event of a disaster until communications are restored. Other methods that can be shown to maintain uninterrupted electronic communications not dependent on a land-based transmission must be approved by the Agency's Office of Plans and Construction.

Rulemaking Authority ~~381.031(1)(g)7., 400.23, 400.191(2)~~ FS. Law Implemented ~~381.031, 400.102, 400.141, 400.23, 633.05(8), 633.051~~ FS. History—New 4-1-82, Amended 4-1-84, 8-1-85, Formerly 10D-29.119, 59A-4.119, Amended _____.

(Substantial rewording of Rule 59A-4.133 follows. See Florida Administrative Code for the present text.)

59A-4.133 Physical Plant Codes and Standards for Nursing Homes. Plans Submission and Review and Construction Standards.

(1) All construction of new nursing homes and all additions, alterations, refurbishing, renovations to and reconstruction of existing nursing homes shall be in compliance with the following codes and standards:

(a) The Florida Building Code (FBC) as adopted by the Florida Building Commission and incorporated by reference and obtainable from the International Code Council at www.iccsafe.org.

(b) The fire codes as adopted by the State Fire Marshall and described in Chapter 69A-53 and 69A-60, Florida Administrative Codes and incorporated herein by reference and obtainable from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101.

(2) No building shall be converted to a licensed nursing home unless it complies with the standards and codes set forth herein and with licensure requirements set forth in Chapter 400, Part II, F.S. and Chapter 59A-4, Florida Administrative Code.

(3) National Fire Protection Association (NFPA) 101A: Guide on Alternative approaches to Life Safety may only be used for a nursing home facility licensed before January 1, 2015.

(4) Where additions, modifications, alterations, refurbishing, renovations or reconstruction are undertaken within an existing facility, all such additions, modifications, alterations, refurbishing, renovations or reconstruction must comply with applicable sections of the codes for new facilities. Only that portion of the total facility affected by the project must comply with applicable sections of the referenced codes for new construction. Where existing major structural elements make total compliance impractical or impossible, the licensee or applicant for licensure may submit a request to the Office of Plans and Construction to utilize alternate materials, designs or methods which meet the intent of code provisions as permitted by the Florida Building Code.

(5) A licensed nursing home and any portion of a licensed nursing home that was reviewed and approved by the Agency for Health Care Administration prior to October 1, 2005, must be maintained in compliance with the requirements of this rule and the requirements of the NFPA 101 Life Safety code for Existing Health Care Occupancy, incorporated in rule 69A-3.012, F.A.C. and the requirements of Tables I, II and III, incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXXX> or at the _____ web _____ address _____ at <http://ahca.myflorida.com/plansandconstruction>. The requirements in Table I identified by an asterisk do not apply.

(6) A licensed nursing home, and any portion of a licensed nursing home, that was reviewed and approved by the Agency for Health Care Administration after October 1, 2005, must be maintained in compliance with the requirements of the NFPA 101 Life Safety code for Existing Health Care Occupancies and the design requirements for Nursing Homes of the Florida Building Code in effect at the date of initial licensure.

(7) When a building or portion of a building is converted to a new licensed nursing home, it shall be in compliance with the requirements for a new nursing home set forth in subsection 59A-4.133(1), F.A.C. A change of ownership shall not constitute a change of occupancy.

(8) Other facilities or providers not owned or operated by the licensee of a nursing home may be fully integrated with the nursing home's physical plant only after it has been successfully demonstrated to the Agency that all areas of the facility's physical plant are designed and maintained in a manner that will ensure continued licensure compliance of the nursing home.

(9) All hazards to life and safety and all areas of noncompliance with applicable codes and regulations must be corrected in accordance with a plan of correction approved in advance by the Agency's Office of Plans and Construction.

(10) Projects that have not received at least a Stage II Preliminary Plan approval from the Office of Plans and Construction by December 31, 2014, must conform to the requirements set forth in these rules.

Rulemaking Authority ~~381.031(1)(g)7,~~ 400.23 FS. Law Implemented ~~381.031,~~ 400.011(2), 400.021(1)-(17), ~~400.022(1)-(4),~~ 400.102, 400.141, 400.23, 400.232 FS. History—New 4-1-82, Amended 4-1-84, 4-29-92, Formerly 10D-29.120, 59A-4.120, Amended 2-6-97, 10-21-99, _____.

59A-4.134 Plans Submission and Fee Requirements.

(1) No construction work, including demolition, shall be started until prior written approval has been provided by the Agency's Office of Plans and Construction. This includes all construction of new facilities and all additions, modifications, alterations, renovations, and refurbishing to the site, facility, equipment or systems of all existing facilities.

(2) Approval to start construction only for demolition, site work, foundation, and building structural frame may be obtained prior to construction document approval when the following is submitted for review and approval:

(a) Preliminary Stage II approval letter from the Agency's Office of Plans and Construction.

(b) Construction documents and specifications for all work to be undertaken.

(c) A life safety plan indicating temporary egress and detailed phasing plans indicating how the areas to be demolished or constructed are to be separated from all occupied

areas when demolition or construction is in and around occupied buildings.

(3) Projects that have been submitted to the Agency for review will be considered abandoned and will be terminated after any of the following has occurred:

(a) Construction has not begun within one year after written approval of the construction documents from the Agency's Office of Plans and Construction;

(b) No further plans have been submitted for Agency review within one year after a project has been initiated with the Agency's Office of Plans and Construction;

(c) Construction has been halted for more than one year.

After termination, resubmission as a new project will be required.

(4) When construction is planned, either for new buildings, additions, alterations or renovations to existing buildings, the plans and specifications must be prepared and submitted to the Agency's Office of Plans and Construction for approval by a Florida registered architect and a Florida registered professional engineer. An architecture or engineering firm, not practicing as a sole proprietor, must provide proof of registration as an architecture or engineering firm with the Florida Department of Business and Professional Regulation.

(5) The initial submission of plans to the Agency's Office of Plans and Construction for any new project must include a completed Application for Plan Review, AHCA Form 3500-0011, June 2014, incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX> and from the Agency for Health Care Administration, 2727 Mahan Drive, MS 24, Tallahassee, Florida 32308 or at the web address at <http://ahca.myflorida.com/plansandconstruction>, and a valid Certificate of Need or exemption as required by Sections 408.031 through 408.045, F.S. This information must accompany the initial submission. Approval will not be granted for any project without a Certificate of Need as required by Rule 59C-1.004, F.A.C.

(6) Plans and specifications submitted for review are subject to plan review fees as required in section 400.232, F.S. Plan review fees must be included with the application.

(7) Plans and specifications shall be submitted in three stages. These stages are as follows:

(a) Stage I, schematic plans.

(b) Stage II, preliminary plans or design development drawings.

(c) Stage III, construction documents, including specifications, addenda and change orders.

(8) For each stage of submission, a program or scope of work must be submitted. It must consist of a detailed word description of all contemplated work and any required phasing to be provided in the proposed construction.

(9) For projects involving only equipment changes or system renovations, only Stage III, construction documents need be submitted. These documents must include the following:

(a) Life safety plans showing the fire/smoke compartments in the area of renovation.

(b) Detailed phasing plans indicating how the new work will be separated from all occupied areas.

(c) Engineering plans and specifications for all of the required work.

(10) Stage I, Schematic Plans – The following must be incorporated into the schematic plans:

(a) Single-line drawings of each floor that must show the relationship of the various activities or services to each other and each room arrangement. The function of each room or space must be noted in or near the room or space. The proposed roads and walkways, service and entrance courts, parking, and orientation must be shown on either a small plot plan or on the first floor plan. Provide a simple cross-section diagram showing the anticipated construction. Provide a schematic life safety plan showing smoke and fire compartments, exits, exit passageways and gross area of smoke and fire compartments. Provide information as to which areas have sprinklers, both new and existing.

(b) If the proposed construction is an addition or is otherwise related to existing buildings on the site, the schematic plans must show the facility and general arrangement of those other buildings.

(c) A schedule showing the total number of beds, types of bedrooms and types of ancillary spaces.

(11) Stage II, Preliminary Plans – To gain a Stage II approval, the following must be incorporated into the preliminary plans:

(a) A vicinity map showing the major local highway intersections for new nursing home construction.

(b) Site development plans that:

1. Show existing grades and proposed improvement as required by the schematic submission.

2. Provide building locating dimensions.

3. Provide site elevations for both the 100 year flood elevations and hurricane category 3 surge inundation elevations if the project involves the construction of a new facility or is a new addition of a wing or floor to an existing facility.

4. Provide the location of the fire protection services water source to the building.

(c) Architectural plan that include:

1. Floor plans, 1/8-inch scale minimum, showing door swings, windows, casework and millwork, fixed equipment and plumbing fixtures. Indicate the function of each space.

2. A large-scale plan of typical new bedrooms with tabulation of gross and net square footage of each bedroom. Tabulate the size of the bedroom window glass.

3. Typical large-scale interior and exterior wall sections to include typical rated fire and fire/smoke partitions and a typical corridor partition.

4. All exterior building elevations.

5. Equipment that is not included in the construction contract but that requires mechanical or electrical service connections or construction modifications must be identified to assure its coordination with the architectural, mechanical and electrical phases of construction.

6. If the project is located in an occupied facility, preliminary phasing plans indicating how the project is to be separated from all occupied areas.

(d) Life safety plans that include:

1. Single-sheet floor plans showing fire and smoke compartmentation, all means of egress and all exit signs. Additionally, depict and provide the dimension for the longest path of travel in each smoke compartment to the door(s) to the adjoining compartment, calculate the total area of the smoke compartment in square feet, and tabulate exit inches.

2. All sprinklered areas, fire extinguishers, fire alarm devices and pull station locations.

3. Fully developed life safety plans, if the project is an addition or conversion of an existing building.

4. Life safety plans of the floor being renovated and required exit egress floor(s) if the project is a renovation in an existing building.

5. When demolition or construction is to be undertaken in and around occupied buildings, a life safety plan indicating temporary egress and detailed phasing plans indicating how the areas to be demolished or constructed are to be separated from all occupied areas.

(e) Mechanical engineering plans that include:

1. Single-sheet floor plans with a one-line diagram of the ventilating system with relative pressures of each space. Provide a written description and drawings of the anticipated smoke control system, passive or active, and a sequence of operation correlated with the life safety plans.

2. The general location of all fire and smoke dampers, all duct smoke detectors and fire stats.

3. If the building is equipped with fire sprinklers, the location of the sprinkler system risers and the point of connection for the fire sprinkler system. State the method of design for the existing and new fire sprinkler systems.

4. The locations of all plumbing fixtures and other items of equipment requiring plumbing services and/or gas service.

5. The locations of any fume, radiological or chemical hoods.

6. The locations of all medical gas outlets, piping distribution risers, terminals, alarm panels, low pressure emergency oxygen connection, isolation/zone valves, and gas source locations.

7. The locations and relative size of major items of mechanical equipment such as chillers, air handling units, fire pumps, medical gas storage, boilers, vacuum pumps, air compressors and fuel storage vessels.

8. The locations of hazardous areas and the volume of products to be contained therein.

9. The location of fire pump, stand pipes, and sprinkler risers.

(f) Electrical engineering drawings that include:

1. A one-line diagram of normal and essential electrical power systems showing service transformers and entrances, switchboards, transfer switches, distribution feeders and over-current devices, panel boards and step-down transformers. The diagram must include a preliminary listing and description of new and existing, normal and emergency loads, preliminary estimates of available short-circuit current at all new equipment and existing equipment serving any new equipment, short-circuit and withstand ratings of existing equipment serving new loads and any new or revised grounding requirements.

2. Fire alarm zones and correlate with the life safety plan.

(g) Outline specifications are to include a general description of the construction, including construction classification and ratings of components, interior finishes, general types and locations of acoustical material, floor coverings, electrical equipment, ventilating equipment and plumbing fixtures, fire protection equipment, and medical gas equipment.

(h) Whenever an existing building is to be converted to a health care facility, the general layout of spaces of the existing structure must be submitted with the preliminary plans for the proposed facility.

(i) Whenever additions, modifications, alterations, renovations, and refurbishing to an existing building are proposed, the general layout of spaces of the existing facility must be submitted with the preliminary plans.

(12) Stage III, Construction Documents – The Stage III construction documents shall be an extension of the Stage II preliminary plan submission and shall provide a complete description of the contemplated construction. Construction documents shall be signed, sealed, dated and submitted for written approval to the Agency's Office of Plans and Construction submitted by a Florida registered architect and Florida registered professional engineer. An architecture or engineering firm, not practicing as a sole proprietor, must provide proof of registration as an architecture or engineering

firm with the Florida Department of Business and Professional Regulation. The documents must consist of work related to civil, structural, mechanical, and electrical engineering, fire protection, lightning protection, landscape architecture and all architectural work. In addition to the requirements for Stage II submission, the following must be incorporated into the construction documents:

(a) Site and civil engineering plans that indicate building and site elevations, site utilities, paving plans, grading and drainage plans and details, locations of the two fire hydrants utilized to perform the water supply flow test, and landscaping plans.

(b) Life safety plans for the entire project.

(c) Architectural plans.

1. Typical large-scale details of all typical interior and exterior walls and smoke walls, horizontal exist and exit passageways.

2. Comprehensive ceiling plans that show all utilities, lighting fixtures, smoke detectors, ventilation devices, sprinkler head locations and fire-rated ceiling suspension member locations where applicable.

3. Floor/ceiling and roof/ceiling assembly descriptions for all conditions.

4. Details and other instructions to the contract on the construction documents describing the techniques to be used to seal floor construction penetrations to the extent necessary to prevent smoke migration from floor to floor during a fire.

(d) Structural engineering plans, schedules and details.

(e) Mechanical engineering plans to include fire and smoke control plans. Show all items of owner furnished equipment requiring mechanical services. Provide a clear and concise narrative control sequence of operations for each item of mechanical equipment including: air conditioning, heating, ventilation, medical gas, plumbing, and fire protection and any interconnection of the equipment of the systems. Mechanical engineering drawings must depict completely the systems to be utilized, whether new or existing, from the point of system origination to its termination. Provide a tubular schedule giving the required air flow (as computed from the information contained on the ventilation rate table) in cubic feet per minute (cfm) for supply, return, exhaust, outdoor, and ventilation air for each space listed or referenced by note on the ventilation rate table as shown on the architectural documents. The schedule must also contain the Heating Ventilation and Air Conditioning (HVAC) system design air flow rates and the resulting space relative pressures. The schedule or portion of the schedule, as applicable, must be placed in the specifications or in the drawing set containing the spaces depicted.

(f) Fire protection plans, where applicable, that must include the existing system as necessary to define the new work.

(g) Electrical engineering plans that must describe complete power, lighting, alarm, communications and lightning protection systems and power system study.

(h) A power study that must include a fault study complete with calculations to demonstrate that over-current devices, transfer switches, switchboards, panel boards, motor controls, transformers and feeders are adequately sized to safely withstand available phase-to-phase and phase-to-ground faults. The study must also include an analysis of generator performance under fault conditions and a coordination study resulting in the tabulation of settings for all over-current device adjustable trips, time delays, relays and ground fault coordination. This must be provided for all new equipment and existing equipment serving any new equipment. Power studies for renovations of existing distribution systems must include only new equipment and existing equipment upstream to the normal and emergency sources of the new equipment. Renovations involving only branch circuit panel boards without modifications to the feeder will not require a full power study; instead, the power study will be limited to the calculation of new and existing loads of the branch circuit panel.

(i) A complete set of specifications of all work to be undertaken.

1. All project required contractor supplied testing and/or certification reports must be submitted in type written format, on standard forms, reviewed and accepted by the Engineer of Record prior to presenting to the Agency for review.

2. The specifications must require a performance verification test and balance air quality value report for two operating conditions for each air handling unit system. One operating condition must be with the specified air filters installed in the minimum pressure drop or clean state. The second operating condition must be at the maximum pressure drop and/or dirty state. The air quantities reported are acceptable if they are within ten percent of the design value and the space relative pressures are maintained. This requirement applies to any air-handling unit affected by the construction to be performed.

(j) Well-coordinated construction documents. In the case of additions to existing institutions, the mechanical and electrical, especially existing essential electrical systems and all other pertinent conditions must be a part of this submission.

(k) Signed, sealed and dated subsequent addenda, change orders, field orders and other documents altering the above must be submitted for advance written approval from the Agency's Office of Plans and Construction.

(13) Initial submissions will be acted upon by the Agency within 60 days of the receipt of the initial payment of the plan review fee. The Agency will either approve or disapprove the submission and will provide a listing of deficiencies in writing. Each subsequent resubmission of documents for review on the

project will initiate another 60-day response period. All deficiencies noted by the Agency must be satisfactorily corrected before final construction approval can be obtained for the project from the Agency.

(14) Additions or revisions that substantially change the original scope of the project or are submitted by different design professionals will be required to be submitted as a new project.

(15) Within 60 days after final approval of the project has been obtained from the Agency, the licensee and the Agency's Office of Plans and Construction must be provided with a complete set of record drawings electronically submitted as Portable Document Format (.pdf) files showing all of the construction, fixed equipment and the mechanical and electrical systems as installed. These electronically submitted .pdf files must include the life safety plans of the facility.

Rulemaking Authority 400.23 FS. Law Implemented 400.011(2), 400.141, 400.232 FS. History—New _____.

59A-4.150 Geriatric Outpatient Nurse Clinic.

(1) Definitions:

~~(a) Advanced Registered Nurse Practitioner — a person who holds a current active license to practice professional nursing and a current Advanced Registered Nurse Practitioner certificate issued by the Florida State Board of Nursing.~~

~~(a)(b) Appropriate Resources — those service providers who provide most effectively and efficiently the specific services needed by the geriatric patient.~~

~~(c) Agency for Health Care Administration — AHCA.~~

~~(b)(d) Geriatric Outpatient Nurse Clinic — a site in a nursing home treatment room for the provision of health care to geriatric patients on an outpatient basis which is staffed by a registered nurse or by a physician's assistant or a licensed practical nurse under the direct supervision of a registered nurse, advanced registered nurse practitioner, physical assistant or a physician.~~

~~(c)(e) Geriatric Patient — any patient who is 60 years of age or older.~~

~~(f) Nursing Facility — a facility licensed under Part I of Chapter 400, F.S.~~

~~(g) Physician's Assistant — a person who holds a current certificate issued by the Florida State Board of Medical Examiners of Florida State Board of Osteopathic Medical Examiners, to serve as a physician's assistant to function in the dependent relationship with the supervising physician. (Sections 458.135(2)(d); 459.151(2)(d), F.S.)~~

~~(d)(h) Pre-established Protocols — a statement prepared by or with the responsible or attending physician and/or physician assistant and advanced registered nurse practitioner defining the extent and limits of the medical services provided by the nurse. Such protocols are to be reviewed at periods not to exceed one year, to be dated and signed by the physician, and to be kept readily available.~~

~~(i) Professional Standards of Practice — those measurements or guides for practice developed and/or endorsed by the respective professional disciplines.~~

~~(j) Registered Dietitian — one who meets the standards and qualifications established by the Committee on Professional Registration of the American Dietetic Association and is currently registered with the American Dietetic Association.~~

~~(k) Registered Nurse — a person who holds a current active license to practice professional nursing issued by the Florida State Board of Nursing. (Section 464.071, F.S.)~~

~~(e)(4) Responsible Physician — the licensed physician delegated by the supervising physician as responsible for the services rendered by the registered nurse, physician’s assistant, advanced registered nurse practitioner, or a licensed practical nurse under the direct supervision of a registered nurse, advanced registered nurse practitioner, physician assistant or a physician in the absence of the supervising physician.~~

~~(f)(m) Routine Health Care — the provision of preventive care, detection of health problems, referral for medical care, and management of chronic illness within medical prescriptions.~~

~~(g)(n) Substantive Change — a change in when the patient’s condition indicating the need for changes to such an extent that a change in treatment and/or medication orders is indicated or when pre-established protocols are not applicable.~~

~~(h)(o) Supervising Physician — the licensed physician assuming responsibility and legal liability for the services rendered by the registered nurse, physician’s assistant, advanced registered nurse practitioner or a licensed practical nurse under the direct supervision of a registered nurse, advanced registered nurse practitioner, physician assistant or a physician.~~

~~(i)(p) Treatment Room — the room or suite of rooms set aside for the examination and care of patients.~~

(2) Applications.

~~(a) The nursing home licensee must submit a letter A letter shall be sent through the local county Health unit to the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, MS 33, Tallahassee, FL 32303, AHCA by the operator of a currently licensed nursing home stating intent to establish a geriatric outpatient nurse clinic in compliance with Chapter 400, F.S., Chapter 77-401, Laws of Florida, and this rule the rules pertaining to these chapters. Such notice may also be provided at the time of initial licensure or licensure renewal. A copy of said letter shall be sent to the Health Program Office of the Department of Health and Rehabilitative Services by the local county health unit. This letter must shall be sent at least sixty (60) days prior to the anticipated date of the establishment of the clinic. The Director, County Health Unit shall provide specific recommendations for operation of the clinic when transmitting the letter.~~

~~(b) The licensee must be compliant The AHCA shall ascertain compliance with all applicable laws, rules, regulations, Chapter 400, Part II and Chapter 408, Part II, F.S. and Florida Building Code during an inspection by the Agency and codes and by letter notify the operator of compliance or non-compliance.~~

~~(c) Receipt of the letter of notification stating compliance shall constitute authority to operate a geriatric outpatient nurse clinic within the facility.~~

~~(d) Application for renewal of authority to operate a geriatric outpatient nurse clinic must shall be submitted in the manner described above at the same time the application for the nursing home licensure renewal relicensure is submitted.~~

~~(e) Suspension or revocation of the nursing home license automatically suspends or revokes authority to operate the geriatric outpatient nurse clinic.~~

~~(f) A Certificate of Need issued by the AHCA required by Sections 381.493 through 381.497, F.S., is a pre-requisite to establish a geriatric outpatient nurse clinic.~~

(3) Treatment Rooms and Access Areas.

~~(a) Plant maintenance and housekeeping must shall be in accordance with Rule 59A-4.122 Rule 59A-4.049, F.A.C.~~

~~(b) Every nursing home licensee facility conducting a geriatric outpatient nurse clinic must shall:~~

~~1. Use an existing treatment room exclusively for the examination and treatment of patients.~~

~~2. Store supplies and equipment in such a manner that safeguards patients and staff from hazards.~~

~~3. Have a waiting area which does not interfere with regular in-patient functions.~~

~~4. Provide clinic patients with the most direct route to and from the treatment room.~~

~~(4) Administration.~~

~~(a) The business and administrative management of the geriatric outpatient nurse clinic must shall be under the management control of the nursing home facility administrator. This must shall include, ~~but not be limited to~~ maintenance of the following written records:-~~

~~1. Clinic financial records which identify all income by source and describe all expenditures by category in such a manner as to be suitable by community recognized procedure.~~

~~1.2. An accident and incident record, containing a clear description of each accident and any other incident hazardous or deviant behavior of a patient or staff member with names of individuals involved, description of medical and other services provided, by whom such services were provided and the steps taken to prevent recurrence.~~

~~2.3. Personnel records for each clinic employee and/or contractual provider. Employees of a geriatric outpatient clinic must have a Level 2 background screening as required in Section 408.809 and chapter 435, F.S. These records must will~~

be kept updated and include current Florida license and certificate numbers. ~~The original~~ Original application for the position, references furnished and an annual performance evaluation ~~must shall~~ be included.

~~3.4.~~ A record of personnel policies, including statement of policies affecting personnel, and a job description for each person providing clinic services.

~~4.5.~~ Clinic Schedule.

~~5.6.~~ Compliance with the requirements of Title VI of the Civil Rights Act of 1964, Section 2000, effective date July 2, 1964, is incorporated herein by reference at <http://www.justice.gov/crt/cor/coord/titlevistat.php>.

(b) The provision of health services through geriatric outpatient ~~nurse~~ clinics ~~must shall~~ be under the direct management control of the registered nurse, ~~or~~ physician's assistant or a licensed practical nurse under the direct supervision of a registered nurse, advanced registered nurse practitioner, physician assistant or physician, providing those services. The licensee must oversee Management control of the provision of health services to assure all health services are provided to protect the health, safety and well-being of the patients. The licensee must also:

~~1. Assurance that all health services are provided according to legal, ethical and professional practice standards to protect the health, safety and well being of the patients.~~

~~1.2.~~ Maintain the Maintenance and confidentiality of clinical records for each patient as required in this ~~chapter~~rule, section 400.0222, F.S., Title 42 Code of Federal Regulation section 483.10, effective October 1, 2003, Title 45 Code of Federal Regulation chapters 160, 162 and 164 with an effective date of August 14, 2002, which is incorporated by reference and available at <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=%2Findex.tpl>.

~~2.3.~~ Develop and periodically Responsibility for development and periodic review ~~the~~ of written policies and protocols governing patient care, including emergency procedures.

~~3.4.~~ Develop and periodically Responsibility for development and periodic review ~~the~~ of patient referral system.

~~4.5.~~ Administer and handle Responsibility for the administration and handling of drugs and biological as required in ~~these rules~~ this rule, Chapter 400 Part II, F.S., Title 42 C.F.R. 483.25(1), Title 42 C.F.R. 483.25(m), effective October 7, 2005 and 42 C.F.R. 483.60, effective September 23, 1992, which is incorporated by reference and available at <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=%2Findex.tpl>.

~~5.6.~~ Maintain Maintenance of an individual and cumulative clinic census record.

~~6.7.~~ Coordinate Coordination of patient care with the attending physician and other community health and social agencies and/or facilities.

~~7.8.~~ Maintain Maintenance of a safe, and sanitary clinic environment.

(5) Fiscal Management.

(a) There ~~must shall~~ be a recognized system of accounting used to accurately reflect business details of the clinic operation, documentation of all transactions, and services kept separate from the nursing home's facility fiscal records.

(b) A reasonable fee, based on cost of operation and services, may be charged for clinic services rendered.

(c) Personnel involved in operating and/or providing clinic services ~~must shall~~ not:

1. Pay any commission, bonus, rebate or gratuity to any organization, agency, physician, employee or other person for referral of any patients to the clinic.

2. Request or accept any remuneration, rebate, gift, benefit, or advantage of any form from any vendor or other supplier because of the purchase, rental, or loan, of equipment, supplies or services for the resident client and/or patient.

(6) Personnel Policies.

(a) Staff in the geriatric outpatient ~~nurse~~ clinic ~~must will~~ be governed by the personnel standards in this rule, Section 400.141, F.S., Title 42 Code of Federal Regulation 483.75, effective May 5, 2002, 42 CFR 483.75, effective August 11, 2009, 42 CFR 483.30, effective October 28, 2005, which is incorporated by reference and available at <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=%2Findex.tpl> ~~their~~ Personnel Standards in rules and Regulations governing Nursing Homes and Related Health Care Facilities, Rule 59A-4.157, F.A.C.

(b) Staff in the geriatric outpatient nurse clinic ~~must shall~~ be qualified and sufficient in numbers to perform the necessary services.

(c) Services of this clinic ~~must not will in no way~~ reduce the minimum staffing standards for in-patient care.

(d) Staff in the geriatric outpatient clinic may be regularly employed or serve on a contractual basis.

(7) Personnel Functions and Responsibilities.

(a) ~~Registered Nurse (Sections 464.021(2)(a)1., 2., F.S.)~~ The registered nurse, advanced registered nurse practitioner (ARNP), physician assistant or a licensed practical nurse under the direct supervision of a registered nurse, ARNP, physician assistant or physician staffing the geriatric outpatient clinic must:

1. ~~Be responsible~~ ~~The nurse shall have the responsibility~~ for eliciting and recording a health history, observation and assessment nursing diagnosis, counseling and health teaching of patients and the maintenance of health and prevention of illness. ~~The nurse shall provide treatment for the medical aspects of care according to pre-established protocols or physician's orders.~~

2. Provide treatment for the medical aspects of care according to pre-established protocols or physician's orders.

~~3.2. Note~~ ~~The nurse shall note~~ findings and activities on the clinical record.

~~4.3. Provide~~ ~~The nurse shall provide~~ progress reports to the attending physicians about patients under the physician's care when there is a substantive change in the patient's condition, there are deviations from the plan of care, or ~~at least~~ every sixty (60) days.

~~(b) The Advanced Registered Nurse Practitioner (Section 464.003(3)(e), F.S.)~~

~~1. The Advanced Registered Nurse Practitioner shall perform the functions outlined for the Registered Nurse, and in addition: Provide additional services dependent upon the certification authority of the Advanced Registered Nurse Practitioner by the Florida State Board of Nursing.~~

~~2. The Advanced Registered Nurse Practitioner shall note findings and activities on the clinical record.~~

~~(e) The Physician's Assistant (Sections 458.347(3); 459.022, F.S.)~~

~~1. The Physician's assistant shall perform health care tasks delegated by the supervising or responsible physician.~~

~~2. The Physician's Assistant shall note findings and activities on the clinical record.~~

(8) Patient Eligibility Criteria.

(a) Acceptance of patients and discharge policies must ~~shall~~ include ~~but not be limited to~~ the following:

~~1.(b)~~ Patients must ~~shall~~ be accepted for clinic services on self-referral for nursing care, or upon a plan of treatment established by the patient's attending physician.

~~2.(e)~~ Patients ~~The patients~~ with an attending physician will be held responsible for providing the clinic with a written medical plan of treatment reviewed and signed by their physician ~~at least sixty (60) days.~~

~~3.(d)~~ When services are to be terminated, the patient must ~~is to~~ be notified of the date of termination and the reason for termination which shall be documented in the patient's clinical record. A plan shall be developed for a referral made for any continuing care required ~~indicated.~~

(9) Patient's Rights.

(a) The nursing home licensee must ~~facility shall~~ adopt, implement and make public a statement of the rights and responsibilities of the clinic patients and must ~~shall~~ treat such patients in accordance with the provisions of the ~~said~~ statement.

This statement ~~must~~ ~~shall~~ be conspicuously posted and available to clinic patients in pamphlet form. The statement must ensure ~~shall insure~~ each patient the following:

~~1.(b)~~ The right to have private communication with any person of his or her choice.

~~2.(e)~~ The right to present grievances on behalf of himself, herself, or others to the facility's staff or administrator, to government officials, or to any person without fear of reprisal, and to join with other patients or individuals to work for improvements in patient care.

~~3.(d)~~ The right to be fully informed in writing, prior to or at the time of admission and during his or her attendance, of fees and services not covered under Title XVIII or Title XIX of the Social Security Act or other third party reimbursement agents.

~~4.(e)~~ The right to be adequately informed of his or her medical condition and proposed treatment unless otherwise indicated in the written medical plan of treatment by the physician, and to participate in the planning of all medical treatment, including the right to refuse medication and treatment, unless otherwise indicated in the written medical plan of treatment by the physician, and to know the consequences of such actions.

~~5.(f)~~ The right to receive adequate and appropriate health care consistent with established and recognized practice standards within the community and the ~~with~~ rules as promulgated by the Agency AHCA.

~~6.(g)~~ The right to have privacy in treatment and in caring for personal needs, and confidentiality ~~in the treatment~~ of personal and medical records.

~~7.(h)~~ The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement of the services provided by the nursing home licensee facility.

~~(i) The right to freedom of choice in selecting a nursing home.~~

~~1. Each nursing home shall post a copy of the statement required by subsection (1) so that it is clearly evident.~~

~~(b)2-~~ Any violation of the patient's rights set forth in this section shall constitute grounds for action by the Agency AHCA under the provisions of Section 400.102, F.S.

(10) The scope of services ~~Scope of Services~~ of the Geriatric Outpatient Nurse-Clinic ~~must include:-~~

(a) Observation of signs and symptoms.

(b) Assessment of health status/progress.

(c) Nursing diagnosis and plan of care.

(d) Nursing care of patients and counseling to maintain health and prevent disease, including diet counseling.

(e) Health instruction to control progression of disease and/or disability and self-care measures.

(f) Administration of medication and treatment as prescribed by a person licensed in this state to prescribe such medications and treatment.

(g) Provision of progress reports to the attending physician.

(h) Referral for additional services as needed.

(i) Follow-up on a regular basis by communication with the patient, the patient's physician, and other agencies or persons to which referrals were made.

(j) When staffed by an ARNP or physician's assistant ~~Advanced Registered Nurse Practitioner or Physician's Assistant~~, additional services may be provided dependent upon their respective certification authority. (Sections 458.347, 459.022, ~~464.003(3)(c)~~, F.S.)

(11) Clinical Records.

(a) The clinic must shall maintain a clinical record for every patient receiving health services that contain the following:

1. Identification data including name, address, telephone number, date of birth, sex, social security number, clinic case number if used, next of kin or guardian and telephone number, name and telephone number of patient's attending physician.

2. Assessment of problems.

3. A health care plan ~~Health Care Plan~~ including diagnoses ~~diagnose~~, type, and frequency of services and when receiving medications and medical treatments, the medical treatment plan and dated signature of the physician or designee ~~health professional~~ licensed in this state to prescribe such medications and treatments.

4. Clinical notes, signed and dated by staff providing the service.

a. Progress notes with changes in the patient's condition.

b. Services rendered with progress reports.

c. Observations.

d. Instructions to the patient and family.

e. Referrals made.

f. Consultation reports.

g. Case conferences.

h. Reports to physicians.

i. Termination summary which must include:-

(I) Date of first and last visit.

(II) Total number of visits by discipline.

(III) Reason for termination of service.

(IV) Evaluation of achievements of previously established goals at time of termination.

(V) Condition of patient on discharge.

j. Clinical records must shall be confidential. Information may be released by the nurse, ARNP or physician's assistant responsible for clinical services only: in accordance with state and federal regulations related to patient records and confidentiality.

~~(I) When permission is granted in writing by the patient or guardian.~~

~~(II) To those persons or agencies with a legitimate professional need or regulatory authority pursuant to Section 455.241, F.S.~~

~~(III) When so ordered by the courts.~~

(12) Medications. The clinic must shall have policies and procedures for the administration of medications by health care professionals acting within the scope of practice defined by laws and rules of the Department of Health and the Department of Business and Professional Regulation which must shall include, ~~for example~~, the following:

(a) All prescriptions for medications must shall be noted on the patient record, and include the date, drug, dosage, frequency, method or site of administration and the authorized health care professional's signature.

(b) All verbal orders for medication or medication changes must shall be taken by the clinic registered nurse, ARNP or physician's assistant. Such must be in writing and signed by the authorized health care professional within eight (8) days and added to the patient's record.

(c) The clinic registered nurse, ARNP or physician's assistant must shall record and sign for each medication administered, by: drug, dosage, method, time and site on patient's record.

(d) An emergency plan for reversal of drug reaction to include the nursing licensee's pro re nata (P.R.N. or "as needed") ~~facility's PRN~~ standing orders for medications available in the emergency drug medication kit.

(e) If there is not a separate emergency drug medication kit in the clinic, the nursing home licensee's facility's emergency drug medication kit must shall be immediately accessible for use in the outpatient clinic.

(f) A drug storage system which includes:

1. Prescribed medications for individual outpatients may be retained in the clinic. These medications shall be stored separately from those of the nursing home in-patients for preventive measures and treatment of minor illnesses.

2. Multi-dose containers must shall be limited to medications or biologicals commonly prescribed for preventive measures and the treatment of minor illnesses.

3. A list must shall be kept of patients receiving medication from multi-dose medication containers.

Rulemaking Authority ~~381.493-381.497~~, 400.141(3), 400.23(2) FS. Law Implemented 400.33, 400.141, ~~400.333~~ FS. History—New 4-27-78, Formerly 10D-29.71, 10D-29.071, 59A-4.071, Amended 2-6-97, _____.

59A-4.165 Nursing Home Guide.

(1) Pursuant to Section 400.191 F.S., the Agency shall ~~publish the Nursing Home Guide quarterly in electronic form provide information to the public in consumer friendly printed and electronic formats (hereafter collectively the "Guide")~~ to assist consumers and their families in comparing and evaluating nursing home facilities. The Nursing Home Guide or "Guide", herein incorporated by reference, is available on the web at <http://www.floridahealthfinder.gov/LandingPages/NursingHomeGuide.aspx>.

~~(2) The format of the printed Guide is shown in the Nursing Home Guide 2000 document, dated July 2000, incorporated by reference herein.~~

~~(3) The format of the electronic Guide will be the same as the printed Guide, but with the addition of the following:~~

~~(a) The ability to search for a facility electronically.~~

~~(b) Details of which deficiencies the facility has been cited for over the past 45 months.~~

~~(2)(4) The electronic data provided in the Guide shall include the following:~~

~~(a) The ability to search for a nursing home.~~

~~(b)(a) General guidance about when a nursing home is the appropriate choice of care.~~

~~(c)(b) General guidance about selecting a nursing home.~~

~~(d)(e) Contact information such as phone numbers and web sites where questions can be answered, and further information can be obtained.~~

~~(e)(d) A listing of all nursing home facilities in the State of Florida, including hospital based skilled nursing units. This listing shall include for each nursing home facility the following:~~

1. Name;
2. Address;
3. Telephone Voice and fax phone numbers;
4. Web address of facility;
5. A recognition if the nursing home licensee facility has been awarded a Gold Seal;
6. The current licensee;
7. Which calendar year the current licensee became the licensee;
8. Whether the licensee is a for-profit, or non-profit entity, and whether or not the nursing home facility is part of a retirement community;
9. Any corporate or religious affiliations;
10. The number of private, semi-private, and total beds at the nursing home facility;
11. The lowest daily charge for a semi-private room;
12. The payment forms accepted;
13. Any special services or amenities, or recreational programs provided;

14. Any non-English languages spoken by the administrator or staff of the nursing home facility; and

~~15. A summary of the deficiencies found at the facility over a 45-month period prior to the publication of the Guide. The summarization procedure is discussed in detail below.~~

~~(f) Details of each deficiency the nursing home has been cited for over the time period specified in Section 400.191, F.S.~~

~~(3) The format of the published Guide is shown in the Nursing Home Guide Methodology, which is incorporated by reference herein and located on the web at <http://www.floridahealthfinder.gov/Comparecare/MethodologyNH.aspx>.~~

~~(4)(5) The Guide will employ a procedure for summarizing the deficiencies as follows:~~

~~(a) All deficiencies cited over the most recently available time period as specified in Section 400.191, F.S., 45-month period prior to the publication of the Guide will be collected.~~

~~(b) Each citation will be assigned points based on the type of deficiency and its assigned severity and scope. For those nursing homes facilities that are not federally certified, each citation will be assigned points based on the type of deficiency and its assigned class. Nursing homes Facilities that are federally certified have their deficiencies cited using federal recorded as F-Tags and K-Tags. Nursing homes Facilities that are not federally certified have their deficiencies cited using state receive N-Tags instead of F-Tags and K-Tags. For the non-federally certified nursing homes facilities the findings supporting each cited state N-Tag or K-Tag shall be reviewed read by the Agency to determine which federal F-Tag or K-Tag the state tag each of the cited N-Tags is equivalent to. The points assigned to a state tag an N-Tag or K-Tag shall be those that would be assigned to the equivalent federal F-Tag or K-Tag, if the nursing home facility were federally certified.~~

~~(c) A score for a nursing home facility will be computed by summing the points of all of its citations, and then dividing this sum by the number of annual recertification surveys conducted during the at the facility in the same 45-month period as in paragraph (a) above. For those facilities that are not federally certified, the number of annual licensure surveys will be used in place of the number of annual recertification surveys. For current non-federally certified nursing homes that become federally-certified nursing homes, a combination of the non-federally certified citation score and the federally-certified citation score will be utilized.~~

~~(d) For federally certified nursing homes facilities, the above computations will reflect any changes resulting from the Informal Dispute Resolution process, or administrative or appellate proceedings; inasmuch as the federal Centers for Medicare and Medicaid Services Health Care Financing Administration concurs with such changes.~~

(e) The scores for the freestanding nursing homes facilities will be ranked within each region. The regions are defined in the “Nursing Home Guide Methodology Performance Measures Algorithm” document, dated July 2000, incorporated by reference herein.

~~(f) Ranks for the hospital based skilled nursing units will be assigned the same rank as the freestanding nursing facility in the same region with an equal or next lower score.~~

~~(f)(g) These ranks shall be presented numerically and/or symbolically in the Guide.~~

~~(g)(h) Paragraphs (b) through (f)(g) shall be repeated for Components of Inspection which are subsets of the citations. Components of inspection These subsets are discussed in the “Nursing Home Guide Methodology Performance Measures Algorithm” document, dated July 2000, incorporated by reference herein. The subsetting of the tags for non-certified nursing homes shall be accomplished by using the equivalent federal F-Tags and K-tags.~~

~~(i) Facilities that are federally certified have their deficiencies recorded as F Tags and K Tags. Facilities that are not federally certified receive N Tags instead of F Tags and K Tags. For the non federally certified facilities the findings supporting each N Tag shall be read by the Agency to determine which F Tag or K Tag each of the cited N Tags is equivalent to. The subsetting of the tags in (h) for non-certified facilities shall be accomplished by using these equivalent F-Tags and K Tags.~~

~~(j) The documents incorporated by reference may be obtained from the Agency for Health Care Administration, Managed Care and Health Quality Division, 2727 Mahan Dr., Tallahassee, FL 32308.~~

~~(6) The internet version of the guide will be available at www.fdhe.state.fl.us and www.floridahealthstat.com. Rulemaking Specific Authority 400.191(6) FS. Law Implemented 400.191 FS. History–New 2-15-01, Amended _____.~~

59A-4.202 Quality of Care.

(1) The Agency shall determine how a Gold Seal recommended licensee ranks relative to other licensees in the same region.

(2) The agency shall compute a quality of care score and rank nursing home licensees, in accordance with the Nursing Home Guide Methodology, incorporated herein by reference and located on the web at <http://www.floridahealthfinder.gov/CompareCare/MethodologyNH.aspx> Performance Measures Algorithm, July 2000.

(3) To be considered further for a Gold Seal Award, the facility’s quality of care rank must be in the top 15% of facilities in the applicant’s region or top 10% statewide. The facility must also be ranked in the Nursing Home Guide as a five-star facility overall.

Rulemaking Authority 400.235(9) FS. Law Implemented 400.235 FS. History–New 8-21-01, Amended 5-15-07, _____.

59A-4.204 Turnover Ratio.

(1) An applicant for Gold Seal Award must meet at least one of the following to demonstrate a stable workforce:

(a) Have a turnover rate no greater than 50 percent for the most recent 12 month period ending on the last workday of the most recent calendar quarter prior to submission of an application. ~~The turnover rate will be computed in accordance with Section 400.141(15)(b), F.S.,~~ The turnover rate is the total number of terminations or resignations of CNAs and licensed nurses during the quarter divided by the number of CNAs and licensed nurses employed at the end of the quarter, or

(b) Have a stability rate indicating that at least 50 percent of its staff has ~~have~~ been employed at the facility for at least one year. ~~The stability rate will be computed in accordance with Section 400.141(15)(c), F.S.~~ The stability rate is the total number of CNAs and licensed nurses that have been employed for more than 12 months, divided by the total number of CNAs and licensed nurses employed at the end of the quarter.

(2) Each applicant for Gold Seal Award must submit evidence of an effective recruitment and retention program. Rulemaking Authority 400.235(9) FS. Law Implemented 400.235 FS. History–New 8-21-01, Amended 5-15-07, _____.

59A-4.206 Termination and Frequency of Review.

(1) Termination of Gold Seal Designation. The occurrence of any one of the following events shall disqualify the licensee from continuing as a Gold Seal facility:

(a) The filing of a petition by or against the owner or its parent company under the Bankruptcy Code;

(b) The issuance of a citation for a Class I or Class II deficiency or the assignment of a conditional license.

(c) The nursing home has a survey, after receipt of the Gold Seal designation that results in an overall rank of less than five stars in the Nursing Home Guide.

(2) For federally certified facilities, if the disqualifying event is the issuance of a citation for a Class I or Class II deficiency or the assignment of a conditional license status, the Gold Seal Award shall be withdrawn only after the results of the federal Informal Dispute Resolution (IDR) process are considered, if an IDR is requested.

(3) The termination or correction of a disqualifying event does not cause the Gold Seal to be reinstated. The licensee shall resubmit a complete application package and must meet all the conditions necessary to be awarded a Gold Seal.

(4) Termination of Gold Seal Applicants. Prior to the Governor’s issuance of the Award, the occurrence of any of the following events shall disqualify the licensee from continuing as a Gold Seal applicant and the application will be denied;

(a) The filing of a petition by or against the owner or its parent company under the Bankruptcy Code;

(b) The licensee fails to maintain a qualifying Quality of Care rank as defined in subsection 59A-4.203(3), F.A.C.;

(c)(4) The issuance of a citation for ~~If a licensee receives~~ a Class I or Class II deficiency or a licensee is assigned a conditional license status while it is being considered for a Gold Seal Award by the panel, the application will be denied.

(5) If the applicant meets criteria for denial or termination, the Agency shall offer the opportunity for the applicant to withdraw the application.

~~(6)(5)~~ Frequency of Review. A Gold Seal licensee shall submit a complete renewal application every three ~~two~~ years. The renewal application must be received by the agency during the appropriate review period as provided in Rule 59A-4.2015, F.A.C., to ensure the licensee will not have a lapse in the Gold Seal designation.

Rulemaking Authority 400.235(9) FS. Law Implemented 400.235 FS. History--New 8-21-01, Amended 5-15-07, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Jacqueline M. Williams

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Elizabeth Dudek

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 16, 2014

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: October 31, 2013

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NOS.:	RULE TITLES:
59A-26.001	Definitions
59A-26.002	Licensure Procedure, Fees and Exemptions
59A-26.003	Classification of Deficiencies
59A-26.004	Responsibilities for Operation
59A-26.005	Fiscal Standards
59A-26.006	Admission Policies and Requirements
59A-26.007	Personnel Standards
59A-26.008	Training, Habilitation, Active Treatment Professional, and Special Programs and Services
59A-26.009	Dietary Services
59A-26.010	Dental Services
59A-26.011	Psychological Services
59A-26.012	Drugs and Pharmaceutical Services
59A-26.013	Administration of Medications to ICF/DD Residents by Unlicensed Medication Assistants
59A-26.014	Training and Validation Required for Unlicensed Medication Assistants
59A-26.015	Plant Maintenance and Housekeeping

59A-26.016	Fire Protection, Life Safety, Systems Failure and External Emergency Communication Plans Submission and Fees Required
59A-26.017	Physical Plant Codes and Standards for ICF/DD
59A-26.018	Construction and Physical Environment Standards
59A-26.019	Disaster Preparedness
59A-26.020	

PURPOSE AND EFFECT: The Agency proposes to establish rules regarding specific criteria including minimum standards of program development and quality of care of Intermediate Care Facilities for the Developmentally Disabled pursuant to Section 400.967, F.S.

SUMMARY: Rules will establish specific criteria pertaining to licensure requirements including procedures for licensing, fees and exemptions, classification of deficiencies, responsibility of operation, fiscal standards, fiscal prohibitions, kickbacks and referrals, admission policies, personnel standards, training, habilitation, active treatment professional and specific program services, dietary, dental and psychological standards, drugs and pharmaceutical services, administration of medications by unlicensed direct care service staff , including training and validation of the unlicensed medication assistants, plant maintenance and housekeeping, fire protection, life safety, systems failure, and external communications, plans submission and fee requirements, physical environment standards and disaster preparedness for Intermediate Care Facilities for the Developmentally Disabled.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION: The Agency has determined that this 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. A SERC has been prepared by the Agency.

Statements of estimated regulatory costs have been prepared for proposed rule revisions in Rules 59A-26.005, 59A-26.009 and 59A-26.022, F.A.C., and are available from the person listed below. The following is a summary of the SERCs:
For proposed Rule 59A-26.005, F.A.C., license fees are increased by the Consumer Price Index pursuant to Section 408.805(2), F.S. The biennial license fee will increase by \$21.88 per bed. Based on the number of currently licensed facilities, the total regulatory impact for a 5 year period is \$159,286.40.

For proposed rule Rule 59A-26.009, F.A.C., subsection (7) requires the licensee to ensure that 50% of its staff on duty at all times are certified in cardio-pulmonary resuscitation (CPR) and received basic first aid training. Section 483.420(d)(3), C.F.R., mandates the staffing ratio for ICF is 1 to 3.2 residents. The average number of beds in an ICF is 28 beds; this averages out to 9 staff per ICF of which 50% or 5 staff that must receive

training. The CPR/First Aid training is \$58.00 for a two-year certification so the average cost is \$290 per facility. Based on the number of currently licensed facilities, the total regulatory impact for a 5 year period is \$73,225.

For proposed Rule 59A-26.022, F.A.C., construction and physical environment standards for intermediate care facilities for the developmentally disabled are being updated to bring the requirements for any newly constructed facilities or changes in current facilities in line with the standards for nursing homes which are a similar facility type housing similar residents that receive chronic, skilled/acute nursing or medical care. Subparagraph 59A-26.022(2)(h)2., F.A.C., increases area required for each bed by 25 square feet and subparagraph 59A-26.022(7)(b)5., F.A.C., requires exterior units to be impact-rated according to the high velocity hurricane zone (HVHZ). The cost to comply with the new standards is \$168,000.

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: A SERC has been prepared by the agency for Rules 59A-26.005, 59A-26.009 and 59A-26.022, F.A.C. For rules listed where no SERC was prepared, the Agency prepared a checklist for each rule to determine the necessity for a SERC.

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: 400.967(2), 408.819 FS.

LAW IMPLEMENTED: 400.967, 408.819 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: January 21, 2015, 9:00 a.m. – 11:00 a.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Conference Room B, Tallahassee, FL 32308

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: Terrosa Buie, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308 or LTCStaff@ahca.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).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308 or email: LTCStaff@ahca.myflorida.com

COMMENTS WILL BE RECEIVED UNTIL 5:00 P.M. ON THURSDAY, JANUARY 22, 2015.

THE FULL TEXT OF THE PROPOSED RULE IS:

Note: Rule titles have changed since the notice of rule development was published in the Vol. 39, No. 122, June 24, 2013 issue of the Florida Administration Register.

59A-26.001 Definitions.

(1) Active Treatment – Active treatment is defined in Section 400.960, F.S. Active treatment includes aggressive, consistent implementation of a program of specialized and generic training, treatment and health services. Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.”

(2) Administrator – The person who is responsible for the overall management of an Intermediate Care Facilities for the Developmentally Disabled (hereinafter referred to as ICF/DD) licensed under this part and certified under 42 CFR 483 Subpart I. The Administrator must meet the following criteria:

(a) Qualified Developmental Disabilities Professional (QDDP); or

(b) Be a licensed nursing home administrator; or

(c) Have a Bachelor’s degree in a human services field and at least one year of experience working with persons with developmental disabilities or related conditions; or

(d) If the individual does not have a Bachelor’s degree in a human services field, five years of experience working with persons with developmental disabilities or related conditions is sufficient.

(3) Advanced Registered Nurse Practitioner (ARNP) – A person duly licensed to practice as an advanced registered nurse practitioner in accordance with Chapter 464, F.S.

(4) Age Appropriate – Services, programming, equipment and supplies that are appropriate for persons who do not have a developmental disability and who are of approximately the same chronological age as the client.

(5) Certified Behavior Analyst – A person who is certified under the Florida Behavior Certification Program in accordance with Section 393.17, F.S.

(6) Chemical Restraint – A chemical restraint means a medication used to control the person’s behavior or to restrict his or her freedom of movement.

(7) Client – Any person determined by the Agency for Persons with Disabilities to be eligible for developmental services.

(8) Client Representative – The person authorized or designated to act on behalf of a client, which may include a

guardian, guardian advocate, or other legally appointed representative, a parent, or if unavailable, another family member.

(9) Day Program – A program that provides day services for individuals in a non-residential setting. The array of services may include pre-school, pre-vocational and vocational training, behavior management, adult education, recreation, semi-independent and independent skills development training, and individual therapies.

(10) Dental Hygienist – A person duly licensed to practice as a dental hygienist in accordance with Chapter 466, F.S.

(11) Dentist – A person duly licensed to practice dentistry in accordance with Chapter 466, F.S.

(12) Facility – The total administrative unit officially licensed and certified as an ICF/DD, which may consist of a number of living units.

(13) General Supervision – Means the responsible supervision of supportive personnel by a licensed practitioner who need not be present when such procedures are performed, but is available and who assumes legal liability.
(14) Habilitation or Support Plan – A client driven document that identifies the needs of an individual client and the programs and services to meet those needs. The plan is derived through a joint interdisciplinary, professional diagnosis and evaluation process and meets the standards as required in 42 CFR 483.440 for an Individual Program Plan (IPP).

(15) Health Care Professional – A physician, physician assistant or advanced registered nurse practitioner.

(16) Interdisciplinary Team (IDT) – The IDT shall be composed of client or client’s representative, Qualified Development Disabilities Professional, social worker, a licensed nurse, the client’s physician and other staff in disciplines determined by the individual client’s needs to develop a care plan to include prevention and management interventions with measurable goals. The team will determine that it is safe for the resident to self-administer drugs before the resident may exercise that right.

(17) Level of Care – The type of care required by a Medicaid applicant or recipient based on medical and related needs as defined by the criteria established in Rule 59G-4.170, F.A.C.

(18) Licensed Nurse – A person duly licensed to practice nursing as a licensed practical nurse, registered nurse or ARNP in accordance with Chapter 464, F.S.

(19) Licensed Practical Nurse – A person duly licensed to practice as a practical nurse in accordance with Chapter 464, F.S.

(20) Over-the-Counter Medication (OTC) – Medication that is authorized, pursuant to federal or state law, for general distribution and use without a prescription in the treatment of human diseases, ailments, or injuries.

(21) Ophthalmic Medication – Eye solution (eye drops) or ointment to be instilled in the eye or applied around the eyelid.

(22) Oral Medication – Any medication, tablet, capsule, or liquid introduced into the gastrointestinal tract by mouth.

(22) Otic Medication – Solutions or ointments to be applied in the outer ear canal or around the outer ear.

(23) Pharmacist – A person duly licensed to practice pharmacy in accordance with Chapter 465, F.S.

(24) Physical Restraint – A physical restraint as defined in Section 400.960(7)(a), F.S. This includes but not limited to, a half-bed rail, a full-bed rail, a geriatric chair, and a posey restraint. The term “physical restraint” shall also include any device which was not specifically manufactured as a restraint but which has been altered, arranged, or otherwise use for this purpose. The term shall not include bandage material used for the purpose of binding a wound or injury.

(25) Physician – A person duly licensed to practice medicine in accordance with Chapter 458 or 459, F.S.

(26) Physician’s Assistant – A person duly licensed to practice medicine in accordance with Chapter 458 or 459, F.S.

(27) Prescribed Medication – A drug or medication obtained pursuant to a prescription, as defined in Section 465.003, F.S.

(28) Psychologist – A person duly licensed to practice as a psychologist in accordance with Chapter 490, F.S.

(29) Qualified Developmental Disabilities Professional (QDDP) – A person who meets the requirements for a QDDP as required by 42 C.F.R. Part 483, Subpart I, section 483.430, F.S.

(30) Registered Dietitian – A person registered by the Commission on Dietetic Registration of the American Dietetic Association.

(31) Registered Nurse (RN) – A person duly licensed to practice as a registered nurse in accordance with Chapter 464, F.S.

(32) Seclusion – Seclusion is defined in accordance with Section 400.960(8), F.S. In addition to the definition, when a person is involuntarily confined in a room or a restricted space and is prevented from leaving, or reasonably believes that he or she will be prevented from leaving, by means that include, but are not limited to:

(a) Manually, mechanically, or electronically locked doors;

(b) One-way doors, which when closed or unlocked, cannot be opened from the inside;

(c) Physical intervention of staff; or

(d) Coercive measures, such as the threat of restraint or sanctions, or the loss of privileges that the client would otherwise have.

(33) Self-Mobile – The ability to use a walker, cane, wheelchair or other mobility device independently without human assistance, including the ability to transfer into and out of the mobility device without human assistance.

(34) Severe Maladaptive Behavior – Actions of an individual absent environmental, behavioral, physical, or chemical intervention, result in or have the potential to damage the individual or others. Such actions require medical attention or occur with sufficient frequency, magnitude, or duration that a life-threatening situation might result.

(35) Shared Facilities and Services – Those central services or facilities such as food preparation, maintenance, laundry and management that are shared by living units within a facility or with other facilities, including day treatment programs.

(36) Unlicensed Medication Assistant (UMA) – An unlicensed direct care service staff member employed in an ICF/DD who has completed the required medication administration training and has met skills validation requirements for the administration of medications to an ICF/DD client.

Rulemaking Authority 400.967 FS. Law Implemented 400.967 FS. History–New _____.

59A-26.002 Licensure Procedure, Fees and Exemptions.

(1) A completed licensure application to operate an Intermediate Care Facility for the Developmentally Disabled (ICF/DD), on the Health Care Licensing Application, Intermediate Care Facilities for the Developmentally Disabled, AHCA Form 3110-5003, July 2014 and the Health Care Licensing Application Addendum, AHCA Form 3110-1024, Rev August 2010, must be made to and license received from the Agency before any person or entity may operate an ICF/DD. These forms are incorporated by reference and are available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX> and <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX> or on the Agency web site at: <http://ahca.myflorida.com/HQAlicensureforms>. Successful completion of a licensure survey by the Agency to determine compliance with the requirements of Chapter 400 Part VIII, Chapter 408, Part II, F.S., and this rule must occur prior to issuing a license.

(2) Applicants for initial licensure must submit to the Agency:

(a) An approved plan review and on-site construction survey conducted by the Agency showing compliance with Chapter 400, Part VIII, F.S. and this rule, and a certificate of occupancy from the local building authority;

(b) A completed licensure application;

(c) Licensure fees at the rate of \$262.88 per bed. A license for an initial application will not be issued until the application fee has been received by the Agency and all monies owed to the Agency have been paid as specified in Section 408.831(1), F.S.;

(d) If the facility is managed by an entity other than the licensee, a copy of any and all letters of intent, agreements, memoranda of understanding, or contracts between licensee and management company;

(e) An approved fire inspection report from the local fire authority completed no more than three months prior to the date of receipt by the Agency of the initial licensure application;

(f) Documentation of compliance with the community residential home requirements as required by Chapter 419, F.S., if applicable;

(g) Satisfactory current proof that the applicant possesses the financial ability to operate the facility as required by Section 408.810, F.S.;

(h) A copy of the Certificate of Need issued by the Agency for the facility to be licensed; and

(i) Proof of the licensee's current right to occupy the ICF/DD building, such as, a copy of a lease, sublease agreement or deed.

(3) Applicants applying for renewal of a license must submit:

(a) A completed licensure application; and

(b) Licensure fees at the rate of \$262.88 per bed by check or money order payable to the Agency for Health Care Administration.

(4) Applicants applying for a change of ownership must submit:

(a) An application for licensure; and

(b) All documents and fees required for initial licensure in subsection (1) of this rule, with the exception of paragraphs (2)(a),(e),(f), and (h).

(5) In addition to the provisions of Chapter 400, Part VIII, Chapter 408, Part II, Chapter 409, F.S. and Chapter 59G-4, F.A.C., a license may be suspended, revoked or denied in any case where the Agency finds that there has been substantial failure to comply with certification or re-certification requirements as a Medicaid provider.

Rulemaking Authority 400.967, 408.819 FS. Law Implemented 400.962, 400.967, 408.804, 408.805, 408.806, 408.807, 408.809, 408.810 FS. History–New _____.

59A-26.003 Classification of Deficiencies.

(1) Violations of Chapter 400, Part VIII, and Chapter 408, Part II, F.S., shall be classified according to the nature of the violation and the gravity of its probable effect on clients. The scope of a violation may be cited as an isolated, patterned, or widespread deficiency. An isolated deficiency is a deficiency affecting one or a very limited number of clients, or involving one or a very limited number of staff, or a situation that occurred only occasionally or in a very limited number of locations. A patterned deficiency is a deficiency in which more than a very limited number of clients are affected, or more than a very limited number of staff are involved, or the situation has occurred in several locations, or the same client or clients have been affected by repeated occurrences of the same deficient practice but the effect of the deficient practice is not found to be pervasive throughout the provider. A widespread deficiency is a deficiency in which the problems causing the deficiency are pervasive in the provider or represent systemic failure that has affected or has the potential to affect a large portion of the provider's clients. The definitions of classifications in this subsection control over conflicting definitions in authorizing statutes. This subsection does not affect the legislative determination of the amount of a fine imposed under authorizing statutes. Violations shall be classified on the written notice as follows:

(a) A class I deficiency is subject to a civil penalty of \$5,000 for an isolated deficiency, \$7500 for a patterned deficiency and \$10,000 for a widespread deficiency. A fine may be levied notwithstanding the correction of the deficiency.

(b) A class II deficiency is subject to a civil penalty of \$1,000 for an isolated deficiency, \$3000 for a patterned deficiency and \$5,000 for a widespread deficiency. A citation for a class II deficiency shall specify the time within which the deficiency must be corrected.

(c) A class III deficiency is subject to a civil penalty of \$500 for an isolated deficiency, \$750 for a patterned deficiency and \$1,000 for a widespread deficiency. A citation for a class III deficiency shall specify the time within which the deficiency must be corrected. If a class III deficiency is corrected within the time specified, no civil penalty shall be imposed, unless it is a repeated offense.

(d) A class IV deficiency is subject to a civil penalty of \$100 for an isolated deficiency, \$300 for a patterned deficiency and \$500 for a widespread deficiency. If a class IV violation is corrected within the time specified, a fine may not be imposed. Rulemaking Authority 400.967 FS. Law Implemented 400.967(3), 408.813, 408.815 FS. History—New _____.

59A-26.004 Responsibilities for Operation.

(1) The licensee must be in compliance with all conditions and standards in Title 42, CFR, Subpart I, Sections 483.410

through 483.480, Conditions of Participation for Intermediate Care Facilities for Persons with Mental Retardation, June 3, 1988, as incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX> and <http://www.gpoaccess.gov/cfr/index.html>. The licensee must ensure compliance with state regulations in Chapter 400, Part VIII, Chapter 408, Part II, Chapter 409, F.S., and Chapter 59G-4, F.A.C.

(2) Within 60 days of initial licensure, the licensee must be certified in accordance with federal regulations as stated in Title 42, Code of Federal Regulations 483 Subpart I, Sections, 483.410 through 483.480.

Rulemaking Authority 400.967 FS. Law Implemented 400.967 FS. History—New _____.

59A-26.005 Fiscal Standards.

The licensee must maintain fiscal records as required by Chapter 409, Part III, F.S, Rule 59G-5.020 and Rule 59G-6.040, F.A.C. There must be a system of accounting used to accurately reflect details of the ICF/DD operation, including clients' funds held in trust and other client property. The fiscal and client fund records must be supported by documentation of all transactions. Documentation of quarterly reconciliation for client fund records must be kept on file for five years and must be provided to the Agency for review when requested. The licensee must:

(1) Refund any amount or portion of prepayment in excess of the amount or portion obligated for services already furnished if a client leaves the facility prior to the end of any prepayment period.

(2) Maintain financial and statistical records in accordance with Title 42 CFR, sections 413.24 (a), (b), (c) and (e) as incorporated by reference and located at <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=bdb912e59f6e76c8e19d6825dd1e23f&r=PART&n=42y2.0.1.2.13#42:2.0.1.2.13.2.59.2>. The licensee is required to detail all of its costs for its entire reporting period making appropriate adjustments for determination of allowable costs as required by the Florida Title XIX Intermediate Care Facility for the Mentally Retarded and Developmentally Disabled Reimbursement Plan for Not Publicly Owned and Operated or Publicly Owned and Operated Facilities Version VIII, Effective Date July 1, 2012, and incorporated herein by reference <https://www.flrules.org/Gateway/reference.asp?No=Ref-03075>. A copy of the Plan may be obtained by writing to the Deputy Secretary for Medicaid, Agency for Health Care Administration, Mail Stop 8, Tallahassee, Florida 32308. A cost report must be prepared and submitted to the Agency using accrual basis of accounting in accordance with Generally Accepted Accounting Principles as incorporated by reference in Rule 61H1-20.007, F.A.C., except as modified by:

(a) The method of reimbursement and cost finding of Title XVIII (Medicare) Principles of Reimbursement described in 42 CFR 413.5 – 413.35 as incorporated by reference and

(b) Further interpreted by the Provider Reimbursement Manual CMS PUB. 15-1, as incorporated by reference in Rule 59G-6.010, F.A.C., or

(c) As further modified by Reimbursement Plan.

(3) Keep complete and accurate records of all clients' funds, other effects, and property.

(4) Deposit and maintain in an interest bearing account with a financial institution on behalf of each client, all money and interest on money held for that client. A copy of the client's bank account statements and expenditure detail must be provided to the client or client's representative within seven calendar days of written request.

(5) Protect clients' funds from theft, negligence or abuse. Should loss of a client's funds occur, the licensee will be responsible for reimbursing the client for the full amount of funds to which he or she is entitled within 30 calendar days of confirmation of the theft, negligence or abuse of client funds.

(6) Make a final accounting of all personal effects and money belonging to the client held by the licensee upon the discharge or death of a client within 30 calendar days after the client's discharge or death.

Rulemaking Authority 400.967 FS. Law Implemented 400.967(2)(e) FS. History—New _____.

59A-26.006 Admission Policies and Requirements.

(1) The admission of an individual to an ICF/DD must be under the supervision of the administrator of the facility.

(2) Individuals shall only be admitted after completion of a written admission agreement. The agreement must be in effect at all times while the individual is a client of the facility. The agreement must be reviewed bi-annually for revisions by the licensee and the client or client's representative. Either party may initiate revision to the agreement at any time. No agreement or any provision thereof shall be construed to relieve any licensee of any requirement or obligation imposed upon it by Chapter 400, Part VIII, Chapter 408, Part II, F.S., and this rule. Such agreements must be maintained by the licensee for at least five years after each client's discharge from the facility, and assess no additional charges, expenses or other financial liabilities in excess of the provisions included in the admission contract. All charges for services not covered by Title XIX of the Social Security Act or not covered by the basic per diem rates of the licensee, for which the client or the client's representative may be responsible for payment, must be specified in the admission contract.

(3) The licensee must comply with the admission agreement. The admission agreement must include a

description of the program and services to be provided, including at a minimum:

(a) The daily, weekly, or monthly rate and refund provisions for unused portions thereof;

(b) Board;

(c) Lodging;

(d) Residential and nursing services;

(e) Linen and furnishings;

(f) Sufficient seasonal clothing as required by the client and applicable to the client's needs for instances when the client or client's representative does not provide sufficient clothing. Sufficient seasonal clothing must be provided and include a basic wardrobe for the client, including a five-day supply of sleepwear, socks, shoes, undergarments, outer clothing to include shirts, pants, or dresses; a winter coat; raingear; and personal grooming and hygiene items. The licensee must maintain an inventory of the client's clothing and provide a copy of the inventory to the client or client's representative within seven calendar days of a written request;

(g) Training and assistance as required with activities of daily living;

(h) The provision and maintenance of walkers, wheelchairs, dentures, eyeglasses, hearing aids and other orthotic, prosthetic or adaptive equipment as prescribed;

(i) Therapies prescribed by the client's individual habilitation or support plan including medical and nutritional therapies;

(j) Transportation services including vehicles with lifts or other adaptive equipment when needed;

(k) Other services prescribed in the client's individual habilitation or support plan; and

(l) Provisions for providing a duplicate of the agreement to the client or client's representative.

(4) The following conditions apply to admission and retention of all clients:

(a) Individuals must not be admitted to or retained in a facility if the licensee cannot provide, or arrange for the provision of, all services prescribed in the individual habilitation or support plan.

(b) Clients who have been voluntarily admitted must not be held in a facility against their will.

(c) The licensee must develop procedures to be implemented in the event that a voluntarily admitted client should decide to leave the facility against the recommendations of the interdisciplinary team. Procedures must include:

1. Counseling by the facility social worker or QDDP with referrals made to the Agency for Persons with Disabilities and other professionals or advocates, as appropriate.

2. If a client persists in leaving, the licensee will assist the client in locating an appropriate alternative placement.

(5) Individuals who have a communicable disease must be evaluated by a physician prior to admission. If the physician's evaluation finds the disease would endanger other clients of the facility, then the admission should be postponed until the communicable period has passed or appropriate precautions have been implemented by the facility staff.

(6) A registered nurse must assess each newly admitted client within four hours after admission.

(7) If a pre-existing medical condition exists, if medical problems are identified by the nursing admissions assessment, or if a client is admitted who does not have a complete medical record including medical history, positive physical findings, diagnosis, and signed physician's orders for treatment, nursing care or diets, the client must be examined by the admitting physician within 96 hours of admission unless the registered nurse determines that the physician should examine the client sooner.

Rulemaking Authority 400.967 FS. Law Implemented 400.967(2)(f) FS. History--New _____.

59A-26.007 Personnel Standards.

(1) Each new staff member employed by the facility to provide direct services to clients must have a medical examination at the time of employment and prior to contact with clients. Annually thereafter, staff must submit a physician's statement that, based on test results, the employee does not constitute a threat of communicating diseases to clients. If any staff is found to have or is suspected of having a communicable disease, then he or she must be removed from all duties that require contact with clients until certification is received from a physician that such risk no longer exists.

(2) Background screening shall be performed as required by Chapter 400, Part VIII, F.S., Chapter 435, F.S., Section 408.809, F.S., and Rule 59A-35.090, F.A.C.

(3) Regardless of the organization or design of client living units, the minimum overall direct care staff-client ratios must comply with those specified in 42 CFR 483.430(d)(3), dated October 2011, as incorporated by reference and available at <http://www.gpoaccess.gov/cfr/index.html>.

(4) The licensee must have an administrator, licensed nurses to care for each client's health care needs, and QDDPs to ensure each client's active treatment program is integrated, coordinated and monitored.

(5) All staff must receive training within 30 days of employment and annually thereafter on the licensee's emergency disaster procedures that include the staff's role before, during, and after the emergency.

(6) The licensee must ensure that 50% of its staff on duty at all times are certified in cardio-pulmonary resuscitation (CPR) and have received basic first aid training.

(7) All staff must receive training and demonstrate competency in the prevention and minimal use of restraint and seclusion within 30 days of employment. Competency in these methods must be demonstrated and documented annually thereafter. Training must include:

(a) The emotional and physical effects of restraint and seclusion on clients and staff;

(b) History of trauma, impact on clients and the potential for retraumatization;

(c) Crisis prevention and intervention approaches including de-escalation strategies;

(d) Applicable legal and clinical requirements governing behavioral services, restraints and seclusion;

(e) Safe and appropriate initiation of physical contact and application and monitoring of restraints and seclusion; and

(f) Approaches to facilitate the earliest possible release from restraints or seclusion.

Rulemaking Authority 400.967 FS. Law Implemented 400.967(2)(b) FS. History--New _____.

59A-26.008 Training, Habilitation, Active Treatment, Professional, Special Programs and Services.

(1) Programs, services, functions and the pattern of staff organization within the facility must be focused upon serving the individual needs of each client and the facility must provide for:

(a) Comprehensive diagnosis and evaluation of each client as a basis for planning, programming and management of the client so that the client's abilities, preferences, needs, behavior assessment, behavior intervention plan and level of functioning are comprehensive in scope and adequately addressed in the habilitation plan or support plan.

1. The QDDP is responsible for the integration, coordination, monitoring and review of each client's active treatment program, which may require the involvement of other personnel, including other agencies serving the client.

2. For school age clients, when services are provided by the local school district, the licensee must make regular and consistent efforts to include the school system, the client, and client's representative in the habilitation planning process. The licensee's individual program plan shall be in addition to any individual education plan prepared by the school district.

(b) Freedom of movement consistent with the protection of the health, safety, and welfare of individual clients within and outside of the facility.

(c) Routine and ongoing monitoring of each client's conditions for early detection of health or nutrition risks, which, when found, must be analyzed by the IDT to identify probable causes and to implement appropriate intervention strategies.

(d) Recognition and resolution of client care problems through participation of professional staff and consulting personnel.

(e) Consideration of every reasonable alternative, least restrictive and most effective procedures, prior to the use of invasive treatment.

(f) Proper positioning of clients who cannot position themselves in appropriate body alignment.

(g) Documentation of observed evidence of progress that each client demonstrates in attaining goals and objectives specified in the habilitation plan, support plan or individual program plans.

(h) Each client's active treatment program plan must be reviewed and revised by the IDT annually and when there is a substantial reduction of active treatment or routine physical care in response to health care needs as indicated by a loss of acquired skills or significant worsening of undesirable behavior.

(i) All clients shall have the opportunity to eat orally and receive therapeutic services necessary to maintain or improve eating skills and abilities, unless this is not possible as assessed by the IDT. For clients who receive enteral and/or parenteral feedings, the IDT must evaluate and review these clients' potential to return to oral eating at least quarterly.

(j) Client rights as required by the Bill of Rights of Persons Who Are Developmentally Disabled, Section 393.13(3)(a)-(j), F.S.

(k) Equipment essential to ensure the health, safety and welfare of each client.

(2) Staff responsible for providing client care must be knowledgeable in the physical and nutritional management skills appropriate to the clients served.

(3) The licensee must provide instruction, information, assistance and equipment to help ensure that the essential physical and nutritional management of each client is continued in educational, day treatment and acute care facilities.

(4) Licensed practical nurses working in an ICF/DD must be supervised by a registered nurse, ARNP or physician. Nursing physical assessments must be conducted by a registered nurse, ARNP or physician.

(5) Nursing service documentation in client records must include a comprehensive nursing assessment and client specific medications, treatments, dietary information, and other significant nursing observations of client conditions and responses to client programs. For those clients with stable conditions, nursing progress summaries are adequate in lieu of

shift documentation, as long as significant events are also recorded.

(6) Standing orders for medications, and pro re nata (p.r.n. or "as needed") orders are prohibited for the use of psychotropic medication including hypnotics, antipsychotics, antidepressants, antianxiety agents, sedatives, lithium, and psychomotor stimulants. The client's physician must review medication orders at least every 60 calendar days except for clients having a Level of Care 9, in which case medication orders must be reviewed by the physician at least every 30 calendar days.

(7) For clients using medication to manage behavior, the client's individual program plan must specify observable and measurable symptoms to be alleviated by the medication, intervals for re-evaluating the continued use of the medications by the IDT and consideration of the reduction and elimination of the medication.

(8) When a psychotropic medication is initiated based upon a recommendation by the IDT, a physician, ARNP, registered nurse or pharmacist must assure or make provisions for the instruction of the facility staff regarding side effects and adverse effects of the prescribed medication including when to notify the physician if undesirable side effects or adverse effects are observed. The staff must document in the progress notes that these instructions have been given. Any time a psychotropic medication is initiated, changed, increased or decreased, the facility must assure the physician writes a progress note. At a minimum, the facility must ensure the physician makes a progress note every 30 calendar days. The effect of the medication on targeted symptoms must be reviewed and monitored at least quarterly by the IDT.

(9) Psychologists or certified behavior analysts must provide consultation and in-service training to staff concerning:

(a) Principles and methods of understanding and changing behavior in order to devise the most optimal and effective program for each client.

(b) Principles and methods of individual and program evaluation, for the purposes of assessing client response and measuring program effectiveness.

(c) Design, implementation and monitoring of behavioral services.

(10) If a physical restraint is used on a client, the client must be placed in a position that allows airway access and does not compromise respiration. Airway access and respiration must not be blocked or impeded by any material placed in or over the client's mouth or nose. A client must be placed in a face-up position while in restraints. Hand-cuffs or shackles must not be used for the purposes of restraints.

(a) Restraints and seclusion must not be used for the convenience of staff.

(11) The licensee must develop and implement policies and procedures to reduce, and whenever possible, eliminate the use of restraints and seclusion. Policies must include:

(a) Debriefing activities as follow-up to use of restraints and seclusion;

(b) A process for addressing client's concerns and complaints about the use of restraint and seclusion; and

(c) A process for analyzing and identifying trends in the use of restraints and seclusion.

(12) Recreation required by each client's habilitation plan or support plan must be provided as a purposeful intervention through activities that modify or reinforce specific physical or social behaviors.

(13) Leisure activities for clients for whom recreation services are not a priority in the client's individual program plan, must be provided in accordance with individual preferences, abilities, and needs, and with the maximum use of community resources.

Rulemaking Authority 400.967 FS. Law Implemented 400.967(2)(d),(f),(h) FS. History–New _____.

59A-26.009 Dietary Services.

(1) A registered dietician must oversee dietary services and must provide medical nutritional therapy.

(2) Menus must be prepared in advance, followed, and made accessible to clients and staff.

(3) Menus must be approved by the registered dietitian.

(4) Each client must receive food prepared by methods that conserve nutritive value, flavor and appearance.

(5) Each client must receive food that is palatable, attractive and at the proper temperature.

(6) Substitutes offered must be of similar nutritive value.

(7) All matters pertaining to food service must comply as required by the following regulations based on the number of beds to be licensed:

(a) For facilities with 25 or more beds the provisions of Chapter 64E-11, F.A.C., Food Hygiene.

(b) For facilities with 24 beds or fewer the provisions of Chapter 64E-12, F.A.C., Community Based Residential Facilities.

Rulemaking Authority 400.967 FS. Law Implemented 400.967(2)(c),(f) FS. History–New _____.

59A-26.010 Dental Services.

(1) Comprehensive dental diagnostic services must be provided to all clients and must include:

(a) Periodic, at least annual, oral prophylaxis, by a dentist or dental hygienist; and

(b) At least annually, a complete extra and intra-oral examination utilizing diagnostic aides necessary to properly evaluate each client's oral condition.

(2) Comprehensive dental treatment services must be provided to all clients and must include:

(a) Daily oral care, as prescribed by a dentist or dental hygienist;

(b) Emergency treatment on a 24-hour, seven days-a-week basis, by a dentist; and

(c) Treatment as prescribed by a dentist.

Rulemaking Authority 400.967 FS. Law Implemented 400.967(2)(f) FS. History–New _____.

59A-26.011 Psychological Services.

Psychologists providing services to the clients of the facility must be licensed pursuant to Chapter 490.005, F.S., and have a minimum of one year of experience or training in the field of intellectual or developmental disabilities.

Rulemaking Authority 400.967(2) FS. Law Implemented 400.967(2)(f) FS. History–New _____.

59A-26.012 Drugs and Pharmaceutical Services.

(1) An ICF/DD must have a Class I Institutional Pharmacy Permit as required by Section 465.019, F.S. All prescription medications must be compounded and dispensed by a pharmacy registered in Florida.

A consultant pharmacist must be responsible for implementation of the pharmacy program as defined by each licensee even when the consultant pharmacist is not the vendoring pharmacist.

(2) Labeling of prescription medications must be done as required by Chapters 465 and 499, F.S. and Chapter 64B16-27, F.A.C. Stock bottles of nonprescription drugs which are properly labeled according to the regulations related to the Drug and Cosmetic Act, Chapter 499, F.S., are permitted.

(3) All drugs, including nonprescription stock drugs, must be stored in a locked room or cabinet, or in a locked drug cart. External medications must be stored separately from internal and ophthalmic preparations.

(4) Biologicals and other drugs must be stored to maintain its integrity of packaging, quality and potency. If refrigeration is required then these drugs must be in a locked container.

(5) All drugs listed in Schedules II through V must be handled, used, administered and dispensed as required by Chapter 893, F.S.

(6) A count of controlled drugs listed in Schedules II-V of Chapter 893.03, F.S., must be made jointly between shifts by the licensed nurse beginning duty and the licensed nurse leaving duty. For facilities licensed for six beds or less, the count must be done by the supervising registered nurse on a weekly basis. For facilities licensed for more than six beds, a medication count of controlled substances must be made at every change of shift by the licensed nurse or an unlicensed medication assistant (UMA) as defined in Rule 59A-26.002, F.A.C. The count at

shift change must be witnessed by another licensed nurse or another staff member trained in medication administration.

(7) A record must be maintained for all drugs listed in Section 893.03, F.S., as Schedules II, III, IV, and V for continuous reconciliation.

(8) Medicinal substances classified as controlled substances by the Drug Enforcement Administration (DEA), as provided in the Drug Abuse Prevention and Control Act of 1970 and related regulations, and Chapter 893, F.S., and related regulations must be disposed of as required by Chapter 64B-16, F.A.C.

(9) Disposal of other drugs not covered above must be made in accordance with a system of drug administration.

(10) All prescribed drugs dispensed for the client while in the facility may be given to the client or client's representative upon discharge with the physician's written orders.

(11) An inventory of drugs released must be prepared and signed by the licensed nurse releasing the drugs and the person receiving the drugs. This inventory must be filed in the client's medical record.

(a) All medications of deceased clients must be accounted for on an inventory list prepared by a licensed nurse and filed in the client's record. These medications must be returned for credit or destroyed in accordance with subsections (8) and (9) above.

(b) All controlled drugs not administered to a client due to wastage, loss, or returned to the pharmacy must be documented in each client's medical record and accounted for by licensed nurse as required by Chapter 893, F.S.

(12) All verbal orders must be written on the physician's order sheet by the licensed nurse receiving the order and countersigned by the physician within 72 hours. Verbal orders for Schedule II drugs are permitted only in emergency situations. In an emergency situation, the physician must directly contact the pharmacist and the pharmacist must receive a copy of the original or direct copy of the physician's order within 72 hours as required by Section 893.04, F.S.

(13) Telephoned physician orders for medication may only be accepted by a licensed nurse, a physician's assistant or a licensed pharmacist. Telephoned orders will be immediately recorded in the client's medical record. Faxed physician orders are acceptable with a physician's signature. A physician's signature on the original physician's order must occur within 72 hours of receipt of the faxed order.

Rulemaking Authority 400.967 FS. Law Implemented 400.967(2)(f) FS. History—New _____.

59A-26.013 Administration of Medications to ICF/DD Clients by Unlicensed Medication Assistants.

(1) It is the responsibility of the licensee to ensure that individual unlicensed medication assistants (UMA or UMAs)

who will be administering medication to clients meet all requirements of this rule.

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

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

(4) UMAs may not:

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

(b) Administer medication vaginally or rectally; or

(c) Conduct glucose monitoring.

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

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

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

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

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

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

(b) Prior to assigning tasks to an UMA, the supervisory nurse must verify the training and validation of the unlicensed medication assistant as required by this Chapter.

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

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

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

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

(a) Outdated medication must be properly destroyed by the supervising nurse. The disposal will be witnessed by one other staff of the facility and a record of the medication disposal must be maintained by the facility and signed by the supervising nurse and witness.

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

(c) Clients must not miss the administration of medications due to delays in refilling a prescription. It shall be the responsibility of the supervising nurse to ensure that refills are ordered and obtained in a timely manner.

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

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

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

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

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

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

1. Conduct a triple-check of the dosage and time of administration against the original medication container label and the MAR before administering or supervising the self-administration of the medication;

2. Confirm the client to whom the medication is to be administered is the same client for whom the medication has been prescribed or ordered;

3. Administer as prescribed and via the route instructed by the client's prescribing health care professional;

4. Do not crush, dilute or mix medications without written directions or instructions from the client's prescribing health care professional.

5. Check the expiration date before administering each medication. Medications with an expiration date preceding the current date must not be administered.

6. Facilitate the correct positioning and use any adaptive equipment or techniques required for that client for the proper administration of medications.

(e) Ensure the oral medication administered or supervised during self-administration has been completely ingested before leaving the client. Directly observe the client for a period of at least twenty minutes following the administration of a new medication ordered by the client's prescribing health care professional. This observation period is to immediately detect and react to possible side effects of the medication or to document the effectiveness of the medication. UMAs must review the MAR for special instructions regarding required observation of medications and the UMA must monitor for side effects and effectiveness of all administered drugs.

(f) Immediately record the administration of the medication in the MAR.

Rulemaking Authority 400.9685, 400.967 FS. Law Implemented 400.9685, 400.967 FS. History--New _____.

59A-26.014 Training and Validation Required for Unlicensed Medication Assistant.

(1) Required medication administration training must include criteria to ensure that competency is demonstrated through validation of the qualification of the UMA and all requirements of UMAs specified in this Chapter.

(2) Medication administration training will be conducted by a registered nurse, ARNP or physician for UMAs and will be provided by the ICF/DD licensee. Any person providing medication administration training sessions or conducting skills validation tests must first complete a trainer orientation session, which includes requirements of this rule and information to be covered during medication administration training sessions. Documentation of the trainer's completed orientation will be provided to each UMA that he or she trains or validates.

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

(a) Basic knowledge and skills necessary for medication administration charting on the Medication Administration Record (MAR);

(b) Roles of the physician, nurse, pharmacist and direct care staff in medication supervision;

(c) Procedures for recording/charting medications;

(d) Interpretation of common abbreviations used in the administration and charting of medications;

(e) Knowledge of facility medication systems;

(f) Safety precautions used in medication administration;

(g) Methods and techniques of medication administration;

(h) Problems and interventions in the administration of medications:

(i) Observation and reporting of anticipated side effects, adverse effects and desired positive outcome; and

(j) Each duty of UMAs as required in this Chapter.

(4) Validation of the effective completion of the training is required for each UMA to assess that competency has been achieved after completion of required training. To become validated, the UMA must be able to successfully demonstrate, in a practical setting, his or her ability to correctly administer or supervise the self-administration of medications to clients in a safe and sanitary manner and to correctly and accurately document actions related to the administration of medications, in accordance with the requirements of this Chapter. At completion of the training, an UMA must attain an overall score of 100% on knowledge tests that cover the training and facility specific questions. The UMA will have three attempts to achieve a 100% score. If after the third attempt a score of 100% is not achieved, the UMA must repeat the training and may not administer medication to clients until such time as a score of 100% is achieved. Additionally, an UMA must be able to state the purpose, common side effects, and signs and symptoms of adverse reactions for a list of commonly used medications from memory or demonstrate how they obtain that information and maintain it for easy access.

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

(a) The name and address of the validator;

(b) Validation date, with expiration date of 365 days from the validation;

(c) Printed name and signature of the validating health care professional as it appears on his or her license; and

(d) Validating health care professional's license number, with license expiration date.

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

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

(a) Demonstration of the ability to read and follow medication instructions on a prescription label, physician's order or MAR;

(b) Demonstration of the ability to write legibly, complete required documentation, and convey accurate and discernible information; and

(c) Demonstration of the ability to perform as required in this Chapter.

(d) Demonstration of the ability to state the purpose, common side effects, and signs and symptoms of adverse reactions for a list of commonly used medications from memory

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

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

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

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

Rulemaking Authority 400.9685, 400.967 FS. Law Implemented 400.9685, 400.967 FS. History—New _____.

59A-26.015 Plant Maintenance and Housekeeping.

(1) The facility must maintain the interior and exterior of buildings accessible to clients and all equipment, furniture, and furnishings in a clean manner and in such condition such that client safety and well-being are not jeopardized.

(2) Each licensee must establish written policies designed to maintain the physical plant and overall ICF/DD environment in such a manner that the safety and well-being of clients are ensured. The building and mechanical maintenance program must be under the supervision of a qualified person, as determined by the facility. All mechanical and electrical equipment must be maintained in working order, and must be accessible for cleaning and inspecting. All mechanical systems must be tested, balanced and operated prior to being placed into service and maintained in good working order. The facility must have a written plan for maintenance, including record keeping, sufficient staffing, equipment, and supplies. The licensee must:

(a) Maintain the building in good repair, safe and free of the following: cracks in the floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile, linoleum or vinyl; loose handrails or railings; loose or broken window panes and screens; and other similar hazards;

(b) Maintain all electrical, lighting (interior and exterior), signal, mechanical, potable water supply, hot water heaters, heating, air conditioning, fire protection and sewage disposal systems in safe, clean and functioning condition;

(c) Maintain all electrical cords and appliances in a safe and functioning condition;

(d) Maintain the interior and exterior finishes of the buildings as needed to keep them clean and safe, to include painting, washing, and routine maintenance;

(e) Maintain all furniture and furnishings in a clean and safe condition;

(f) Maintain the grounds free from refuse, litter, insect, vermin, and vermin breeding areas; and

(g) Maintain screens on windows and doors in good repair, free of breaks in construction.

(3) The facility must have a plan for housekeeping including staff, equipment and supplies. As part of the licensee's housekeeping plan, the licensee must:

(a) Keep the buildings in a clean, safe and orderly condition. This includes all rooms, corridors, attics, basements and storage areas;

(b) Keep floors clean and as non-slip as practicable to ensure client safety;

(c) Control odors within the housekeeping staff's areas of responsibility by effective cleaning procedures and by the proper use of ventilation. Deodorants must not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices;

(d) Keep attics, basements, stairways and similar areas free of accumulations of refuse, discarded furniture, discarded equipment, newspapers, magazines, boxes and other similar items;

(e) Not use bathrooms, shower stalls and lavatories for laundering, janitorial or storage purposes; and

(f) Store all cleaning compounds, insecticides and all other potentially hazardous compounds or agents in locked cabinets or rooms.

(4) The licensee must have a written plan and must supply clean linens to a client based on the weather and climate. Linens must be in good condition to provide proper care and comfort to each client, either through on-site laundry service or a contract with an outside service.

(a) The on-site laundry room must be maintained and operated in a clean, safe and sanitary manner.

(b) Written operating procedures must be developed and implemented to provide for the handling and storage of clean and soiled linens. These operating procedures must be available to all facility staff or Agency representatives upon request.

(c) Laundry personnel must thoroughly wash their hands and exposed portions of their arms with soap and water before starting work, after smoking, eating, using the toilet or handling soiled linens.

(d) Clean linen must be protected from contamination during handling and storage.

(e) Soiled linen must be handled and stored in a manner that protects facility clients and personnel.

(f) If an outside laundry service is used, the facility must ensure that clean linens are protected during transport back to the facility to avoid contamination.

(g) Clients' personal clothing must be handled and clothing stored in a manner that will not allow contamination of clean clothing by soiled clothing. The licensee must ensure that the personal clothing or linens of each client are returned to that individual client after laundering.

Rulemaking Authority 400.967 FS. Law Implemented 400.967(2)(a),(c) FS. History—New _____.

59A-26.016 Fire Protection, Life Safety, Systems Failure, and External Emergency Communications.

(1) Standards for fire prevention for the facility are those adopted pursuant to Rule 69A-3.012, F.A.C. and Chapter 69A-38, Uniform Fire Safety Standards for Residential Facilities for Individuals with Developmental Disabilities, F.A.C. as applicable to the classifications of occupancy therein.

(2) The Agency shall conduct an annual fire safety survey. Based upon the survey, a report of deficiencies will be provided to the facility with a time frame for correction.

(3) ICF/DD's providing personal care, as defined in the Life Safety Code NFPA 101 as adopted pursuant to Rule 69A-3.012 and Chapter 69A-38, F.A.C., will be reviewed as a Residential Board and Care occupancy under the Florida Specific Edition of NFPA 101 Life Safety Code, as adopted pursuant to Rule 69A-3.012 and Chapter 69A-38, F.A.C. ICF/DD's providing services to clients that receive chronic, skilled/acute nursing or medical care or designated as a Level of Care 9 will be reviewed as a Health Care occupancy status under the Florida Specific Edition of NFPA 101 Life Safety Code, as adopted pursuant to Rule 69A-3.012 and Chapter 69A-38, F.A.C. To ensure the life safety code requirements are appropriate for all clients served in an ICF/DD, each licensure survey shall establish or confirm the occupancy status. Beginning January 1, 2015, upon renewal of each ICF/DD license, the license shall display the occupancy status. The ICF/DD licensee must receive written approval from the Agency, including the Office of Plans and Construction, prior to a change in the occupancy status. A client requiring chronic, skilled/acute nursing or medical care, or designated as a Level of Care 9 client, may not reside in an ICF/DD with a Residential Board and Care occupancy status.

(4) Each licensee must provide fire protection through the elimination of fire hazards as evidenced by compliance with the requirements of Rule 69A-3.012 and Chapter 69A-38, F.A.C.

(5) All fires or explosions must be reported by the licensee within 24 hours by phone to the Agency for Health Care Administration's field office and the Office of Plans and Construction. Upon notification the Agency field office shall coordinate with the local fire investigation authority to determine the cause, origin, and circumstances of the fire or explosion. The licensee shall complete the form "Fire Incident Report", AHCA #3500-0031, revised June 2011, incorporated herein by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX> or from the Office of Plans and Construction, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 24, Tallahassee, Florida 32308 or from the web site at <http://ahca.myflorida.com/MCHO/Plans/pdfs/Fire.pdf>. The form must be completed by the licensee and submitted to the Agency's Office of Plans and Construction within 10 calendar days of the incident.

(6) As required by NFPA 101, Life Safety Code, in the event of a system failure of the fire alarm system, smoke detection system, or sprinkler system, the following actions must be taken immediately by the licensee:

(a) Notify the local fire authority and document any instructions received by the licensee;

(b) Notify the Agency for Health Care Administration Office of Plans and Construction, and the Agency's local field office; and

(c) Assess the extent of the condition, and implement corrective action with a documented period for compliance. If the corrective action will take more than four hours to complete, the following items must be completed:

1. Implement a contingency plan containing a description of the problem, a specific description of the system failure, and the projected correction period. All staff on shifts involved must have documented in-service training for the emergency contingency.

2. Begin a documented fire watch until the system is restored. Persons used for fire watch must receive training specific to their duty including what to look for, what to do, and how to expeditiously contact the fire department. To maintain a fire watch, the facility must utilize only certified public fire safety personnel, a guard service, or facility staff. If facility staff is utilized for this function, they must meet the following requirements:

a. Be off duty from their regular facility position or assigned only to fire watch duty and be excluded from counting toward the required staffing pattern;

b. Be trained and competent as determined by the licensee in the duties and responsibilities of a fire watch; and

c. Have immediate access to electronic communication.

3. If the projected correction period changes or when the system is restored to normal operation, the licensee must notify the Agency's Office of Plans and Construction, the Agency's local field office and local fire authorities.

(7) Each new facility must provide for external electronic communication not dependent on terrestrial telephone lines, cellular, radio or microwave towers, such as an on-site radio transmitter, satellite communication systems or a written agreement with an amateur radio operator volunteer group(s). If the latter, this agreement must provide for a volunteer operator and communication equipment to be relocated into the facility in the event of a disaster until communications are restored. Other methods, which can be shown to maintain uninterrupted electronic communications not dependent on land-based transmission, must be pre-approved by the Agency's Office of Plans and Construction.

Rulemaking Authority 400.967 FS. Law Implemented 400.967(2)(a) FS. History—New _____.

59A-26.017 Plans Submission and Fee Requirements.

(1) Approval to start construction only for demolition, site work, foundation, and building structural frame may be obtained prior to construction document approval when the following is submitted for review and has been approved by the Agency's Office of Plans and Construction:

(a) Preliminary Stage II approval letter from the Agency's Office of Plans and Construction;

(b) Construction documents, specifications and construction details for all work to be undertaken;

(c) A letter from the licensee holding the Agency harmless for any changes that may occur to the project as a result of the final construction document review; and

(d) A life safety plan indicating temporary egress and detailed phasing plans indicating how the area(s) to be demolished or constructed is to be separated from all occupied areas must be submitted for review and approval when demolition or construction in and around occupied buildings is planned.

(2) Projects that have been submitted for the Agency's Office of Plans and Construction review will be considered withdrawn if:

(a) Construction has not begun within one year after written approval of the construction documents from the Agency's Office of Plans and Construction;

(b) No further plans have been submitted for Agency review within one year after a project has been initiated with the Office of Plans and Construction or;

(c) Construction has been halted for more than one year. After this termination, resubmission as a new project will be required.

(3) All plans and specifications provided to the Agency as required in this section must be prepared and submitted by a Florida-registered architect and a Florida-registered professional engineer. An architectural or engineering firm not practicing as a sole proprietor may prepare and submit plans and specifications to the Agency if they are registered as an architectural or engineering firm with the Florida Department of Business and Professional Regulation.

(4) The initial submission of plans to the Agency's Office of Plans and Construction for any new project must include a completed Application for Plan Review, AHCA Form 3500-0011, June 2014, incorporated by reference and obtainable at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX> or from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 24, Tallahassee, Florida 32308, or from the Agency's website at <http://ahca.myflorida.com/plansandconstruction>, and a valid certificate of need, pursuant to Chapter 408 F.S. This information must accompany the initial submission.

(5) Plans and specifications submitted for review shall be subject to a plan review fee pursuant to section 400.967(5), F.S. All fees must be paid by check made payable to the Agency for Health Care Administration, with the check noted with the Office of Plans and Construction facility log number and identified that it is for the Agency's Health Care Trust Fund. Fees will be accepted only from the ICF/DD licensee or prospective licensee.

(6) Plans and specifications shall be submitted in three stages of development described in this rule. Exceptions to the requirement for Stage I and/or Stage II submissions may be granted upon review of the size, scope and complexity of a project by the Agency's Office of Plans and Construction.

(a) Stage I, schematic plans.

(b) Stage II, preliminary plans or design development drawings.

(c) Stage III, construction documents, including specifications, addenda and change orders.

(7) For each stage of submission a functional program or project narrative must be submitted. It must consist of a detailed word description of all contemplated work and any required phasing to be provided in the proposed construction.

(9) For projects involving only equipment changes or system renovations, only Stage III, construction documents need be submitted. These documents must include the following:

(a) Life safety plans showing the fire/smoke compartments in the area of renovation;

(b) Detailed phasing plans indicating how the new work will be separated from all occupied areas; and

(c) Engineering plans and specifications for all of the required work.

(10) Stage I, schematic plans must include:

(a) Single-line drawings of each floor showing the relationship of the various activities or services to each other and the room arrangement in each, which shall include:

1. The function of each room or space must be noted in or near the room or space;

2. The proposed roads and walkways, service and entrance courts, parking, and orientation must be shown on either a small plot plan or on the first floor plan;

3. A simple cross-section diagram showing the anticipated construction;

4. A schematic life safety plan showing smoke and fire compartments, exits, and gross areas of smoke and fire compartments; and

5. Information as to which areas are sprinkled, both proposed and existing.

(b) The facility and general arrangement of other buildings, if the proposed construction is an addition or is otherwise related to existing buildings on the site.

(c) A schedule showing the total number of beds, types of bedrooms and types of ancillary spaces.

(11) Stage II, preliminary plans must include:

(a) A vicinity map. For new facility construction a vicinity map shall include the major local highway intersections.

(b) Site development plans that include:

1. Existing grades and proposed improvements as required by the schematic submission;

2. Building locating dimensions;

3. Site elevations for both the 100-year flood elevations and hurricane Category 3 surge inundation elevations if the project involves the construction of a new facility or is a new addition of a wing or floor to a facility; and

4. The location of the fire protection services water source to the building.

(c) Architectural plans that include:

1. Floor plans, 1/8-inch scale minimum, showing door swings, windows, casework and millwork, fixed equipment and plumbing fixtures. Floor plans shall indicate the function of each space;

2. A large-scale plan of typical new bedrooms with a tabulation of gross and net square footage of each bedroom including a tabulation of the size of the bedroom window glass;

3. Typical large-scale interior and exterior wall sections to include typical rated fire and fire/smoke partitions and a typical corridor partition;

4. All exterior building elevations;

5. Identification of equipment, which is not included in the construction contract, but which requires mechanical or electrical service connections or construction modifications, to ensure its coordination with the architectural, mechanical and electrical phases of construction; and

6. Preliminary phasing plans indicating how the project is to be separated from all occupied areas must be provided if the project is located in an occupied facility.

(d) Life safety plans that include:

1. Single-sheet floor plans showing fire and smoke compartmentation, all means of egress and all exit signs. Additionally, depict and provide the longest path of travel in each smoke compartment to the door(s) to the adjoining compartment, calculate the total area of the smoke compartment in square feet, and tabulate exit inches;

2. All sprinkled areas, fire extinguishers, fire alarm devices and pull station locations;

3. Fully developed life safety plans must be submitted if the project is an addition to or the conversion of an existing building;

4. Life safety plans of the floor being renovated and the required exit egress floor(s) if the project is a renovation in an existing building; and

5. A life safety plan indicating temporary egress and detailed phasing plans indicating how the area(s) to be demolished or constructed are to be separated from all occupied areas when demolition or construction in and around occupied buildings is to be undertaken.

(e) Mechanical engineering plans that include:

1. Single-sheet floor plans with a one-line diagram of the ventilating system with relative pressures of each space;

2. A written description and drawings of the anticipated smoke control system, passive or active, and a sequence of operation correlated with the life safety plans;

3. The general location of all fire and smoke dampers, all duct smoke detectors and firestats;

4. The location of the sprinkler system risers and the point of connection for the fire sprinkler system if the building is equipped with fire sprinklers, including the method of design for the existing and new fire sprinkler systems;

5. Locations of all plumbing fixtures and other items of equipment requiring plumbing services and/or gas services;

6. Locations of all medical gas outlets, piping distribution risers, terminals, alarm panel(s), low pressure emergency oxygen connection, isolation/zone valve(s), and gas source location(s);

7. Locations and relative sizes of major items of mechanical equipment such as chillers, air handling units, fire pumps, medical gas storage, boilers, vacuum pumps, air compressors, large storage batteries, and fuel storage vessels;

8. Locations of hazardous areas and the volume of products to be contained therein; and

9. Location of fire pump, stand pipes, and sprinkler riser(s).

(f) Electrical engineering drawings that include:

1. A one-line diagram of normal and essential electrical power systems showing service transformers and entrances, switchboards, transfer switches, distribution feeders and over-current devices, panel boards and step-down transformers. The diagram must include a preliminary listing and description of new and existing, normal and emergency loads, preliminary estimates of available short-circuit current at all new equipment and existing equipment serving any new equipment, short-circuit and withstand ratings of existing equipment serving new loads and any new or revised grounding requirements; and

2. Fire alarm zones correlated with the life safety plan.

(g) Outline specifications that include a general description of the construction, including construction classification and ratings of components, interior finishes, general types and locations of acoustical material, floor coverings, electrical equipment, ventilating equipment and plumbing fixtures, fire protection equipment, and medical gas equipment.

(h) The general layout of spaces of the existing structure with the preliminary plans for the proposed facility whenever an existing structure is to be converted to an ICF/DD facility.

(i) The general layout of spaces of the facility whenever additions, modifications, alterations, renovations, and refurbishing to a facility are proposed.

(12) Stage III, construction documents.

(a) The Stage III, construction documents must be an extension of the Stage II, preliminary plan submission and must provide a complete description of the contemplated construction. Construction documents must be signed, sealed, dated and submitted for written approval to the Agency's Office of Plans and Construction by a Florida-registered architect and Florida-registered professional engineer. These documents must consist of work related to civil, structural, mechanical, and electrical engineering, fire protection, lightning protection, landscape architecture and all architectural work. In addition to the requirements for Stage II submission, the following must be incorporated into the construction documents:

1. Site and civil engineering plans that indicate building and site elevations, site utilities, paving plans, grading and drainage plans and details, locations of the two fire hydrants utilized to perform the water supply flow test, and landscaping plans;

2. Life safety plans for the entire project;
3. Architectural plans that include:
 - a. Typical large-scale details of all typical interior and exterior walls and smoke walls, horizontal exits and exit passageways;
 - b. Comprehensive ceiling plans that show all utilities, lighting fixtures, smoke detectors, ventilation devices, sprinkler head locations and fire-rated ceiling suspension member locations where applicable;
 - c. Floor/ceiling and roof/ceiling assembly descriptions for all conditions; and
 - d. Details and other instructions to the contractor on the construction documents describing the techniques to be used to seal floor construction penetrations to the extent necessary to prevent smoke migration from floor to floor during a fire.
4. Structural engineering plans, schedules and details;
5. Mechanical engineering plans to include fire and smoke control plans that include:
 - a. All items of owner furnished equipment requiring mechanical services;
 - b. A clear and concise narrative control sequence of operations for each item of mechanical equipment including but not limited to air conditioning, heating, ventilation, medical gas, plumbing, and fire protection and any interconnection of the equipment of the systems;
 - c. Mechanical engineering drawings that depict completely the systems to be utilized, whether new or existing, from the point of system origination to its termination;
 - d. A tabular schedule giving the required air flow (as computed from the information contained on the ventilation rate table) in cubic feet per minute (cfm) for supply, return, exhaust, outdoor, and ventilation air for each space listed or referenced by note on the ventilation rate table as shown on the architectural documents. The schedule must also contain the Heating Ventilation and Air Conditioning (HVAC) system design air flow rates and the resulting space relative pressures; and
 - e. The schedule or portion of the schedule, as applicable, which must be placed in the specifications or in the drawing set containing the spaces depicted.
6. Fire protection plans, where applicable, that must include the existing system as necessary to define the new work;
7. Electrical engineering plans that must describe complete power, lighting, alarm, communications and lightning protection systems and power system study;
8. A power study that must include a fault study complete with calculations to demonstrate that over-current devices, transfer switches, switchboards, panel boards, motor controls, transformers and feeders are adequately sized to safely withstand available phase-to-phase and phase-to-ground faults.

The study must also include an analysis of generator performance under fault conditions and a coordination study resulting in the tabulation of settings for all over-current device adjustable trips, time delays, relays and ground fault coordination. This must be provided for all new equipment and existing equipment serving any new equipment. Power studies for renovations of existing distribution systems must include only new equipment and existing equipment upstream to the normal and emergency sources of the new equipment. Renovations involving only branch circuit panel boards without modifications to the feeder must not require a full power study; instead, the power study must be limited to the calculation of new and existing loads of the branch circuit panel; and

9. A complete set of specifications for all work to be undertaken.

a. All project required contractor supplied testing and/or certification reports must be legible, identify the testing and/or certifying entity, reviewed and accepted by the engineer of record prior to presenting to the Agency's Office of Plans and Construction for review.

b. The specifications must require a performance verification test and balance air quantity values report for a minimum of two operating conditions for each air handling unit system. One operating condition must be with the specified air filters installed in the minimum pressure drop or clean state. The second operating condition is to be at the maximum pressure drop and/or dirty state. The air quantities reported are acceptable if they are within 10 percent of the design value and the space relative pressures are maintained. This requirement must apply to any air-handling unit affected by the construction to be performed.

(b) All construction documents must be well coordinated. It is specifically required that in the case of additions to facilities, the mechanical and electrical, especially existing essential electrical systems and all other pertinent conditions, must be a part of this submission.

(c) All subsequent addenda, change orders, field orders and other documents altering the above must also be signed, sealed, dated and submitted in advance to the Agency's Office of Plans and Construction for written approval.

(13) The initial submission will be acted upon by the Agency's Office of Plans and Construction within 60 days of the receipt of the initial payment of the plan review fee. The Agency will either approve or disapprove the submission and shall provide a listing of deficiencies in writing. Each subsequent resubmission of documents for review on the project will initiate another 60-day response period. If the Agency does not act within 60 days of receipt of a submission, the submission will be considered approved. However, all deficiencies noted by the Agency must still be satisfactorily corrected before final approval may be obtained for the project.

(14) Additions or revisions that substantially change the original scope of the project or are submitted by different design professionals will be required to be submitted as a new project. Rulemaking Authority 400.967 FS. Law Implemented 400.967(2), (5). FS. History--New _____.

59A-26.018 Physical Plant Codes and Standards for ICF/DD.

(1) All construction of new facilities or conversions and all additions, modifications, alterations, renovations, and refurbishing to the site, facility, equipment or systems of a facility must be in compliance with the following codes and standards:

(a) The Florida Building Code as adopted pursuant to Rule 61G20-1.001, F.A.C..

(b) The fire codes adopted by the State Fire Marshal pursuant to Rule 69A-3.012, F.A.C., by the Division of State Fire Marshal at the Department of Financial Services.

(c) When the licensee is providing services to clients that receive chronic, skilled/acute nursing or medical care or designated as a Level of Care 9, NFPA 101, Chapter 18 (Health Care Occupancies) must be applied.

(d) When the licensee is providing personal care services, as defined in the Life Safety Code NFPA 101, incorporated in Rule 69A-3.012, F.A.C., NFPA 101, Chapter 32 (Residential Board and Care) must be applied.

(2) The Fire Safety Evaluation System (FSES) NFPA-101 adopted pursuant to Rule 69A-3.012, F.A.C., shall not be used to meet the required codes and standards for new construction, renovations, or for conversion of an existing building to a new licensed ICF/DD.

(3) Where additions, modifications, alterations, refurbishing, renovations or reconstruction are undertaken within a facility, all such additions, modifications, alterations, refurbishing, renovations or reconstruction must comply with sections of the applicable codes for new facilities. Where major structural elements make total compliance impractical or impossible, the licensee or potential licensee must submit to the Agency's Office of Plans and Construction a request to utilize alternate materials and methods. The Agency will evaluate the request in accordance with standards as required by Florida Building Code.

(4) All existing facilities classified as Residential Board and Care must be in compliance with the requirements of Chapter 33, Existing Residential Board and Care Occupancy, of the National Fire Protection Association (NFPA) Life Safety Code 101, as incorporated in Rule 69A-3.012, F.A.C.

(5) At a minimum all existing facilities classified as Health Care Occupancies must be in compliance with the requirements of Chapter 19, Existing Health Care Occupancies, of the NFPA

Life Safety Code 101, as incorporated in Rule 69A-3.012, F.A.C.

Rulemaking Authority 400.967 FS. Law Implemented 400.967(2)(a) FS. History--New _____.

59A-26.019 Construction and Physical Environment Standards.

All new facilities and all additions, renovations and alterations of existing facilities must be in compliance with the following physical plant standards:

(1) Site requirements.

(a) Utilities must be commensurate with the facility's regular operational needs and emergencies. The site must be remote from uncontrolled or uncontrollable sources of insect and rodent harborage and air and water pollution.

(b) A site may include structures other than the ICF/DD facility such as storage sheds and greenhouses. Ancillary spaces may be available within the living units or in a separate on-site structure to provide services that cannot be purchased in the community or when clients are physically unable to attend community or therapy services.

(2) Living unit requirements.

(a) There must be sufficient equipment and appliances to meet the programmatic needs of all clients.

(b) Each living unit must have a kitchen that is adequate for preparing all meals, cleaning and storing of food and equipment. The kitchen design, appliances, equipment, materials and finishes must convey the image of a home like kitchen.

(c) Each living unit must have a dining area.

(d) Provisions must be made to ensure meals are eaten at the dining table with appropriate positioning devices, chairs or wheelchairs for each client, as needed.

(e) Sufficient space must be provided to accommodate client needs for indoor gross motor, fine motor and special teaching activities within the facility.

(f) Each client living unit must have three or more bedrooms.

1. Each client must have accessible personal space within the bedroom to accommodate an individual bed and personal furnishings, and to decorate and arrange without disturbing others. This space must also be utilized to store personal possessions.

2. The dimensions and arrangement of the client bedrooms must provide a minimum of three feet (0.91 meter) between the sides and foot of the bed and any wall or any other fixed obstruction or adjacent bed. In multiple-bed rooms, a clearance of 3 feet 8 inches (1.11 meters) to any fixed obstruction must be available at the foot of each bed to permit the passage of equipment and beds. The maximum number of clients sharing a bedroom shall be two.

(g) Each living unit must provide adequate space for all clients to carry out normal bathroom functions, or for assistance in carrying out these functions, including bathing, toileting, washing and grooming. Facilities must be as comparable to normal home like standards as is appropriate to the functional level of clients. The standard range of bathroom fixtures must be provided in adequate numbers and in standard arrangements providing privacy for clients in performing each function. Each client must have access to a toilet room without having to enter the general corridor area. One toilet room shall serve no more than four beds and no more than two client rooms. The toilet room door must be side-hinged, swing out from the toilet room, and unless otherwise required by code, be at least 32 inches (81.28 centimeters) wide.

(h) Each living unit must provide a minimum of one multi-purpose staff workroom of not less than 120 square feet.

(i) Each living unit must be equipped to wash and dry the personal clothing of all clients residing in the living unit.

(j) Each living unit must include outdoor activity spaces that provide a variety of activities accessible to clients and that provide cover and protection from the elements.

(3) Details and finishes.

(a) Potential hazards such as sharp corners or loose laid rugs or carpets shall not be permitted.

(b) Doors to all rooms containing bathtubs, showers, and water closets for client use must be equipped with privacy hardware that permits emergency access without keys. When such rooms have only one entrance or are small, the doors must open outward and, if on the corridor, must open into an alcove.

(c) All interior doors, except those that automatically close upon smoke detection, must be side-hinged swinging type doors. Interior corridor doors, except those to small closets not subject to occupancy, shall not swing into the corridor.

(d) Operable windows must be equipped with insect screens.

(e) Threshold covers must be designed to facilitate use of wheelchairs and carts and to prevent tripping and shall provide a smooth and level transition from surface to surface.

(f) Grab bars, 1-1/2 inches (3.8 centimeters) in diameter, must be installed in all client showers, tubs, and baths and on both sides of all client-use toilets. Wall-mounted grab bars shall provide a 1-1/2 inch (3.8 centimeters) clearance from walls and shall sustain a concentrated load of 250 pounds (113.4 kilograms).

(g) Handrails with a maximum diameter of 1-1/2 inches (3.8 centimeters) must be provided on both sides of all corridors used by clients. Mounting height shall be between 36 inches (91.4 centimeters) and 42 inches (106.7 centimeters). A clearance of 1-1/2 inches (3.8 centimeters) must be provided between the handrail and the wall. Rail ends shall return to the wall.

(h) Each client hand washing facility must have a mirror for the client unless prohibited by the IDT. Mirror placement must allow for convenient use by both wheelchair occupants and ambulatory persons. Tops and bottoms may be at levels usable by clients either sitting or standing. Additional mirrors may be provided for wheelchair clients, or one separate full-length mirror located in the client room may be provided to meet the needs of wheelchair clients. All mirrors must provide a distortion free image.

(i) Provisions for soap dispensing and hand drying must be included at all hand washing facilities. Hand drying provisions in client use areas shall be paper or cloth towels enclosed to protect against dust or soil and shall be single-unit dispensing.

(j) Only recessed soap dishes may be allowed in client use tubs and showers. Towel bars must be provided at each bathing area.

(k) Floor material must be readily cleanable and appropriate for the location. If composition floor tiles are used, the interstices must be tight. In residential care and sleeping areas, a base must be provided at the floor line. Floors in areas used for food preparation and assembly must be water-resistant. Floor surfaces, including tile joints, must be resistant to food acids. In all areas subject to frequent wet-cleaning methods, floor materials must not be physically affected by germicidal cleaning solutions. Floors subject to traffic while wet, such as shower and bath areas, kitchens, and similar work areas, must have a slip resistant surface and floor-to-base intersections must be watertight. Carpet and padding in client areas must be stretched tight, in good repair and free of loose edges or wrinkles that might create hazards or interfere with the operation of wheelchairs, walkers, or wheeled carts.

(l) Wall finishes must be washable and, if near plumbing fixtures, must be smooth and have a moisture-resistant finish. Finish, trim, walls, and floor constructions in dietary and food storage areas must be free from rodent and insect harboring spaces.

(m) Basic wall construction in areas not subject to conditioned air must be constructed of masonry, cement, plaster or moisture resistant gypsum wallboard.

(n) The finishes of all exposed ceilings and ceiling structures in the dietary facilities area must be readily cleanable with routine housekeeping equipment.

(o) Where it is not possible to inspect smoke partitions because of the fire-tested membrane, fire-rated access panels must be installed adjacent to each side of the smoke partitions at intervals not exceeding 30 feet (9.14 meters) and in such locations as necessary to view all surfaces of the partition.

(p) There must be a minimum clearance of six inches (15.24 centimeters) between all conduits, piping, and ductwork at corridor walls to facilitate the inspection of these walls.

(4) Mechanical system requirements.

(a) Mechanical equipment must be installed in a designated equipment room(s), or in a space(s) located in an attic(s). If the unit serves only one room it may be located above the ceiling and must be accessible through an access opening as required by the Florida Building Code. Access panels are not required for lay-in ceiling installations provided the service functions are not obstructed by other above-ceiling construction such as electrical conduits, piping, audio-visual cabling and like equipment components or supports.

(b) Ventilation must be provided by mechanical means in all rooms in new facilities and in all renovated or remodeled rooms of a facility.

(c) For spaces listed in the Minimum Ventilation Rate Table, central station type air handling equipment must be used. Package terminal air conditioning units or fan coils may be used to serve client rooms and shall be provided with 20 percent filters minimum (Minimum Efficiency Reporting Value 5 or MERV 5).

(d) System designs utilizing fan coil or package terminal air conditioning units must have the outdoor air ventilation damper permanently closed. The ventilation requirement must be satisfied by a central station type air handling unit provided with a 30 percent filter minimum (MERV 5) or as required by the listed space served. Spaces designated for the exclusive use of physical plant personnel need not comply with this requirement.

(e) Administrative and other staff-only areas must be provided with outside air at the minimum rate of 20 cubic feet per minute (9.43 liters/second) per person, and the central system must have a minimum of 30 percent American Society of Heating Refrigerating and Air Conditioning Engineers, Inc. (ASHRAE), dust spot efficiency filter (MERV 5).

(f) All filters in systems in excess of 1000 cubic feet per minute (28.32 cubic meters/minute) capacity must be installed with differential pressure gauges. The filter gauge must have the range of acceptable filter operation clearly and permanently indicated.

(g) The transfer of air quantities through one space to an adjacent space is not permitted except that the transfer of air to maintain space relative pressure by the undercutting of doors is permitted. The maximum allowable air quantity for door undercuts shall be 75 cubic feet per minute (35.34 liters per second) for single door widths up to 44 inches (111.7 centimeters).

(h) All supply, return and exhaust ventilation fans must operate continuously. Dietary hood, laundry area, administrative areas that are separated from all client areas and support areas, and maintenance area supply and exhaust fans shall be exempted from continuous operation.

(i) Cooling coil condensate must be piped to a roof drain, floor drain or other approved location.

(j) Exhaust fans and other fans operating in conjunction with a negative duct system pressure must be located at the discharge end of the system. Fans located immediately within the building located at the end of all exhaust ducts shall be permitted. Existing nonconforming systems need not be brought into compliance when equipment is replaced due to equipment failure.

(k) All new facility construction must have totally ducted supply, return, exhaust and outside air systems including areas of all occupancy classifications.

(l) During a fire alarm, fan systems and fan equipment serving more than one room must be stopped to prevent the movement of smoke by mechanical means from the zone in alarm to adjacent smoke zones.

(m) Air handling and fan coil units serving exit access corridors for the zone in alarm must shut down upon fire alarm.

(n) Smoke or fire/smoke dampers must close upon fire alarm and upon manual shutdown of the associated supply, return or exhaust fan.

(o) Mixing valves used in shower applications must be of the balanced-pressure type design.

(t) The temperature of hot water supplied to client use lavatories, showers and bath must be between 105°F (40.6°C) and 110°F (43.3°C) at the discharge end of the fixture.

(p) Wall mounted water closets, lavatories, drinking fountains and hand-washing facilities must be attached to floor mounted carriers and shall withstand an applied vertical load of a minimum of 250 pounds (113.39 kilograms) to the front of the fixture and provide deep seal traps for floor drains in client showers.

(q) Ice machines, rinse sinks, dishwashers, and beverage dispenser drip receptacles must be indirectly wasted.

(r) Each water service main, branch main, riser and branch to a group of fixtures must have valves. Stop valves must be provided for each fixture. Panels for valve access must be provided at all valves.

(s) Backflow preventers (vacuum breakers) must be installed on bedpan-rinsing attachments, hose bibs and supply nozzles used for connection of hoses or tubing in housekeeping sinks and similar applications.

(t) A backflow preventer must be installed on the facility main water source(s).

(5) Electrical requirements.

(a) All material, including equipment, conductors, controls, and signaling devices, must be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facility requirements as shown in the specifications and as indicated on the plans submitted to the Agency. All materials and equipment must be listed as

complying with applicable standards of Underwriter's Laboratories, Inc., or other nationally recognized testing facilities. Field labeling of equipment and materials will be permitted only when provided by a Nationally Recognized Testing Laboratory (NRTL) that has been certified by the Occupational Safety & Health Administration (OSHA) for that referenced standard.

(b) For purposes of this section, a client room, a client therapy area or an examination room shall be considered a "patient care area" as described in NFPA 99 "Health Care Facilities," and Chapter 27, "Electrical Systems" of the Florida Building Code.

(c) Panels located in spaces subject to storage must have the clear working space as required by Chapter 27, "Electrical Systems" of the Florida Building Code, permanently marked "Electrical Access – Not For Storage" with a line outlining the required clear working space on the floor and wall.

(d) Panels and electrical equipment, other than branch circuit devices serving the corridor, must not be located in egress corridors in new construction.

(e) Lighting.

1. All spaces occupied by people, machinery and equipment within buildings, approaches to buildings and parking lots must have electric lighting.

2. Client bedrooms must have general lighting and separate fixed night lighting. The night-light must have a switch at the entrance to each client's room. A reading light must be provided for each client. Client reading lights, and other fixed lights not switched at the door, must have switch controls convenient for use at the luminary. Wall-mounted switches for control of lighting in client area must be of a quiet operating type.

(f) Receptacles.

1. The facility must provide one general purpose receptacle on a wall to serve each client and one additional receptacle at the head of the bed if a motorized bed is provided.

2. Duplex receptacles for general use must be installed in all general purpose corridors, approximately 50 feet (15.24 meters) apart and within 25 feet (7.62 meters) of corridor ends.

(g) Fire alarm systems. A fire alarm annunciator panel must be provided at a single, designated, location that is monitored 24-hour per day. The panel must indicate, audibly and visually, the zone of actuation of the alarm and system trouble. Devices located in each smoke compartment must be interconnected as a separate fire alarm zone. Annunciator wiring must be supervised. Annunciators must clearly indicate the zone location of the alarm. An adjacent zone location map to quickly locate alarm condition must be provided.

(h) Nurse call systems. Each facility must have a nurse call system that meets the following requirements:

1. A nurse call system must be provided that will register a call from each client bed to the related staff work area(s) by activating a visual signal at the client room door and activating a visual and audible signal in the clean utility, soiled utility, nourishment station, medication prep and the master station of the nursing unit or sub-nursing unit. Audible signals may be temporarily silenced provided subsequent calls automatically reactivate the audible signal. In rooms containing two or more calling stations, indicating lights must be provided for each calling station. In the corridor zone of multi-corridor nursing units, lights must be installed at corridor intersections in the vicinity of staff work areas:

2. An emergency calling station of the pull cord type must be provided and must be conveniently located for client use at each client toilet, bath or shower room, but not inside the shower. The call signal must be the highest priority and shall be cancelled only at the emergency calling station. The emergency station must activate distinctive audible and visual signals immediately;

3. The nurse call master station must not block incoming client calls. The master station control settings must not prevent the activation of the incoming audible and visual signals;

4. In multi-client rooms, activation of an emergency call shall not cancel a normal call from the same room; and

5. A corridor dome light must be located directly outside of any client care area that is equipped with a nurse call station.

(i) Emergency electrical system.

1. A Type 1 essential electrical system must be provided in all ICF/DD facilities as described in NFPA 99, "Health Care Facilities".

2. In new construction, the normal main service equipment must be separated from the emergency distribution equipment by locating it in a separate room. Transfer switches must be considered emergency distribution equipment for this purpose.

3. Switches for critical branch lighting must be completely separate from normal switching. The devices or cover plates must be of a distinctive color. Critical branch switches may be adjacent to normal switches. Switches for life safety lighting are not permitted except as required for dusk-to-dawn automatic control of exterior lighting fixtures.

4. There must be selected life safety lighting provided at a minimum of one footcandle and designed for automatic dusk-to-dawn operation along the travel paths from the exits to the public way or to safe areas located a minimum of 30 feet (9.14 meters) from the building.

5. If a day tank is provided, then it must be equipped with a dedicated low level fuel alarm and a manual pump. The alarm must be located at the generator derangement panel.

6. Transfer switch contacts must be of the open type and must be accessible for inspection and replacement.

7. If required by the facility's emergency food plan, then there must be power connected to the equipment branch of the essential electrical system for kitchen refrigerators, freezers and range hood exhaust fans. Selected lighting within the kitchen and dry storage areas must be connected to the critical branch of the essential electrical system.

(6) Other general requirements.

(a) There must be at least one telephone accessible to the clients.

(b) An accessible, potable supply of water must be provided in all facilities and must be operated as required by Chapter 64E-8, F.A.C.

(c) An adequate and safe method of sewage collection, treatment and disposal must be provided in each facility as required by Chapter 62-600, F.A.C., Domestic Wastewater Facilities or Chapter 64E-6, F.A.C., Standards of Onsite Sewage Treatment and Disposal. Whenever a municipal or public sewer system is available to the property such system must be used.

(d) In all facilities vermin must be controlled in all areas of the facility as required by Chapter 64E-11, F.A.C., Insecticides and rodenticides must be handled as required by Rules 5E-14.102-.113, F.A.C.

(7) Physical Plant Requirements for Disaster Resistance of ICF/DD Construction.

(a) Definitions. The following definitions apply specifically to this subsection:

1. Existing Facility means a facility that prior to January 1, 2015:

a. Is licensed and certified; or

b. Has received a Stage II preliminary plan approval from the Agency for a new facility.

2. New Facility means:

a. An ICF/DD licensed after January 1, 2015; or

b. A facility that receives a Stage II Preliminary Plan approval after January 1, 2015; or

c. An addition of a wing or floor to an existing ICF/DD, which has not received a Stage II Preliminary Plan approval pursuant to this section.

3. Net Square Footage means the clear floor space of an area excluding cabinetry and other fixed furniture or equipment.

4. During and Immediately Following means a period of 72 hours following the loss of normal support utilities to the facility.

5. Occupied Client Area(s) means the location of clients inside the new facility or in the addition of a wing or floor to an existing facility during and immediately following a disaster. If clients are to be relocated into an area of the existing facility during and immediately following a disaster, then for these purposes that location will be defined as the "occupied client area."

6. Client Support Area(s) means the area(s) required to ensure the health, safety and well-being of clients during and immediately following a disaster, such as a staff work area, clean and soiled utility areas, food preparation area and other areas as determined by the licensee to be kept operational during and immediately following a disaster.

7. On-site means either in, immediately adjacent to, or on the campus of the facility, or addition of a wing or floor to an existing facility.

8. Client(s) Served means the number of clients as determined by the licensee that will be served in the occupied client area(s) during and immediately following a disaster, including clients from other facilities, if applicable.

(b) New Facility Construction Standards. The following construction standards are in addition to the physical plant requirements described in this rule. These minimum standards are intended to increase the ability of the new facility to be structurally capable of serving as a shelter for clients, staff and the family of clients and staff and equipped to be self-supporting during and immediately following a disaster.

1. Space standards.

a. Each new facility must provide a minimum of 30 net square feet (2.79 square meters) per client served in the occupied client area(s). The number of clients served is to be determined by the facility.

b. Each licensee must have space for administrative and support activities and space for use by facility staff to allow for care of clients in the occupied client area(s).

c. Each licensee must have space for all staff and family members of clients and staff.

2. Site standards.

a. Except as permitted by Section 1612 of the Florida Building Code (FBC), the lowest floor of all new facilities shall be elevated to the "Base flood elevation" as defined in FBC Section 1612, plus 2 feet (61 cm), or to the height of hurricane Category 3 (Saffir-Simpson scale) surge inundation elevation, as described by the Sea, Lake, and Overland Surge (SLOSH) from Hurricanes model developed by the Federal Emergency Management Agency (FEMA), United States Army Corps of Engineers (USACE), and the National Weather Service (NWS), whichever elevation requirement is more stringent.

b. For all existing facilities, the lowest floor elevations of all additions, and all resident support areas including food service, and all resident support utilities, including mechanical, and electrical (except fuel storage as noted in sub-subparagraph 59A-26.022(7)(b)9.e., F.A.C.) for the additions shall be at or above the elevation of the existing building, if the existing building was designed and constructed to comply with either the site standards of this rule or local flood resistant requirements in effect at the time of construction, whichever requires the higher elevation, unless otherwise permitted by FBC Section 1612. If the existing building was constructed prior to the adoption of either the site standards of this rule or local flood resistant requirements, then the addition and all resident support areas and utilities for the addition as described in this section shall either be designed and constructed to meet the requirements of this rule or be designed and constructed to meet the dry flood proofing requirements of FBC Section 1612.

c. Substantial improvement, as defined by FBC Section 1612, to all existing facilities located within flood areas or within a Category 3 surge inundation zone as described in this rule, shall be designed and constructed to comply with the requirements in FBC Section 1612.

d. Where an off-site public access route is available to the new facility at or above the 100-year flood plain, a minimum of one on-site emergency access route must be provided that is located at the same elevation as the public access route.

4. Roofing standards.

a. Loose-laid ballasted roofs are not permitted.

b. All new roof appendages such as ducts, tanks, ventilators, receivers, condensing units and decorative mansard roofs and their attachment systems must be structurally engineered to meet the wind load requirements of the FBC. All of these attachment systems must be connected directly to the underlying roof structure or roof support structure.

5. Exterior unit standards.

a. All exterior window units, skylights, exterior louvers and exterior door units, including vision panels and their anchoring systems shall be impact resistant or protected with an impact resistant covering meeting the requirements of the Testing Application Standards (TAS) 201, 202, and 203 of Florida Building Code – Test Protocols for High-Velocity Hurricane Zones and in accordance with the requirements of Sections 1626.2 through 1626.4 of the Florida Building Code. The impact resistant coverings may be either permanently attached or may be removable if stored on site of the facility.

b. The location or application of exterior impact protective systems shall not prevent required exit egress from the building.

c. When not being utilized to protect the windows, the protective system shall not restrict the operability (if provided) of the windows to the occupied client bedrooms.

d. When not being utilized to protect the windows, the protective system shall not reduce the percentage of the clear window opening below that which is required by the FBC for client bedrooms.

e. The glazed openings inside or outside of the protective systems must meet the cyclical loading requirements as required by ss.1626.2-1626.4 of the FBC.

f. All of the exterior impact protective systems must be designed and installed so that they do not come in contact with the glazing under uniform, impact or cyclic pressure loading. The location or application of exterior impact protective systems must not prevent required exit/egress from the building.

6. Heating, Ventilation and Air Conditioning (HVAC) Standards.

a. All new air moving-equipment, dx condensing units, through-wall units and other HVAC equipment located outside of, partially outside of, or on the roof of the facility and providing services to the new facility shall be permitted only when either of the following are met:

I. They are located inside a penthouse designed to meet the wind load requirements of the Florida Building Code, Building; or

II. Their fastening systems are designed to meet the wind load requirements of the Florida Building Code, Building and they and all associated equipment are protected as required by TAS 201, 202, and 203 in accordance with the requirements of Sections 1626.2 through 1626.4 of the Florida Building Code from damage by horizontal impact by a separate and independent structure that allows access to all parts of the equipment at all times.; or

III. They are completely protected by the equipment shrouding that meets the requirements of TAS 201, 202, and 203 in accordance with the requirements of Sections 1626.2 through 1626.4 of the Florida Building Code.

b. All occupied client areas and client support areas must be supplied with sufficient HVAC as determined by the facility to ensure the health, safety and well-being of all clients and staff during and immediately following a disaster.

c. As determined by the licensee, these selected HVAC systems and their associated support equipment, such as a control air compressor essential to the maintenance of the occupied client and client support area(s), must receive their power from the emergency power supply system(s).

d. Ventilation air change rates in occupied client areas must be maintained as specified in this section during and immediately following a disaster.

e. Auxiliary equipment and specialties such as hydronic supply piping and pneumatic control piping must be located, routed and protected in such a manner as determined by the

licensee to ensure the equipment receiving the services will not be interrupted.

7. Plumbing standards.

a. There must be an independent on-site supply such as a water well, or on-site storage capability such as empty water storage containers or bladders, of potable water at a minimum quantity of three gallons per client served per day during and immediately following a disaster. Hot water in boilers or tanks must not be counted to meet this requirement.

b. There must be an independent on-site supply or storage capability of potable water at a minimum quantity of one gallon per facility staff, and other personnel in the facility per day during and immediately following a disaster. For planning purposes, the number of these personnel must be estimated by the licensee.

c. The licensee must determine what amount of water will be sufficient to provide for client services, and must maintain an on-site supply or on-site storage of the determined amount.

d. When used to meet the minimum requirements of this rule, selected system appurtenances such as water pressure maintenance house pumps and emergency water supply well pumps must take power from the emergency power supply system.

8. Medical gas systems standards. The storage, distribution piping system and appurtenances serving the occupied client area(s) and client support area(s) shall be contained within a protected area(s) designed and constructed to meet the structural requirements of the building code and debris impact requirements as required by sections 1626.2 through 1626.4 of the Florida Building Code.

9. Emergency electrical generator and essential electrical system standards. There must be an on-site emergency electrical generator system designed to support occupied client areas and client support areas with the following support services:

a. Ice making equipment to produce ice for the clients or freezer storage equipment for the storage of ice for the clients.

b. Refrigerator units and food service equipment as required by the emergency food plan.

c. At a minimum, there must be one clothes washer and one clothes dryer for laundry service.

d. An emergency generator system must be fueled by a fuel supply stored on-site sized to fuel the generator for 100 percent load for 64 hours, or 72 hours for actual demand load of the occupied client areas and client support areas and client support utilities, during and immediately following a disaster, whichever is greater.

e. The fuel supply shall either be located below ground or contained within a protected area that is designed and constructed to meet the structural requirements as required by the Florida Building Code and debris impact requirements as

specified by sections 1626.2 through 1626.4 of the Florida Building Code. If an underground system is utilized, it shall be designed so as to exclude the entrance of any foreign solids or liquids.

f. All fuel lines supporting the generator system(s) for the occupied client area(s) and client support area(s) shall be protected also with a method designed and constructed to meet the structural requirements as required by the Florida Building Code and debris impact requirements as specified by sections 1626.2 through 1626.4 of the Florida Building Code.

g. All panel boards, transfer switches, disconnect switches, enclosed circuit breakers or emergency system raceway systems required to support the occupied client area(s), client support area(s) or support utilities shall be contained within a protected area(s) designed and constructed to meet the structural requirements as required by the Florida Building Code and debris impact requirements as specified by sections 1626.2 through 1626.4 of the Florida Building Code, and shall not rely on systems or devices outside of this protected area(s) for their reliability or continuation of service.

h. The emergency generator(s) shall be air or self-contained liquid cooled and it and other essential electrical equipment shall be installed in a protected area(s) designed and constructed to meet the structural requirements as required by the Florida Building Code and debris impact requirements as specified by sections 1626.2 through 1626.4 of the Florida Building Code.

i. If the facility does not have a permanent on-site optional standby generator to operate the normal branch electrical system, then there shall be a permanently installed pre-designed electrical service entry for the normal branch electrical system that will allow a quick connection to a temporary electrical generator. This quick connection shall be installed inside of a permanent metal enclosure rated for this purpose and may be located on the exterior of the building.

10. Fire protection standards. If the facility requires fire sprinklers as part of its fire protection, one of the following must be met:

a. On-site water storage capacity to continue sprinkler coverage, as required by NFPA 13, "Sprinkler Systems," fire watch, conducted as required by NFPA 601.

b. If the facility provides a fire watch in lieu of water storage to continue sprinkler coverage, then one 4-A type fire extinguisher or equivalent must be provided for every three or less 2-A fire extinguishers as required by NFPA 10, "Portable Extinguishers" for the area served. These additional extinguishers must be equally distributed throughout the area they are protecting.

11. External Emergency Communication. Each new facility must provide for an external electronic communication not dependent on terrestrial telephone lines, cellular, radio or

microwave towers, such as on-site radio transmitter, satellite communication systems or a written agreement with an amateur radio operator volunteer group(s). This agreement must provide for a facility volunteer operator and communication equipment to be re-located into the facility in the event of a disaster until communications are restored. Other methods that can be shown to maintain uninterrupted electronic communications not dependent on land-based transmission must be pre-approved by the Agency's Office of Plans and Construction.
Rulemaking Authority 400.967 FS. Law Implemented 400.967(2)(a) FS. History—New _____.

59A-26.020 Disaster Preparedness.

(1) Each licensee must have a written plan with procedures to be followed in the event of an internally or externally caused disaster or emergency event. The initiation, development, and maintenance of this plan must be the responsibility of the facility administrator, and must be reviewed and approved by the County Emergency Management Agency. The plan must be reviewed and approved annually and include the following:

(a) Basic information concerning the facility to include:

1. Name of the facility, address, telephone number, 24-hour contact number if different from the facility number, emergency contact telephone number, and fax number;

2. Name, address, and telephone number of the licensee;

3. The year facility was built, including type of construction;

4. Name, address, work, home and other available telephone numbers of the facility's administrator;

5. Name, address, work, home and other available telephone numbers of persons implementing the provisions of this plan, if different from the administrator;

6. An organizational chart showing all positions with key emergency positions identified by title. The name and telephone numbers at home, work and any other available telephone number shall be included for these persons;

7. An organizational chart, if different from the previous chart required, identifying the hierarchy of authority in place during emergencies, and all positions on a day to day basis;

8. A description of the potential hazards that the facility is vulnerable to such as hurricanes, tornadoes, flooding, fires, hazardous materials incidents or transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, including procedures for each of these hazards; and

9. A copy of the Fire Safety Plan as stated in the Life Safety Code.

(b) Site specific information concerning the facility to include:

1. Number of facility beds and maximum number of clients on site;

2. Type of clients served by the facility;

3. Identification of the flood zone within which the facility is located as indicated on a Flood Insurance Rate Map;

4. Identification of the hurricane evacuation zone within which the facility is located;

5. Proximity of the facility to a railroad or major transportation artery; and

6. Whether the facility is located within the 10 or 50-mile emergency planning zone of a nuclear power plant. The 10 mile zone is called the Emergency Planning Zone (EPZ) and the 50 mile zone is called the Ingestion Pathway Zone (IPZ).

(c) Establish management functions, policies, and procedures for emergency operations that:

1. Identifies by name and title, who is in charge during an emergency, and one alternate, should that person be unable to serve in that capacity.

2. Identifies the chain of command to ensure continuous leadership and authority in key position.

3. Provides the procedures to ensure timely activation and staffing of the facility in emergency functions including any provisions for emergency workers' families.

4. Provides the operational and support roles for all facility staff. This may be accomplished through the development of standard operating procedures which must be attached to this plan.

5. Provides procedures to ensure the following are supplied:

a. Food, water and sleeping arrangements;

b. The type of emergency power, natural gas, diesel or other. If natural gas, identify alternate means should loss of power occur that would affect the natural gas system. The capacity of the emergency fuel system shall be specified;

c. Transportation of clients, staff and supplies;

d. A Seventy-two hour supply of all essential supplies and client medications; and

e. 24-hour staffing on a continuing basis until the emergency has abated.

6. Provides procedures for the facility to receive timely information on impending threats and the alerting of facility decision makers, staff and clients to potential emergency conditions, which shall include:

a. Specification as to how the facility will receive warnings, to include, evenings, nights, weekends, and holidays;

b. Identification of the facility's 24-hour contact number, if different than the number listed in the introduction;

c. Specification as to how key staff will be alerted;

d. Procedures and policy for reporting to work for key workers;

e. Specification as to how clients will be alerted and the precautionary measures that will be taken;

f. Identification of the primary notification and the alternative means of notification should the primary system fail for on duty and off duty staff; and

g. Identification of procedures for notifying the client's representative that the facility is being evacuated, including contact information for continued communication.

7. Provides the policies, responsibilities and procedures for the evacuation of clients from the facility, which shall include:

a. Identification of the individual responsible for implementing facility evacuation procedures;

b. Identification and provision for transportation arrangements through mutual aid agreements that will be used to evacuate clients. These agreements must be in writing, and copies of these agreements must be submitted during plan review;

c. Description of transportation arrangements for logistical support to include moving records, medications, food, water, equipment and other necessities. The facility shall provide copies of agreements if transportation is provided by anyone other than the licensee;

d. Identification of the pre-determined locations to which clients will be evacuated;

e. A copy of the mutual aid agreement that has been entered into with a facility to receive clients. It must include name, address, telephone number and contact person for the host facility. It must include the number of evacuees to be sheltered, including clients, staff and family members;

f. Evacuation routes, maps, written instructions and secondary routes that will be used should the primary route be impassable;

g. Specification of the amount of time it will take to evacuate all clients successfully to the receiving facility;

h. Procedures that ensure facility staff will accompany evacuating clients;

i. Procedures that will be used to keep track of clients once they have been evacuated, which includes a log system;

j. Determination of the items and supplies and the amount of each that should accompany each client during the evacuation. This must provide for a minimum 72-hour stay, with provisions to extend this period of time if needed;

k. Procedures for notifying client representatives of evacuation;

l. Procedures for ensuring all clients are accounted for and are out of the facility;

m. Description when the facility will begin the pre-positioning of necessary medical supplies and provisions; and

n. Description when and at what point the mutual aid agreements for transportation and the notification of alternative facilities will begin.

8. Procedures that specify prerequisites needed and the process for clients to re-enter the facility, which shall include:

a. Identification of the responsible person for authorizing re-entry;

b. Procedures for inspecting the facility to ensure it is structurally sound; and

c. Identification as to how clients will be transported from the receiving facility back to their home facility and how the facility staff will receive accurate and timely data on re-entry operations.

9. Establish sheltering or hosting procedures that will be used once the evacuating clients arrive, if the facility is to be used as a receiving facility for an evacuating facility. These procedures shall include:

a. The receiving procedures for clients arriving from the evacuating facility;

b. Identification of the location where the additional clients will reside. The plan shall provide a floor plan, which identifies the room area where clients will be housed, room size, and number of clients per room or area;

c. Provision of additional food, water and medical needs of clients being hosted for a minimum of 72 hours;

d. Description of the procedures for ensuring 24-hour operations;

e. Description of the procedures for providing shelter for family members of key workers; and

f. Procedures for tracking additional clients sheltered within the facility.

10. Identify the procedures for increasing employee awareness of possible emergency situations and provide training on the emergency roles before, during and after an emergency. Annually, the facility shall:

a. Identify how key workers will be instructed in their emergency roles during non-emergency times;

b. Provide a training schedule for all employees and identify the providers of the training;

c. Identify the provisions for training new employees regarding their disaster related roles; and

d. Provide the schedule for exercising all or portions of the emergency plan on an annual basis with all staff and all shifts.

(d) If the licensee evacuates, the licensee must immediately, but within no more than 24 hours upon completion of evacuation, report to the Agency's Long Term Care Unit in Tallahassee at (850)412-4303, the location and

number of clients evacuated, and contact information for continued communication for the duration of the evacuation. In the event the Long Term Care Unit is unavailable to receive such information, the licensee shall contact the appropriate Agency field office.

Rulemaking Authority 400.967 FS. Law Implemented 400.967(2)(g) FS. History—New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Jacqueline Williams

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Elizabeth Dudek

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 11, 2014

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: June 24, 2013

Section III Notice of Changes, Corrections and Withdrawals

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Food Safety

RULE NO.: RULE TITLE:
5K-4.002 Adoption of Federal Regulations and Other Standards

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 40, No. 188, September 26, 2014 issue of the Florida Administrative Register.

The changes to this rule are in response to written comments received from the Joint Administrative Procedures Committee. The purpose of this rule development is to update the federal regulations and standards previously adopted by reference in this rule section and used by this agency to facilitate the regulation and inspection of agriculture based food establishments. Updated are the relevant U.S. Codes of Federal Regulation and the U.S. Food and Drug Administration (FDA) Food Code (Food Code) which are the national standards and model codes for food safety regulation. The effect of this proposed rule is to provide uniformity and consistency with both our regulated industry that is already operating on the current versions of the Food Code and federal code language and with our federal partners with which we have ongoing cooperative agreements for inspection services.

The following proposed rule sections have been changed to address the identified comments and concerns.

5K-4.002 Adoption of Federal Regulations and Other Standards.

(4) No change.

(a) No change.

(b) No change.

1. through 2. No change.

3. The 7 Centigrade (45° Fahrenheit) requirement in 3-501.14(D) and 3-501.16(B); ~~3-501.12(A), 3-501.13(A), 3-501.13(B)(3), 3-501.13(B)(4), 3-501.13(B)(4)(b), 3-501.14(A)(2), 3-501.14(B), 3-501.14(C), 3-501.16(A)(2)(b);~~ and

4. through 9. No change.

Rulemaking Authority 500.09, 500.12(1)(f), 500.12(5)(d), 500.12(6), ~~500.303, 500.304,~~ 500.459, 570.07(23), (24) FS. Law Implemented 500.02, 500.03, 500.032, 500.04, 500.09, 500.10, 500.11, 500.12(4)(a), 500.121, 500.13, 500.147, 500.166, 500.169, 500.172, ~~500.301, 500.303, 500.304,~~ 500.459, 570.07(2), (6), (9), (16), (18), (24), 570.0725 FS. History—Revised 3-1-72, Amended 12-31-74, 1-18-83, 6-17-85, Formerly 5E-6.02, Amended 7-25-88, 4-13-92, Formerly 5E-6.002, Amended 8-8-95, 9-9-96, 12-10-96, 4-10-97, 9-8-97, 11-15-99, 2-5-04, 3-1-09, _____.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Regulatory Council of Community Association Managers

RULE NO.: RULE TITLE:
61E14-2.001 Standards of Professional Conduct.

NOTICE OF CHANGE

NOTICE IS HEREBY GIVEN that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 40, No. 192, October 2, 2014, issue of the Florida Administrative Register and are in response to written comments submitted by the Joint Administrative Procedures Committee staff; further, this notice supercedes that which was published in Vol. 40, No. 244, December 18, 2014, issue of the F.A.R.:

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST AND LEGISLATIVE RATIFICATION – the fourth sentence is corrected to read: Further, the amendments clarify, streamline and refine the current ~~correct~~ rule’s provisions.

(Substantial rewording of Rule 61E14-2.001 follows. See Florida Administrative Code for present text.)

61E14-2.001 Standards of Professional Conduct.

Licensees shall adhere to the following provisions, standards of professional conduct, and such provisions and standards shall be deemed automatically incorporated, as duties of all licensees, into any written or oral agreement for the rendition of community association management services.

(1) Definitions. As used in this rule, the following definitions apply:

(a) "Licensee" means a person licensed pursuant to Sections 468.432(1) and (2), F.S.

(b) "Community Association Management Services" means performing any of the practices requiring specialized knowledge, judgment, and management skill as defined in Section 468.431(2), F.S.

(c) "Funds" as used in this rule includes money and negotiable instruments including checks, notes and securities.

(2) Professional Standards. During the performance of community association management services, a licensee shall do the following:

(a) Comply with the requirements of the governing documents by which a community association is created or operated.

(b) Only deposit or disburse funds received by the community association manager or management firm on behalf of the association for the specific purpose or purposes designated by the board of directors, community association management contract or the governing documents of the association.

(c) Perform all community association management services required by the licensee's contract to professional standards and to the standards established by Section 468.4334(1), F.S.

(d) In the event of a potential conflict of interest, provide full disclosure to the association and obtain authorization or approval.

(4) Records. During the performance of community association management services pursuant to a contract with a community association, a licensee shall not:

(a) Withhold possession of the association's official records, in violation of Section 718.111(12), 719.104(2) or 720.303(5), F.S., or original books, records, accounts, funds, or other property of a community association when requested by the association to deliver the same to the association upon reasonable notice. Reasonable notice shall extend no later than 10 business days after termination of any management or employment agreement and receipt of a written request from the association. The manager may retain those records necessary for up to 20 days to complete an ending financial statement or report. Failure of the association to provide access or retention of accounting records to prepare the statement or report shall relieve the manager of any further responsibility or liability for preparation of the statement or report. The provisions of this rule apply regardless of any contractual or other dispute between the licensee and the association.

(b) Deny or delay access to association official records to an owner or his or her authorized representative who is entitled to access within the timeframe and under the procedures set out in Section 718.111(12), 719.104(2) or 720.303(5), F.S.

(c) Create false records or alter the official records of an association in violation of Section 718.111(12), 719.104(2) or 720.303(4), F.S., or of the licensee except in such cases where an alteration is permitted by law (e.g., the correction of minutes per direction given at a meeting at which the minutes are submitted for approval).

(d) Fail to maintain the records for a community association manager or management firm or the official records of any applicable association, as required by Section 718.111(12), 719.104(2) or 720.303(4), F.S.

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: September 12~~4~~, 2014

Rulemaking Authority 468.4315(2), ~~468.436(3)~~ FS. Law Implemented 468.431(2), 468.4315(2), 468.4334, 468.436 FS. History—New 5-5-88, Amended 2-5-91, Formerly 7D-55.007, 61B-55.007, Amended 1-8-98, 5-31-99, Formerly 61-20.503, Amended 4-21-10, _____.

The person to be contacted regarding the PROPOSED rule is: Robyn Barineau, Executive Director, Regulatory Council of Community Association Managers, 1940 N. Monroe Street, Tallahassee, Florida 32399, (850)487-1395

DEPARTMENT OF FINANCIAL SERVICES

Division of Accounting and Auditing

RULE NO.: 69I-22.002 RULE TITLE: Definitions Applicable to Chapter 69I-22
NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 40, No. 246, December 22, 2014 issue of the Florida Administrative Register.

The Notice of Change should have cited the change to the definition of "Participating Financial Institution" in rule subsection 69I-22.002(5) and not (3).

Section IV
Emergency Rules

NONE

Section V
Petitions and Dispositions Regarding Rule
Variance or Waiver

WATER MANAGEMENT DISTRICTS

South Florida Water Management District

RULE NO.: RULE TITLE:

40E-6.011 Policy and Purpose

NOTICE IS HEREBY GIVEN that on December 19, 2014, the South Florida Water Management District (District), received a petition for waiver from the City of Tamarac (Application No. 14-0915-1M) for utilization of Works or Lands of the District known as the C-14 Canal for placement of shelters within the south right of way of C-14 within Veterans Park located immediately west of University Drive; Section 4, Township 49 South, Range 41 East, Broward County. The petition seeks relief from subsections 40E-6.011(4) & (6), Fla. Admin. Code, which governs the placement of permanent & semi-permanent above-ground structures within 40 feet of top of canal bank within Works or Lands of the District.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Juli Russell at (561)682-6268 or email: jurussel@sfwmd.gov. The District will accept comments concerning the petition for 14 days from the date of publication of this notice. To be considered, comments must be received by the end of business on the 14th day at the South Florida Water Management District, 3301 Gun Club Road, MSC 1410, West Palm Beach, FL 33406, Attention: Juli Russell, Office of Counsel.

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 December 18, 2014, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, received a petition for LegoLand Hotel/Topia. Petitioner seeks a variance of the requirements of ASME A17.1b, Section 2.20.1, 2.18.5.1, 2.20.4, 2.20.5 and 2.20.9 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 14 days of the publication of this notice with Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013 (VW2014-468).

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 December 18, 2014, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, received a petition for Bayshore Memory Care. Petitioner seeks a variance of the requirements of ASME A17.1b, Section 2.20.1, 2.18.5.1, 2.20.4, 2.20.5 and 2.20.9 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 14 days of the publication of this notice with Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013 (VW2014-466).

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 December 18, 2014, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, received a petition for Barkeley Square Berkshire. Petitioner seeks a variance of the requirements of ASME A17.1 Section 303.3d, as adopted by subsection 61C-5.001(1), Florida Administrative Code, that requires upgrading the elevators supply line shutoff valve 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 (VW2014-467).

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-1.002 Licensing and Inspection Requirements

The Florida Department of Business and Professional Regulation, Division of Hotels and Restaurants hereby gives notice:

On November 17, 2014, the Division of Hotels and Restaurants received a Petition for an Emergency Variance for subparagraph 61C-1.002(5)(a)2., Florida Administrative Code, from Nathan's at Miami Seaquarium located in Miami. The above referenced F.A.C. addresses the requirement that a mobile food dispensing vehicle be a vehicle that is otherwise movable. They are requesting to mount the mobile food dispensing vehicle on casters rather than an axle.

The Petition for this variance was published in Vol. 40, No. 232, F.A.R., on December 2, 2014. The Order for this Petition was signed and approved on December 8, 2014. After a complete review of the variance request, the Division finds that the application of this Rule will create a financial hardship to the food service establishment. Furthermore, the Division finds that the Petitioner meets the burden of demonstrating that the underlying statute has been achieved by the Petitioner ensuring casters must be maintained in good repair and no additional equipment is to be installed. The unit must report to the commissary each day of operation for support services.

A copy of the Order or additional information may be obtained by contacting: Lydia.Gonzalez@myfloridalicense.com, Division of Hotels and Restaurants, 1940 North Monroe Street, Tallahassee, Florida 32399-1011.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-1.002 Licensing and Inspection Requirements

The Florida Department of Business and Professional Regulation, Division of Hotels and Restaurants hereby gives notice:

On November 18, 2014, the Division of Hotels and Restaurants received a Petition for an Emergency Variance for subparagraph 61C-1.002(5)(a)2., Florida Administrative Code, from Pink's Hot Dog Cart located in Miami. The above referenced F.A.C. addresses the requirement that a mobile food dispensing vehicle be a vehicle that is otherwise movable. They are requesting to mount the mobile food dispensing vehicle on casters rather than an axle.

The Petition for this variance was published in Vol. 40, No. 232, F.A.C., on December 2, 2014. The Order for this Petition was signed and approved on December 8, 2014. After a complete review of the variance request, the Division finds that the application of this Rule will create a financial hardship to the food service establishment. Furthermore, the Division finds that the Petitioner meets the burden of demonstrating that the underlying statute has been achieved by the Petitioner ensuring casters must be maintained in good repair and no additional equipment is to be installed. The unit must report to the commissary each day of operation for support services.

A copy of the Order or additional information may be obtained by contacting: Lydia.Gonzalez@myfloridalicense.com, Division of Hotels and Restaurants, 1940 North Monroe Street, Tallahassee, Florida 32399-1011.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-1.004 General Sanitation and Safety Requirements

The Florida Department of Business and Professional Regulation, Division of Hotels and Restaurants hereby gives notice:

On November 24, 2014, the Division of Hotels and Restaurants received a Petition for an Emergency Variance for paragraph 61C-1.004(1)(a), Florida Administrative Code, and Paragraph 5-202.11(A), 2009 FDA Food Code from La Crepery located in Jensen Beach. The above referenced F.A.C. addresses the requirement that each establishment have an approved plumbing system installed to transport potable water and wastewater. They are requesting to utilize holding tanks to provide potable water and to collect wastewater at the handwash and three-compartment sinks.

The Petition for this variance was published in Vol. 40, No. 232, F.A.R., on December 2, 2014. The Order for this Petition was signed and approved on December 8, 2014. After a complete review of the variance request, the Division finds that the application of this Rule will create a financial hardship to the food service establishment. Furthermore, the Division finds that the Petitioner meets the burden of demonstrating that the underlying statute has been achieved by the Petitioner ensuring the wastewater holding tank for the handwash and three-compartment sinks is emptied at a frequency as to not create a sanitary nuisance; and potable water provided must come from an approved source and be protected from contamination during handling. The Petitioner shall also ensure that the handwash and three-compartment sinks are provided with hot and cold running water under pressure; the handwash sink is provided with soap, an approved hand drying device and a handwashing sign.

A copy of the Order or additional information may be obtained by contacting: Lydia.Gonzalez@myfloridalicense.com, Division of Hotels and Restaurants, 1940 North Monroe Street, Tallahassee, Florida 32399-1011.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-1.004 General Sanitation and Safety Requirements

The Florida Department of Business and Professional Regulation, Division of Hotels and Restaurants hereby gives notice:

On November 18, 2014, the Division of Hotels and Restaurants received a Petition for a Routine Variance for paragraph 61C-1.004(1)(a), Florida Administrative Code, Paragraph 5-202.11(A), 2009 FDA Food Code, Paragraph 4-301.12(A), 2009 FDA Food Code, subsection 61C-4.010(5), Florida Administrative Code, Subparagraph 3-305.11(A)(2), 2009 FDA Food Code, and subsection 61C-4.010(1), Florida Administrative Code, from Gyro Cart at 325 located in Miami. The above referenced F.A.C. addresses the requirement that each establishment have an approved plumbing system installed to transport potable water and wastewater; that dishwashing facilities for manually washing, rinsing and sanitizing equipment and utensils are provided, and that each establishment have areas for food storage/preparation. They are requesting to utilize holding tanks to provide potable water and to collect wastewater at the handwash sink and to share the dishwashing and food storage/preparation areas with another food service establishment under the same ownership and on the same premises.

The Petition for this variance was published in Vol. 40, No. 232, F.A.R., on December 2, 2014. The Order for this Petition was signed and approved on December 17, 2014. After a complete review of the variance request, the Division finds that the application of this Rule will create a financial hardship to the food service establishment. Furthermore, the Division finds that the Petitioner meets the burden of demonstrating that the underlying statute has been achieved by the Petitioner ensuring the wastewater holding tank for the handwash sink is emptied at a frequency as to not create a sanitary nuisance; and potable water provided must come from an approved source and be protected from contamination during handling. The Petitioner shall also ensure that all handwash sinks are provided with hot and cold running water under pressure, soap, an approved hand drying device and a handwashing sign. The dishwashing, food preparation and food storage areas within Main Kitchen must be maintained in a clean and sanitary manner. These areas must also be available to Gyro Cart at 325 during all hours of operation. If the ownership of the Main Kitchen or Gyro Cart at

325 (Levy Premium Foodservice Limited Partnership) changes, a signed agreement between the establishments for use of the shared facilities must be provided to the division immediately.

A copy of the Order or additional information may be obtained by contacting: Lydia.Gonzalez@myfloridalicense.com, Division of Hotels and Restaurants, 1940 North Monroe Street, Tallahassee, Florida 32399-1011.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-1.004 General Sanitation and Safety Requirements

The Florida Department of Business and Professional Regulation, Division of Hotels and Restaurants hereby gives notice:

On November 18, 2014, the Division of Hotels and Restaurants received a Petition for a Routine Variance for paragraph 61C-1.004(1)(a), Florida Administrative Code, Paragraph 5-202.11(A), 2009 FDA Food Code, Paragraph 4-301.12(A), 2009 FDA Food Code, subsection 61C-4.010(5), Florida Administrative Code, Subparagraph 3-305.11(A)(2), 2009 FDA Food Code, and subsection 61C-4.010(1), Florida Administrative Code, from Asian Zone at 326 located in Miami. The above referenced F.A.C. addresses the requirement that each establishment have an approved plumbing system installed to transport potable water and wastewater; that dishwashing facilities for manually washing, rinsing and sanitizing equipment and utensils are provided, and that each establishment have areas for food storage/preparation. They are requesting to utilize holding tanks to provide potable water and to collect wastewater at the handwash sink and to share the dishwashing and food storage/preparation areas with another food service establishment under the same ownership and on the same premises.

The Petition for this variance was published in Vol. 40, No. 232, F.A.R., on December 2, 2014. The Order for this Petition was signed and approved on December 17, 2014. After a complete review of the variance request, the Division finds that the application of this Rule will create a financial hardship to the food service establishment. Furthermore, the Division finds that the Petitioner meets the burden of demonstrating that the underlying statute has been achieved by the Petitioner ensuring the wastewater holding tank for the handwash sink is emptied at a frequency as to not create a sanitary nuisance; and potable water provided must come from an approved source and be protected from contamination during handling. The Petitioner shall also ensure that all handwash sinks are provided with hot and cold running water under pressure, soap, an approved hand drying device and a handwashing sign. The dishwashing, food preparation and food storage areas within Main Kitchen

(NOS2327931) must be maintained in a clean and sanitary manner. These areas must also be available to Asian Zone at 326 during all hours of operation. If the ownership of the Main Kitchen or Asian Zone at 326 (Levy Premium Foodservice Limited Partnership) changes, a signed agreement between the establishments for use of the shared facilities must be provided to the division immediately.

A copy of the Order or additional information may be obtained by contacting: Lydia.Gonzalez@myfloridalicense.com, Division of Hotels and Restaurants, 1940 North Monroe Street, Tallahassee, Florida 32399-1011.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-4.010 Sanitation and Safety Requirements

The Florida Department of Business and Professional Regulation, Division of Hotels and Restaurants hereby gives notice:

On December 5, 2014, the Division of Hotels and Restaurants received a Petition for an Emergency Variance for Subparagraph 3-305.11(A)(2), 2009 FDA Food Code, Section 3-305.14, 2009 FDA Food Code, Section 6-202.15, 2009 FDA Food Code, Section 6-202.16, 2009 FDA Food Code, subsection 61C-4.010(1), Florida Administrative Code, and subsection 61C-4.010(6), Florida Administrative Code, from Men NéNé located in North Miami. The above referenced F.A.C. addresses the requirement for proper handling and dispensing of food. They are requesting to dispense bulk time/temperature control for safety foods from an open air mobile food dispensing vehicle.

The Petition for this variance was published in Vol. 40, No. 236, F.A.R., on December 8, 2014. The Order for this Petition was signed and approved on December 17, 2014. After a complete review of the variance request, the Division finds that the application of this Rule will create a financial hardship to the food service establishment. Furthermore, the Division finds that the Petitioner meets the burden of demonstrating that the underlying statute has been achieved by the Petitioner ensuring that each pan within the steam table is properly covered with an individual lid; the steam table is enclosed within a cabinet with tight-fitting doors, and is protected by an air curtain installed and operated according to the manufacturer's specifications that protects against flying vermin or other environmental contaminants; all steam table foods must be properly reheated for hot holding at approved commissaries and held hot at the proper minimum temperature per the parameters of the currently adopted FDA Food Code; and steam table food is to be dispensed by the operator with no customer self-service. The Petitioner shall also strictly adhere to the operating procedures

and copies of the variance and operating procedures are to be present on the MFDV during all periods of operation.

A copy of the Order or additional information may be obtained by contacting: Lydia.Gonzalez@myfloridalicense.com, Division of Hotels and Restaurants, 1940 North Monroe Street, Tallahassee, Florida 32399-1011.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-4.010 Sanitation and Safety Requirements

The Florida Department of Business and Professional Regulation, Division of Hotels and Restaurants hereby gives notice:

On December 5, 2014, the Division of Hotels and Restaurants received a Petition for an Emergency Variance for subsection 61C-4.010(7), Florida Administrative Code, and subsection 61C-4.010(6), Florida Administrative Code, from Al's Cheese Steaks located in Panama City Beach. The above referenced F.A.C. addresses the requirement that at least one accessible bathroom be provided for use by customers. They are requesting to share the bathrooms located within an adjacent business under a different ownership for use by customers only. The Petition for this variance was published in Vol. 40, No. 237, F.A.R., on December 9, 2014. The Order for this Petition was signed and approved on December 17, 2014. After a complete review of the variance request, the Division finds that the application of this Rule will create a financial hardship to the food service establishment. Furthermore, the Division finds that the Petitioner meets the burden of demonstrating that the underlying statute has been achieved by the Petitioner ensuring the bathrooms located within Exxon Station are maintained in a clean and sanitary manner and are provided with cold running water under pressure, soap, approved hand drying devices, and are available during all hours of operation. The Petitioner shall also ensure directional signage is installed within or outside the establishment clearly stating the location of the bathrooms. If the ownership of Exxon Station (Pinol Patel) changes, an updated signed agreement for use of the bathroom facilities is required immediately.

A copy of the Order or additional information may be obtained by contacting: Lydia.Gonzalez@myfloridalicense.com, Division of Hotels and Restaurants, 1940 North Monroe Street, Tallahassee, Florida 32399-1011.

DEPARTMENT OF HEALTH

Board of Massage Therapy

NOTICE IS HEREBY GIVEN that on December 18, 2014, the Board of Massage Therapy received a petition for Rebecca A. Hoogland, seeking a variance or waiver of paragraph 64B7-32.002(2)(a), Florida Administrative Code, regarding the

requirements for proof of graduation. Comments on this petition should be filed with the Board of Massage Therapy, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3258, within 14 days of publication of this notice.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Christy Robinson, Acting Executive Director, Board of Massage Therapy, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3258, (850)245-4588 or by email: christy.robinson@flhealth.gov.

DEPARTMENT OF HEALTH

Board of Physical Therapy Practice

RULE NO.: RULE TITLE:

64B17-3.003 Licensure by Endorsement

NOTICE IS HEREBY GIVEN that on December 9, 2014, the Board of Physical Therapy Practice received a petition for variance or waiver of Rule 64B17-3.003, F.A.C., filed by Kim Dunleavy, PT, requesting a variance or waiver of the requirement that applicants for licensure by endorsement may demonstrate minimum qualifications for licensure by submitting a certified copy of a credentials evaluation used by the licensing board of another state. The Board will consider this petition at its meeting currently scheduled for February 12, 2015.

Comments on this petition should be filed with the Board of Physical Therapy Practice, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255, within 14 days of publication of this notice.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Allen Hall, Executive Director at the above address or telephone: (850)245-4373.

Section VI

Notice of Meetings, Workshops and Public Hearings

DEPARTMENT OF STATE

Division of Library and Information Services

The Division of Library and Information Services announces in-person meetings of the Florida Statewide Digital Action Plan Steering Committee. All persons are invited.

DATES AND TIMES: January 13, 2015, 1:00 p.m. – 5:00 p.m.; January 14, 2015, 8:30 a.m. – 1:00 p.m., Eastern

PLACE: Room 307, R.A. Gray Building, 500 S. Bronough St., Tallahassee, FL 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Statewide Digital Action Plan Steering Committee will meet to discuss project progress and next steps.

A copy of the agenda may be obtained by contacting Sondra Taylor-Furbee at Sondra.Furbee@dos.myflorida.com.

Any person requiring special accommodations or assistance due to a disability or physical impairment should contact the agency a minimum of five (5) days prior to the meeting by calling (850)245-6600 (or) TDD (850)922-4085.

To request copies of meeting materials associated with this agenda but not included herein, contact Sondra Taylor-Furbee with the Division of Library and Information Services at Sondra.Furbee@dos.myflorida.com.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Agricultural Water Policy

The Florida Department of Agriculture and Consumer Services Soil and Water Conservation Council announces a public meeting to which all persons are invited.

DATE AND TIME: January 15, 2015, 10:00 a.m. – 12:00 Noon

PLACE: Office of Agricultural Water Policy, Elliot Building, 401 South Monroe Street, Tallahassee, Florida 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: Items for discussion include proposed revisions to Chapter 582 and any new business that is brought up by the Council.

A copy of the agenda may be obtained by contacting: Office of Agricultural Water Policy, Mail Stop MS-E1, 401 South Monroe Street, Tallahassee, FL 32399, ATTN: Brenda Howard, (850)617-1703.

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: Bureau of Personnel Management, Department of Agriculture and Consumer Services, (850)488-1806. 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).

DEPARTMENT OF EDUCATION

Florida's Office of Early Learning

The Early Learning Advisory Council announces a telephone conference call to which all persons are invited.

DATE AND TIME: January 22, 2015, 2:00 p.m. – 4:00 p.m.

PLACE: Dial-in number: 1(888) 670-3525, participant code: 6393437979#

GENERAL SUBJECT MATTER TO BE CONSIDERED: Quarterly Meeting.

A copy of the agenda may be obtained by contacting: Jessica.Fowler@oel.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: Jessica.Fowler@oel.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: Jessica.Fowler@oel.myflorida.com.

PUBLIC SERVICE COMMISSION

The Florida Public Service Commission announces its regularly scheduled conference to which all interested persons are invited.

DATE AND TIME: January 8, 2015, 9:30 a.m.

PLACE: Betty Easley Conference Center, 4075 Esplanade Way, Room 148, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To consider those matters ready for decision.

LEGAL AUTHORITY AND JURISDICTION: Chapters 120, 350, 364, 366, and 367, F.S.

Persons who may be affected by Commission action on certain items on the conference agenda may be allowed to address the Commission, either informally or by oral argument, when those items are taken up for discussion at the conference, pursuant to Rules 25-22.0021 and 25-22.0022, F.A.C.

The Florida Public Service Commission Conference's Notice, Agenda, related documents, and contact information may be obtained from www.floridapsc.com. Persons needing ADA accommodation to participate should contact the FPSC at least five days prior to the conference via 1(800)955-8770 (Voice) or 1(800)955-8771 (TDD) Florida Relay Service.

Changes to this notice will be published at the earliest practicable time on the Commission's website.

PUBLIC SERVICE COMMISSION

The Florida Public Service Commission announces its Internal Affairs Meeting for January 8, 2015, to which all interested persons are invited.

TIME: Immediately following the Commission Conference which commences at 9:30 a.m. in Joseph P. Cresse Hearing Room 148

PLACE: Gerald L. Gunter Building, 2540 Shumard Oak Boulevard, Room 105, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To discuss and make decisions on matters which affect the operation of the Commission.

Internal Affairs Agendas and Florida Public Service Commission's contact information may be obtained from www.floridapsc.com. Persons needing ADA accommodation to participate should contact the FPSC at least five days prior to the conference via 1(800)955-8770 (Voice) or 1(800)955-8771 (TDD) Florida Relay Service.

Changes to this notice will be published at the earliest practicable time on the Commission's website.

REGIONAL PLANNING COUNCILS

East Central Florida Regional Planning Council

The East Central Florida Regional Planning Council announces a public meeting to which all persons are invited.

DATE AND TIME: January 21, 2015, 10:00 a.m.

PLACE: ECFRPC Office, 309 Cranes Roost Blvd., Suite 2000, Mayor John H. Land Boardroom, Altamonte Springs, FL 32701

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular bi-monthly meeting of the East Central Florida Regional Planning Council.

A copy of the agenda may be obtained by contacting: Pegge Parker at pparker@ecfrpc.org or (407)262-7772, ext. 300.

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 two (2) days before the workshop/meeting by contacting: Pegge Parker at pparker@ecfrpc.org or (407)262-7772, ext. 300. 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: Pegge Parker at pparker@ecfrpc.org or (407)262-7772, ext. 300.

REGIONAL PLANNING COUNCILS

East Central Florida Regional Planning Council

The East Central Florida Regional Planning Council announces a public meeting to which all persons are invited.

DATE AND TIME: January 21, 2015, 9:00 a.m.

PLACE: ECFRPC Office, 309 Cranes Roost Blvd., Suite 2000, Mayor John H. Land Boardroom, Altamonte Springs, FL 32701

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular bi-monthly meeting of the Executive Committee.

A copy of the agenda may be obtained by contacting: Pegge Parker at pparker@ecfrpc.org or (407)262-7772, ext. 300.

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 two (2) days before the workshop/meeting by contacting: Pegge Parker at pparker@ecfrpc.org or (407)262-7772, ext. 300. 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: Pegge Parker at pparker@ecfrpc.org or (407)262-7772, ext. 300.

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: January 8, 2015, 1:00 p.m., ET, Governing Board Meeting; 1:05 p.m., ET, Public Hearing on Regulatory Matters

PLACE: District Headquarters, 81 Water Management Drive, Havana, Florida 32333

GENERAL SUBJECT MATTER TO BE CONSIDERED: Governing Board Meeting – to consider District business. Amendment No. 3 requests the realignment of budget with no increase or decrease to the District budget.

A copy of the agenda may be obtained by contacting: Savannah White, (850)539-5999 or at <https://www.nwfwater.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 72 hours before the workshop/meeting by contacting: Ms. Wendy Dugan. 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

Suwannee River Water Management District
 The Suwannee River Water Management District announces a public meeting to which all persons are invited.

DATE AND TIME: January 7, 2015, 9:00 a.m.
 PLACE: The District Lands tour will leave from the District office, 9225 CR 49, Live Oak, FL at 9:00 a.m.

GENERAL SUBJECT MATTER TO BE CONSIDERED: District staff and Governing Board Members will tour District lands and water resource areas. The group will travel to the Jennings Bluff and Holton Creek tracts in Hamilton County and Falmouth Springs tract in Suwannee County. The group will discuss karst features, water resources and land management activities.

A copy of the agenda may be obtained by contacting: no agenda available at this time.

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: Robin Lamm, rrl@srwmd.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).

For more information, you may contact: Edwin McCook, ejm@srwmd.org.

DEPARTMENT OF MANAGEMENT SERVICES

Division of Purchasing
 The Department of Management, Division of State Purchasing announces a public meeting to which all persons are invited.

DATE AND TIME: January 9, 2015, 2:00 p.m., EST
 PLACE: 4050 Esplanade Way, Room 101, Tallahassee, Florida 32399-0950

GENERAL SUBJECT MATTER TO BE CONSIDERED: In accordance with the timeframe set forth in Section 120.525, Florida Statutes. Pre-reply Conference and Vendor Sourcing Training is hereby noticed within the timeline for the Invitation to Negotiate (ITN)(Number: 07-43230000-L) for Licensing Solutions Provider of Microsoft Software and Services. The Department reserves the right to issue amendments, addenda, and changes to the timeline and specifically to the meeting notice within the Vendor Bid System (VBS) in accordance with Section 287.042(3), Florida Statutes, and will not re-advertise notice in the Florida Administrative Register (FAR). Access the VBS at: <http://vbs.dms.state.fl.us/vbs/main> menu.

A copy of the agenda may be obtained by contacting: The Procurement Officer, Mina Barekat at Mina.Barekat@dms.myflorida.com or at (850)488-1985.

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: Mina Barekat at Mina.Barekat@dms.myflorida.com or at (850)488-1985. 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: Mina Barekat at Mina.Barekat@dms.myflorida.com or at (850)488-1985.

DEPARTMENT OF HEALTH

Board of Massage Therapy
 The Board of Massage Therapy announces a public meeting to which all persons are invited.

DATES AND TIME: January 22-23, 2015, 9:00 a.m., EST
 PLACE: Fort Lauderdale Marriott North, 6650 North Andrews Avenue, Fort Lauderdale, FL 33309, (954)771-0440

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business of the board. Meetings may be cancelled prior to the meeting date. Please check the Board web site at <http://floridasmassagetherapy.gov/> for cancellations or changes to meeting dates or times.

A copy of the agenda may be obtained by contacting: Christy Robinson, Executive Director at (850)245-4161 or 4052 Bald Cypress Way, #C-06, Tallahassee, FL 32399.

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: Alexandra Alday at (850)245-4161. 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.

For more information, you may contact: Alexandra Alday at (850)245-4161.

DEPARTMENT OF HEALTH

Board of Massage Therapy

The Board of Acupuncture announces a telephone conference call to which all persons are invited.

DATE AND TIME: February 6, 2015, 9:00 a.m., EST

PLACE: Meet Me number: 1(888)670-3525; participant passcode: 6610433568

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business of the board. Meetings may be cancelled prior to the meeting date. Please check the Board web site at <http://floridasacupuncture.gov/> for cancellations or changes to meeting dates or times.

A copy of the agenda may be obtained by contacting: Christy Robinson, Executive Director at (850)245-4161 or 4052 Bald Cypress Way, #C-06, Tallahassee, FL 32399.

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: Don Olmstead at (850)245-4161. 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.

For more information, you may contact: Don Olmstead at (850)245-4161.

DEPARTMENT OF HEALTH

Office of Statewide Research

The Florida Department of Health Institutional Review Board announces a public meeting to which all persons are invited.

DATE AND TIME: January 7, 2015, 9:00 a.m. – 11:00 a.m.

PLACE: Capital Circle Office Complex, Building 2585, Conference Room 345Q, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct review of new research studies involving human participants, modifications to existing studies, and continuing review of ongoing research to make sure research studies comply with regulations and the Department's ethical standards.

A copy of the agenda may be obtained by contacting: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585. 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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

DEPARTMENT OF HEALTH

Office of Statewide Research

The Florida Department of Health Institutional Review Board announces a public meeting to which all persons are invited.

DATE AND TIME: January 21, 2015, 1:30 p.m. – 3:30 p.m.

PLACE: Capital Circle Office Complex, Building 2585, Conference Room 310A, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct review of new research studies involving human participants, modifications to existing studies, and continuing review of ongoing research to make sure research studies comply with regulations and the Department's ethical standards.

A copy of the agenda may be obtained by contacting: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585. 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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

DEPARTMENT OF HEALTH

Office of Statewide Research

The Florida Department of Health Institutional Review Board announces a public meeting to which all persons are invited.

DATE AND TIME: February 4, 2015, 9:00 a.m. – 11:00 a.m.

PLACE: Capital Circle Office Complex, Building 2585, Conference Room 320P, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct review of new research studies involving human participants, modifications to existing studies, and continuing review of ongoing research to make sure research studies comply with regulations and the Department’s ethical standards.

A copy of the agenda may be obtained by contacting: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585. 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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

DEPARTMENT OF HEALTH

Office of Statewide Research

The Florida Department of Health Institutional Review Board announces a public meeting to which all persons are invited.

DATE AND TIME: February 18, 2015, 1:30 p.m. – 3:30 p.m.

PLACE: Capital Circle Office Complex, Building 2585, Conference Room 310A, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct review of new research studies involving human participants, modifications to existing studies, and continuing review of ongoing research to make sure research studies comply with regulations and the Department’s ethical standards.

A copy of the agenda may be obtained by contacting: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585. 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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

DEPARTMENT OF HEALTH

Office of Statewide Research

The Florida Department of Health Institutional Review Board announces a public meeting to which all persons are invited.

DATE AND TIME: March 4, 2015, 9:00 a.m. – 11:00 a.m.

PLACE: Capital Circle Office Complex, Building 2585, Conference Room 320P, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct review of new research studies involving human participants, modifications to existing studies, and continuing review of ongoing research to make sure research studies comply with regulations and the Department’s ethical standards.

A copy of the agenda may be obtained by contacting: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585. 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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

DEPARTMENT OF HEALTH

Office of Statewide Research

The Florida Department of Health Institutional Review Board announces a public meeting to which all persons are invited.

DATE AND TIME: March 18, 2015, 1:30 p.m. – 3:30 p.m.

PLACE: Capital Circle Office Complex, Building 2585, Conference Room 310A, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct review of new research studies involving human participants, modifications to existing studies, and continuing

review of ongoing research to make sure research studies comply with regulations and the Department's ethical standards.

A copy of the agenda may be obtained by contacting: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585. 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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

DEPARTMENT OF HEALTH

Office of Statewide Research

The Florida Department of Health Institutional Review Board announces a public meeting to which all persons are invited.

DATE AND TIME: April 1, 2015, 9:00 a.m. – 11:00 a.m.

PLACE: Capital Circle Office Complex, Building 2585, Conference Room 320P, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct review of new research studies involving human participants, modifications to existing studies, and continuing review of ongoing research to make sure research studies comply with regulations and the Department's ethical standards.

A copy of the agenda may be obtained by contacting: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585. 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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

DEPARTMENT OF HEALTH

Office of Statewide Research

The Florida Department of Health Institutional Review Board announces a public meeting to which all persons are invited.

DATE AND TIME: April 15, 2015, 1:30 p.m. – 3:30 p.m.

PLACE: Capital Circle Office Complex, Building 2585, Conference Room 310A, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct review of new research studies involving human participants, modifications to existing studies, and continuing review of ongoing research to make sure research studies comply with regulations and the Department's ethical standards.

A copy of the agenda may be obtained by contacting: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585. 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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

DEPARTMENT OF HEALTH

Office of Statewide Research

The Florida Department of Health Institutional Review Board announces a public meeting to which all persons are invited.

DATE AND TIME: May 6, 2015, 9:00 a.m. – 11:00 a.m.

PLACE: Capital Circle Office Complex, Building 2585, Conference Room 320P, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct review of new research studies involving human participants, modifications to existing studies, and continuing review of ongoing research to make sure research studies comply with regulations and the Department's ethical standards.

A copy of the agenda may be obtained by contacting: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585. 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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

DEPARTMENT OF HEALTH

Office of Statewide Research

The Florida Department of Health Institutional Review Board announces a public meeting to which all persons are invited.

DATE AND TIME: May 20, 2015, 1:30 p.m. – 3:30 p.m.

PLACE: Capital Circle Office Complex, Building 2585, Conference Room 301, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct review of new research studies involving human participants, modifications to existing studies, and continuing review of ongoing research to make sure research studies comply with regulations and the Department’s ethical standards.

A copy of the agenda may be obtained by contacting: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585. 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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

DEPARTMENT OF HEALTH

Office of Statewide Research

The Florida Department of Health Institutional Review Board announces a public meeting to which all persons are invited.

DATE AND TIME: June 3, 2015, 9:00 a.m. – 11:00 a.m.

PLACE: Capital Circle Office Complex, Building 2585, Conference Room 320P, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct review of new research studies involving human participants, modifications to existing studies, and continuing

review of ongoing research to make sure research studies comply with regulations and the Department’s ethical standards.

A copy of the agenda may be obtained by contacting: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585. 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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

DEPARTMENT OF HEALTH

Office of Statewide Research

The Florida Department of Health Institutional Review Board announces a public meeting to which all persons are invited.

DATE AND TIME: June 17, 2015, 1:30 p.m. – 3:30 p.m.

PLACE: Capital Circle Office Complex, Building 2585, Conference Room 310A, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct review of new research studies involving human participants, modifications to existing studies, and continuing review of ongoing research to make sure research studies comply with regulations and the Department’s ethical standards.

A copy of the agenda may be obtained by contacting: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585. 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: Public Health Research Unit, Division of Community Health Promotion, (850)245-4585.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Agency for Persons with Disabilities

The Agency for Persons with Disabilities announces a public meeting to which all persons are invited.

DATE AND TIME: The Agency for Persons with Disabilities announces a public meeting regarding the iBudget algorithm to which all persons are invited. January 16, 2015, 2:00 p.m. – 4:00 p.m., EST

This meeting will involve Microsoft Lync for sharing presentations over the internet. If you already have access to Microsoft Lync, please use the following link to join the meeting and then choose “Don’t join audio”:

<https://meet.lync.com/apdfl/tracey.tolbert/G1KH0255>

In addition to the Microsoft Lync meeting it is necessary to also call in to the following number in order to access the audio. The call-in number and code are: 1(888)670-3525 code: 510 653 9718.

If you do not already have Microsoft Lync installed, please follow the hotlink below and choose “Meeting Readiness”:

<http://office.microsoft.com/client/helppreview.aspx?AssetId=HA102621125&Icid=1033&NS=OCO14&Version=14>

You will be presented with two options: 1) install Active X or 2) download and install Microsoft Attendee. We recommend you install Microsoft Attendee.

PLACE: Agency for Persons with Disabilities, 4030 Esplanade Way, Room 301, Tallahassee, Florida 32399-0950

GENERAL SUBJECT MATTER TO BE CONSIDERED: To invite input and feedback from Agency stakeholder groups, including self-advocates, family members, service providers, waiver coordinators, and advocacy organizations in updating and improving the algorithm formula used to predict resource needs for clients enrolled on the iBudget waiver and waiting list and used in the establishment of individual budgets for individuals on the waiver. The algorithm will provide an equitable distribution of available resources among individuals on the waiver based on an assessment process that includes client characteristics and a valid formal assessment instrument, and client choice of services and providers once the individual budget is determined. <http://apdcares.org/publications/legal>
Written comments may be submitted to iBudgetAlgorithm@apdcares.org.

A copy of the agenda may be obtained by contacting: Eva Fambro-Price, 4030 Esplanade Way, Suite 360, Tallahassee, Florida 32399, (850)922-2550, eva.fambro-price@apdcares.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 72 hours before the workshop/meeting by contacting: Eva Fambro-Price, 4030 Esplanade Way, Suite 360, Tallahassee, Florida 32399, (850)922-2550, eva.fambro-price@apdcares.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).

For more information, you may contact: Eva Fambro-Price, 4030 Esplanade Way, Suite 360, Tallahassee, Florida 32399, (850)922-2550, eva.fambro-price@apdcares.org.

DEPARTMENT OF ECONOMIC OPPORTUNITY

Division of Workforce Services

The Reemployment Assistance Appeals Commission announces a public meeting to which all persons are invited.

DATE AND TIME: December 30, 2014, 9:00 a.m.

PLACE: Reemployment Assistance Appeals Commission, 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151

GENERAL SUBJECT MATTER TO BE CONSIDERED: Deliberation for cases pending before the Reemployment Assistance Appeals Commission that are ready for final review and the Chairman's report. No public testimony will be taken.

A copy of the agenda may be obtained by contacting: Reemployment Assistance Appeals Commission, 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151, (850)487-2685.

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: Reemployment Assistance Appeals Commission, 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151, (850)487-2685. 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: Reemployment Assistance Appeals Commission, 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151, (850) 487-2685.

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: January 8, 2015, 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.

CHOCTAWHATCHEE RIVER SOIL AND WATER CONSERVATION DISTRICT

The Choctawhatchee River Soil & Water Conservation District announces public meetings to which all persons are invited.

DATES AND TIMES: January 5, 2015; April 6, 2015; July 6, 2015; October 5, 2015, each at 6:30 p.m.

PLACE: USDA Service Center Conference Room, 239 John Baldwin Rd., DeFuniak Springs, FL 32433

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular agenda for quarterly meeting.

A copy of the agenda may be obtained by contacting: Mellody Hughes, (850)892-3712, ext. 3.

For more information, you may contact: Mellody Hughes.

**Section VII
Notice of Petitions and Dispositions
Regarding Declaratory Statements**

PUBLIC SERVICE COMMISSION

NOTICE IS HEREBY GIVEN that the Florida Public Service Commission has received the petition for declaratory statement from the City of Vero Beach, Florida on December 19, 2014. The petition seeks the agency’s opinion as to the applicability of Sections 366.04(1), (2)(d) and (e), and (5), Florida Statutes, and Commission Order Nos. 5520, 6010, 10382, 11580, and 18834, as applied to petitioner’s particular set of circumstances, as it applies to the petitioner.

Petition for declaratory statement regarding the effect of the Commission’s orders approving territorial agreements in Indian River County, by the City of Vero Beach. 140244-EM.

A copy of the Petition for Declaratory Statement may be obtained by contacting: Carlotta Stauffer, Office of Commission Clerk, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, clerk@psc.state.fl.us, (850)413-6770.

Please refer all comments to: Kathryn G.W. Cowdery, c/o Carlotta Stauffer, Office of Commission Clerk, Docket No. 140244-EM. Ms. Cowdery’s contact information is kcowdery@psc.state.fl.us, (850)413-6126. Except for good cause shown, motions to intervene or petitions for administrative hearing by substantially affected persons must be filed within 21 days after publication of this notice.

**DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION**

Construction Industry Licensing Board

NOTICE IS HEREBY GIVEN that the Construction Industry Licensing Board has received the petition for declaratory statement from Sandy Robinson and Kevin Powell on December 18, 2014. The petition seeks the agency’s opinion as to the applicability of Rule 61G4-15.015, F.A.C., as it applies to the petitioner.

The petition seeks the Board’s interpretation of Rule 61G4-15.015, F.A.C., as to whether a Registered Specialty Contractor (Aluminum) can be the primary contractor on a building permit for a screened room and wooden decks and whether the Registered Specialty Contractor can build the wooden decks. Except for good cause shown, motions for leave to intervene must be filed within 21 days after publication of this notice.

A copy of the Petition for Declaratory Statement may be obtained by contacting: Dan Biggins, Executive Director, Construction Industry Licensing Board, 1940 North Monroe Street, Tallahassee, FL 32399-0783, (850)487-1395 or by email: Amanda.Wynn@myfloridalicense.com.

**Section VIII
Notice of Petitions and Dispositions
Regarding the Validity of Rules**

Notice of Petition for Administrative Determination has been filled with the Division of Administrative Hearings on the following rules:

NONE

Notice of Disposition of Petition for Administrative Determination has been filled with the Division of Administrative Hearings on the following rules:

NONE

**Section IX
Notice 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 MANAGEMENT SERVICES
Division of Building Construction
MSFM-14004340 – CM

STATE OF FLORIDA
DEPARTMENT OF MANAGEMENT SERVICES
DIVISION OF REAL ESTATE DEVELOPMENT
AND MANAGEMENT
PUBLIC ANNOUNCEMENT FOR
CONSTRUCTION CONTRACTORS
TO PROVIDE CONSTRUCTION MANAGEMENT AT
RISK SERVICES

REQUEST FOR QUALIFICATIONS (RFQ): The Department of Management Services, Division of Real Estate Development and Management, request qualifications for licensed general contractors, to submit for Construction Management at Risk services on the following project:

PROJECT NUMBER: MSFM-14004340
PROJECT NAME: HVAC Equipment Replacement and System Renovation, House and Senate Office Buildings
LOCATION: Tallahassee, Florida

ANTICIPATED SHORTLIST DATE: February 3, 2015
ANTICIPATED INTERVIEW DATE: February 17, 2015
ESTIMATED CONSTRUCTION BUDGET: \$2,100,000.00
For details please visit the Department’s website http://www.myflorida.com/apps/vbs/vbs_www.main_menu and click on “Search Advertisements – Division of Real Estate Development and Management”; look for “Opportunities for Design and Construction Firms” and click on link.

The award will be made in accordance with Section 255.29, Florida Statutes, and the procedures and criteria of the Departments Division of Real Estate Development and Management.

Section XII
Miscellaneous

DEPARTMENT OF HEALTH
Board of Osteopathic Medicine

Notice of Emergency Action

On December 19, 2014, State Surgeon General issued an Order of Emergency Restriction of License with regard to the license of Daniel Philip McBath, D.O., License #: OS 6111. This Emergency Restriction 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 (2004-2013). 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.

DEPARTMENT OF HEALTH
Board of Speech-Language Pathology and Audiology
Notice of Lifting Emergency Action

On December 19, 2014, the State Surgeon General, issued an Order Lifting Emergency Restriction Order with regard to the license of Kelly Ann Greenen, S.L.P., License #: SA 3390. The Department orders that the Emergency Restriction of License be lifted and the license be reinstated.

DEPARTMENT OF ECONOMIC OPPORTUNITY
Division of Community Development

Final Order No.: DEO-14-171

NOTICE IS HEREBY GIVEN that the Florida Department of Economic Opportunity issued Final Order No. DEO-14-171 on December 15, 2014, in response to applications submitted by Patty Ann Acres Homeowners Association, Inc. for covenant revitalization under Chapter 720, Part III, Florida Statutes. The Department’s Final Order granted the application for covenant revitalization after determining that the application met the statutory requirements for covenant revitalization. Copies of the final orders may be obtained by writing to the Agency Clerk, Department of Economic Opportunity, 107 E. Madison Street, MSC 110, Tallahassee, Florida 32399-4128 or Katie.Zimmer@DEO.MyFlorida.com.

DEPARTMENT OF ECONOMIC OPPORTUNITY
Division of Community Development

Final Order No.: DEO-14-172

In re: A LAND DEVELOPMENT REGULATION
ADOPTED BY ISLAMORADA, VILLAGE OF
ISLANDS, FLORIDA, ORDINANCE NO. 14-11

FINAL ORDER

APPROVING ISLAMORADA ORDINANCE NO. 14-11

The Department of Economic Opportunity (“Department”) hereby issues its Final Order, pursuant to §§ 380.05(6) and 380.0552(9), Florida Statutes, approving land development regulations adopted by Islamorada, Village of Islands, Florida, Ordinance No. 14-11 (the “Ordinance.”)

FINDINGS OF FACT

1. The Florida Keys Area is designated by § 380.0552, Florida Statutes, as an area of critical state concern. Islamorada, Village of Islands, is a local government within the Florida Keys Area.

2. The Ordinance was adopted by Islamorada, Village of Islands on September 23, 2014, and rendered to the Department on October 23, 2014.

3. The Ordinance amends the Islamorada, Village of Islands Code of Ordinances, Chapter 30 (Land Development Regulations), Article 4 (Administrative Procedures), Division 12 (Transfer of Development Rights), Section 30-506 (Transfer of development rights (TDRs) for residential dwelling units and density.) This amendment adds numerous zoning districts to the eligible list of “receiver” sites for TDRs.

CONCLUSIONS OF LAW

4. The Department is required to approve or reject land development regulations that are adopted by any local government in an area of critical state concern. §§ 380.05(6), Florida Statutes.

5. Islamorada, Village of Islands is a local government within the Florida Keys Area of Critical State Concern. §380.0552, Florida Statutes and Florida Administrative Code Chapter 28-26.

6. “Land development regulations” include local zoning, subdivision, building, and other regulations controlling the development of land. § 380.031(8), Florida Statutes. The regulations adopted by the Ordinance are land development regulations.

7. All land development regulations enacted, amended, or rescinded within an area of critical state concern must be consistent with the principles for guiding development for that area. §§ 380.05(6) and 380.0552(9), Florida Statutes. The Principles for Guiding Development for the Florida Keys Area of Critical State Concern are set forth in § 380.0552(7), Florida Statutes.

8. The Ordinance is consistent with the Islamorada, Village of Islands Comprehensive Plan generally, and specifically with Policy 1-3.1.3, governing the establishment of a TDR program.

9. The Ordinance is consistent with the Principles for Guiding Development in section 380.0552(7), Florida Statutes, as a whole, and is specifically consistent with the following Principles:

(a) Strengthening local government capabilities for managing land use and development so that local government is able to achieve these objectives without continuing the area of critical state concern designation.

(c) Protecting upland resources, tropical biological communities, freshwater wetlands, native tropical vegetation (for example, hardwood hammocks and pinelands), dune ridges and beaches, wildlife, and their habitat.

(d) To ensure the maximum well-being of the Florida Keys and its citizens through sound economic development.

WHEREFORE, IT IS ORDERED that the Department finds that the Islamorada, Village of Islands No. 14-11 is consistent with the Principles for Guiding Development for the Florida Keys Area of Critical State Concern and is hereby APPROVED.

This Order becomes effective 21 days after publication in the Florida Administrative Register unless a petition is timely filed as described in the Notice of Administrative Rights below.

DONE AND ORDERED in Tallahassee, Florida.

/s/

William B. Killingsworth, Director
 Division of Community Development
 Department of Economic Opportunity
 Notice of administrative rights

Any person whose substantial interests are affected by this order has the opportunity for an administrative proceeding pursuant to section 120.569, Florida statutes.

For the required contents of a petition challenging agency action, refer to SUBSECTIONS 28-106.104(2), 28-106.201(2), and RULE 28-106.301, Florida Administrative Code.

Depending on whether or not material facts are disputed in the petition, a hearing will be conducted pursuant to either sections 120.569 and 120.57(1), Florida statutes, or Sections 120.569 and 120.57(2), Florida statutes.

Any petition must be filed with the agency clerk of the department of economic opportunity within 21 calendar days of the final order being published in the florida administrative register. A petition is filed when it is received by:

Agency Clerk
Department of Economic Opportunity
Office of the general Counsel
107 East Madison St., MSC 110
Tallahassee, Florida 32399-4128
Fax: (850)921-3230

You waive the right to any administrative proceeding if you do not file a petition with the agency clerk within 21 calendar days of the final order being published in the florida administrative register.

CERTIFICATE OF FILING AND SERVICE

I HEREBY CERTIFY that the original of the foregoing Final Order has been filed with the undersigned designated Agency Clerk, and that true and correct copies have been furnished to the following persons by the methods indicated this 16th day of December, 2014.

_____/s/_____
Katie Zimmer, Agency Clerk
Department of Economic Opportunity
107 East Madison Street, MSC 110
Tallahassee, FL 32399-4128

By U.S. Mail:
The Honorable Ted Blackburn, Mayor
Islamorada, Village of Islands Council
86800 Overseas Highway
Islamorada, FL 33036

Kelly Toth, Clerk
Islamorada, Village of Islands
86800 Overseas Highway
Islamorada, FL 33036

Cheryl Cioffari
Director of Planning
86800 Overseas Highway
Islamorada, FL 33036

DEPARTMENT OF ECONOMIC OPPORTUNITY
Division of Community Development

Final Order No.: DEO-14-170

NOTICE IS HEREBY GIVEN that the Florida Department of Economic Opportunity issued Final Order No. DEO-14-170 on December 15, 2014, in response to an application submitted by Cutler Creek Club Association, Inc. for covenant revitalization under Chapter 720, Part III, Florida Statutes.

The Department’s Final Order granted the application for covenant revitalization after determining that the application met the statutory requirements for covenant revitalization. Copies of the final order may be obtained by writing to the Agency Clerk, Department of Economic Opportunity, 107 E. Madison Street, MSC 110, Tallahassee, Florida 32399-4128 or Katie.zimmer@DEO.MyFlorida.com.

DEPARTMENT OF ECONOMIC OPPORTUNITY
Division of Community Development

Final Order No.: DEO-14-169

NOTICE IS HEREBY GIVEN that the Florida Department of Economic Opportunity issued Final Order No. DEO-14-169 on December 15, 2014, in response to an application submitted by Fairway Oaks Homeowners’ Association, Inc. for covenant revitalization under Chapter 720, Part III, Florida Statutes. The Department’s Final Order granted the application for covenant revitalization after determining that the application met the statutory requirements for covenant revitalization. Copies of the final order may be obtained by writing to the Agency Clerk, Department of Economic Opportunity, 107 E. Madison Street, MSC 110, Tallahassee, Florida 32399-4128 or Katie.zimmer@DEO.MyFlorida.com.

ESCAMBIA COUNTY ATTORNEY’S OFFICE
NOTICE OF PUBLIC-PRIVATE PARTNERSHIP PROJECT
BEING CONSIDERED BY THE BOARD OF COUNTY
COMMISSIONERS OF ESCAMBIA COUNTY

In accordance with Section 287.05712, Florida Statutes, the Board of County Commissioners of Escambia County, Florida, hereby gives notice that it has received a proposal to improve and extend Well Line Road to Jack's Branch Road (CR297A) from Well Line Road Improvements, LLC, and Panhandle Grading & Paving, Inc. The Board of County Commissioners will accept other proposals for the same project until January 30, 2015.

The proposal is available for review and copying at, and other proposals for the same project may be submitted to, the Escambia County Department of Public Works, 3363 West Park Place, Pensacola, Florida 32505. For additional information, please contact the Department of Public Works at (850)595-3434.

Section XIII
Index to Rules Filed During Preceding
Week

INDEX TO RULES FILED BETWEEN DECEMBER 15, 2014
AND DECEMBER 19, 2014

Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.
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DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Agricultural Environmental Services

5E-1.003	12/19/2014	1/8/2015	40/157	40/219
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Division of Standards

5F-2.002	12/18/2014	1/7/2015	40/113	40/206
5F-2.003	12/18/2014	1/7/2015	40/113	40/206
5F-2.005	12/18/2014	1/7/2015	40/113	40/206
5F-2.006	12/18/2014	1/7/2015	40/113	40/206
5F-2.014	12/18/2014	1/7/2015	40/113	40/206
5F-2.016	12/18/2014	1/7/2015	40/113	40/206

COMMISSION ON ETHICS

34-7.025	12/19/2014	1/8/2015	40/218	
34-12.200	12/19/2014	1/8/2015	40/216	
34-12.210	12/19/2014	1/8/2015	40/216	
34-12.330	12/19/2014	1/8/2015	40/216	
34-12.400	12/19/2014	1/8/2015	40/216	
34-12.405	12/19/2014	1/8/2015	40/216	
34-12.420	12/19/2014	1/8/2015	40/216	

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

40D-7.001	12/16/2014	1/5/2014	40/167	40/225
40D-7.002	12/16/2014	1/5/2014	40/167	40/225
40D-7.003	12/16/2014	1/5/2014	40/167	40/225
40D-7.004	12/16/2014	1/5/2014	40/167	40/225
40D-7.005	12/16/2014	1/5/2014	40/167	
40D-8.624	12/18/2014	1/7/2015	40/221	

DEPARTMENT OF THE LOTTERY

53ER14-69	12/16/2014	12/16/2014	40/243	
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Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.
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AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

59A-9.019	12/17/2014	1/6/2015	40/166	40/223
59A-9.020	12/17/2014	1/6/2015	40/166	40/223
59A-9.021	12/17/2014	1/6/2015	40/166	40/223

DEPARTMENT OF MANAGEMENT SERVICES

Commission on Human Relations

60Y-2.003	12/19/2014	1/8/2015	40/200	
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DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

61C-4.0161	12/17/2014	1/6/2015	40/213	
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Board of Cosmetology

61G5-17.018	12/18/2014	1/7/2015	40/222	
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DEPARTMENT OF ENVIRONMENTAL PROTECTION

62-312.900	12/16/2014	1/5/2015	40/191	
62-348.100	12/16/2014	1/5/2015	40/187	
62-348.300	12/16/2014	1/5/2015	40/187	
62-348.500	12/16/2014	1/5/2015	40/187	
62-348.600	12/16/2014	1/5/2015	40/187	
62-348.700	12/16/2014	1/5/2015	40/187	

DEPARTMENT OF HEALTH

Division of Medical Quality Assurance

64B-9.004	12/16/2014	1/5/2015	40/210	
64B-9.005	12/16/2014	1/5/2015	40/210	

Board of Nursing

64B9-5.002	12/15/2014	1/4/2015	40/221	
64B9-5.004	12/15/2014	1/4/2015	40/221	
64B9-8.012	12/15/2014	1/4/2015	40/221	

Board of Pharmacy

64B16-27.410	12/18/2014	1/7/2015	40/208	
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Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.
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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Economic Self-Sufficiency Program

65A-1.602	12/19/2014	1/8/2015	40/90	40/149 40/219
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DEPARTMENT OF FINANCIAL SERVICES

Division of Insurance Agents and Agency Services

69B-148.001	12/15/2014	1/4/2015	40/206	
69B-167.001	12/16/2014	1/5/2015	40/201	
69B-184.001	12/15/2014	1/4/2015	40/206	
69B-184.002	12/15/2014	1/4/2015	40/206	
69B-184.003	12/15/2014	1/4/2015	40/206	
69B-184.004	12/15/2014	1/4/2015	40/206	
69B-184.005	12/15/2014	1/4/2015	40/206	
69B-184.010	12/15/2014	1/4/2015	40/206	
69B-184.011	12/15/2014	1/4/2015	40/206	
69B-184.017	12/15/2014	1/4/2015	40/206	
69B-184.018	12/15/2014	1/4/2015	40/206	

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69B-184.020	12/15/2014	1/4/2015	40/206	
69B-184.021	12/15/2014	1/4/2015	40/206	
69B-215.060	12/15/2014	1/4/2015	40/206	
69B-215.215	12/15/2014	1/4/2015	40/206	
69B-215.220	12/15/2014	1/4/2015	40/206	
69B-215.225	12/15/2014	1/4/2015	40/206	
69B-215.230	12/15/2014	1/4/2015	40/206	
69B-220.051	12/16/2014	1/5/2015	40/164	40/222
69B-220.201	12/16/2014	1/5/2015	40/164	40/222

LIST OF RULES AWAITING LEGISLATIVE APPROVAL PURSUANT TO SECTION 120.541(3), FLORIDA STATUTES

DEPARTMENT OF ELDER AFFAIRS

Federal Aging Programs

58A-5.0191	3/28/2014	*****	39/231	40/43
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DEPARTMENT OF FINANCIAL SERVICES

Division of Worker's Compensation

69L-7.020	10/24/2011	*****	37/24	37/36
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