

Section I
Notice of Development of Proposed Rules
and Negotiated Rulemaking

NONE

Section II
Proposed Rules

DEPARTMENT OF ELDER AFFAIRS

Federal Aging Programs

RULE NOS.: RULE TITLES:

- 58A-5.0131 Definitions
- 58A-5.014 License Application, Change of Ownership, and Provisional Licenses
- 58A-5.015 License Renewal and Conditional Licenses
- 58A-5.016 License Requirements
- 58A-5.0161 Inspection Responsibilities
- 58A-5.0181 Admission Procedures, Appropriateness of Placement and Continued Residency Criteria
- 58A-5.0182 Resident Care Standards
- 58A-5.0185 Medication Practices
- 58A-5.0186 Do Not Resuscitate Orders (DNROs)
- 58A-5.019 Staffing Standards
- 58A-5.0191 Staff Training Requirements and Competency Test
- 58A-5.0194 Alzheimer’s Disease or Related Disorders Training Provider and Curriculum Approval
- 58A-5.020 Food Service Standards
- 58A-5.021 Fiscal Standards
- 58A-5.023 Physical Plant Standards
- 58A-5.024 Records
- 58A-5.0241 Adverse Incident Report
- 58A-5.0242 Liability Claim Report
- 58A-5.025 Resident Contracts
- 58A-5.026 Emergency Management
- 58A-5.029 Limited Mental Health
- 58A-5.030 Extended Congregate Care Services
- 58A-5.031 Limited Nursing Services
- 58A-5.033 Administrative Enforcement
- 58A-5.035 Waivers

PURPOSE AND EFFECT: The purpose of the proposed rule is to implement portions of recommendations proposed by the Governor’s Assisted Living Facility Workgroup, recommendations from members of the public received in rule workshops, as well as rule recommendations developed by the Assisted Living Facility Negotiated Rulemaking Committee. Such negotiated committee recommendations were the consensus product of the individuals designated to represent

the interests of entities and persons affected by the rule. In addition to implementing these recommendations, the proposed rules were developed to address statutory changes enacted in Part II, Chapter 408 and Part I, Chapter 429, Florida Statutes, regarding the regulation of assisted living facilities.

SUMMARY: The proposed rule eliminates regulatory conflicts between Chapters 408 and 429; Florida Statutes, streamlines, clarifies, and reduces burdensome reporting requirements; and addresses necessary safeguards to ensure the health, safety, and welfare of individuals residing in Florida’s assisted living facilities. Specifically, the proposed rule addresses facility licensing requirements; admission procedures, appropriateness of resident placement and continued residency requirements; aging in place initiatives; medication practices; staffing standards, including training requirements and imposition of competency testing; facility food service standards; resident contracts and certain financials standards; emergency management within facilities; resident and facility record requirements; and the scope of health services provided by third parties.

SUMMARY OF STATEMENT OF REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

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

The Department has determined that the proposed rule is expected to require legislative ratification because the rule is likely to increase regulatory costs in excess of \$1 million in the aggregate within 5 years after the implementation of the rule.

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

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

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

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

DATE AND TIME: December 19, 2013, 9:30 a.m. – 12:30 p.m.

PLACE: Florida Department of Elder Affairs, 4040 Esplanade Way, Room 225F, Tallahassee, Florida 32399. To participate by webinar, please register at <https://www2.gotomeeting.com/register/257760858> at least 5 days prior to the hearing. Access to a computer with an internet connection is required for participation by webinar. If you do not have internet access and are unable to attend in person, you may request assistance with registration to participate by telephone by contacting Ms. Anita Bushnyakova, Department of Elder Affairs, Office of General Counsel, 4040 Esplanade Way, Tallahassee, FL 32399, email: bushnyakovaa@elderaffairs.org, telephone: (850)414-2096. You may also choose to send written comments in advance to Ms. Amanda Samerson, Department of Elder Affairs, Office of General Counsel, 4040 Esplanade Way, Tallahassee, FL 32399, email: samersona@elderaffairs.org.

The Notice of Rule Development for this rule was published in the Florida Administrative Register, Volume 39, Issue 82 on September 18, 2013.

This hearing is developed in compliance with Title VI of the Civil Rights Act of 1964 and related statutes. Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status. Any person requiring special accommodations to participate in the hearing is asked to advise the agency at least 5 days in advance by contacting Ms. Bushnyakova at the above address. People who are hearing or speech impaired should contact DOEAE using the Florida Relay Service, 1(800)955-8771 (TTY) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Ms. Amanda Samerson, Department of Elder Affairs, Office of General Counsel, 4040 Esplanade Way, Tallahassee, FL 32399, email: samersona@elderaffairs.org, telephone: (850)414-2352

THE FULL TEXT OF THE PROPOSED RULE IS:

58A-5.0131 Definitions.

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

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

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

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

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

(5)(4) “Assistance with Activities of Daily Living” means individual assistance with the following:

(a) Ambulation – Providing physical support to enable the resident to move about within or outside the facility. Physical support includes supporting or holding the resident’s hand, elbow, or arm; holding on to a support belt worn by the resident to assist in providing stability or direction while the resident ambulates; or pushing the resident’s wheelchair. The term does not include assistance with transfer.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(16)(15)~~ “Health Care Provider” means a physician or physician’s assistant licensed under Chapter 458 or 459, F.S.,

or advanced registered nurse practitioner licensed under Chapter 464, F.S.

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

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

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

(19) “Manager” means an individual who is authorized to perform the same functions of the administrator, and is responsible for the operation and maintenance of an assisted living facility while under the supervision of the administrator of that facility. For the purpose of this definition, a manager does not include staff authorized to perform limited administrative functions during an administrator’s temporary absence. “Major incident” means:

- ~~(a) Death of a resident from other than natural causes;~~
- ~~(b) Determining that a resident is missing;~~
- ~~(c) An assault on a resident resulting in injury;~~
- ~~(d) An injury to a resident which requires assessment and treatment by a health care provider; or~~
- ~~(e) Any event, such as a fire, natural disaster, or other occurrence that results in the disruption of the facility’s normal activities.~~

(20) “Mental Disorder,” for the purposes of identifying a mental health resident, means schizophrenia ~~schizophrenie~~ and other psychotic disorders; affective disorders; anxiety related disorders; and personality and dissociative disorders. However, mental disorder does not include residents with a primary diagnosis of Alzheimer’s disease, other dementias, or mental retardation.

(21) “Mental Hhealth Care Provider” means an individual, agency, or organization providing mental health services to clients of the Department of Children and Families; an individual licensed by the state to provide mental health services; or an entity employing or contracting with individuals licensed by the state to provide mental health services means:

- ~~(a) An individual, agency, or organization under contract to the Department of Children and Family Services’ district Substance Abuse and Mental Health program office to provide mental health services to clients of the department;~~
- ~~(b) An individual licensed by the state to provide mental health services; or~~

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

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

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

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

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

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

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

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

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

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

(30)(31) “Renovation” means additions, repairs, restorations, or other improvements to the physical plant of the facility within a 5 year period that costs in excess of 50

percent of the value of the building as reported on the tax rolls, excluding land, before the renovation.

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

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

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

(34) “Staff in Regular Contact” means all staff who do not provide direct care to residents, but whose duties may require them to interact with residents on a daily basis.

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

(36) “Universal Precautions” are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all residents are considered potentially infectious for HIV, HBV, and other bloodborne pathogens.

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

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

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

(1) LICENSE APPLICATION. An applicant for a standard assisted living facility (~~ALF~~) license, or a limited mental health (~~LMH~~), extended congregate care (~~ECC~~), or

limited nursing services (LNS) license, may apply for licensure pursuant to the requirements of Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., and Rule Chapter 59A-35, F.A.C. obtain a license application package from the Agency Central Office.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(b)1. The transferor must shall provide to each resident a statement detailing the amount and type of funds credited to the resident for whom funds are held by the facility.~~

~~(c)2. The transferee must shall notify each resident in writing of the manner in which the transferee is holding the resident's funds and state the name and address of the~~

depository where the funds are being held, the amount held, and type of funds credited.

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

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

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

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

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

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

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

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

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

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

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

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

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

~~Rulemaking Authority 429.07, 429.17, 429.27, 429.275, 429.41 FS. Law Implemented 429.02, 429.04, 429.07, 429.075, 429.08, 429.11, 429.12, 429.17, 429.176, 429.174, 429.27, 429.275, 429.41, 429.44, 429.445, 429.47 FS. History—New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.14, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.014, Amended 10-30-95, 4-20-98, 10-17-99, 7-30-06, _____.~~

58A-5.015 License Renewal and Conditional Licenses.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) ~~LICENSE DENIAL.~~

(a) ~~Applicants denied a license shall be notified by the agency of their right to appeal the denial, the remedies~~

~~available, and the time limit for requesting such remedies as provided under Part II of Rule Chapter 59-1, F.A.C. and Chapter 120, F.S.~~

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

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

58A-5.016 License Requirements.

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

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

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

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

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

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

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

~~(8) THIRD PARTY SERVICES.~~

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

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

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

~~Rulemaking Authority 429.41 FS. Law Implemented 429.12, 429.41, 429.44, 429.445 FS. History-New 5-15-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.16, Amended 6-21-88, 9-30-92, Formerly 10A-5.016, Amended 10-30-95, 10-17-99, 7-30-06, 4-15-10, _____.~~

58A-5.0161 Inspection Responsibilities.

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

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

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

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

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

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

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

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

(1) ADMISSION CRITERIA.

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

~~1.(a)~~ Be at least 18 years of age.

~~2.(b)~~ Be free from signs and symptoms of any communicable disease ~~that which~~ is likely to be transmitted to other residents or staff; however, ~~an individual a person~~ who has human immunodeficiency virus (HIV) infection may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule.

~~3.(c)~~ Be able to perform the activities of daily living, with supervision or assistance if necessary.

~~4.(d)~~ Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted.

~~5.(e)~~ Be capable of taking ~~his/her own~~ medication, by either self-administration, with assistance with self-administration, or by administration of medication from staff if necessary.

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

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

~~6.(f)~~ Not have any special dietary needs that cannot be met by the facility.

~~7.(g)~~ Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S.

~~8.(h)~~ Not require 24-hour licensed professional mental health treatment ~~on a 24 hour a day basis.~~

~~9.(i)~~ Not be bedridden.

~~10.(j)~~ Not have any stage 3 or 4 pressure sores. A resident requiring care of a stage 2 pressure sore may be admitted provided that:

a. Such resident either:

(I) Resides in a standard licensed facility and contracts directly with a licensed home health agency or a nurse to provide care, or

(II) Resides in a limited nursing services licensed facility and services are provided pursuant to a plan of care issued by a health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care;

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

~~b.2.~~ The condition is documented in the resident's record and admission and discharge log; and

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

~~11.(k)~~ Not require any of the following nursing services:

~~a.1.~~ Oral, nasopharyngeal, or tracheotomy suctioning;

~~b.2.~~ Assistance with tube feeding;

~~c.3.~~ Monitoring of blood gases;

~~d.4.~~ Intermittent positive pressure breathing therapy; or

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

~~12.(l)~~ Not require 24-hour nursing supervision.

~~13.(m)~~ Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C.

~~14.(n)~~ Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator ~~must shall~~ base the decision on:

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

~~b.2.~~ The facility's admission policy, and the services the facility is prepared to provide or arrange in order for to meet

resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and

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

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

(b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable oxygen, assistance with routine colostomy care, or assistance and monitoring of the application of anti-embolism stockings or hosiery as prescribed by a health care provider in accordance with manufacturer's guidelines, may be admitted to a facility with a standard license as long as the following conditions are met:

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

2. Nursing staff may not provide training to unlicensed persons to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons as defined in Section 429.256(1)(b), F.S. Certified nursing assistants may not be delegated the nursing services described in this section, but may apply anti-embolism stockings or hosiery under the supervision of a nurse in accordance with paragraph 64B9-15.002(1)(e), F.A.C. This provision does not restrict a resident or a resident's representative from contracting with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license.

(c) An individual enrolled in and receiving hospice services may be admitted to an assisted living facility as long as the individual otherwise meets resident admission criteria.

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

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

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

1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations;

2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living;

3. Any nursing or therapy services required by the individual;

4. Any special diet required by the individual;

5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication;

6. Whether the individual has signs or symptoms of Tuberculosis, Methicillin Resistant Staphylococcus Aureus, Scabies or any other communicable disease, signs or symptoms of a communicable disease which are is likely to be transmitted to other residents or staff;

7. A statement on the day of the examination that, in the opinion of the examining ~~licensed~~ health care provider, the individual's needs can be met in an assisted living facility; and

8. The date of the examination, and the name, signature, address, ~~telephone~~ ~~phone~~ number, and license number of the examining ~~licensed~~ health care provider. The medical examination may be conducted by a ~~currently licensed~~ health care provider licensed under Chapter 458, 459 or 464, F.S. from another state.

(b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, October 2010. The form is hereby incorporated by reference. ~~A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at http://www.fdhc.state.fl.us/Executive/Inspector_General/docs/ALF/AHCA_Form_1823.pdf www.fdhc.state.fl.us/MCHQ/Long_Term_Care/Assisted_living/pdf/AHCA_Form_1823%20.pdf. Faxed or electronic copies of the completed form are acceptable.~~ The form must be completed as instructed, follows:

1. ~~The resident's licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self Care and General Oversight Assessment.~~

a. Items on the form that may have been omitted by the ~~licensed~~ health care provider during the examination do not necessarily require an additional face-to-face examination for completion.

b. The facility may obtain the omitted information either ~~orally~~ ~~verbally~~ or in writing from the ~~licensed~~ health care provider.

2.e. Omitted information ~~received verbally~~ must be documented in the resident's record, Information received orally must include ~~including~~ the name of the ~~licensed~~ health

care provider, the name of the facility staff recording the information, and the date the information was provided.

3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823.

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

~~a. Extended congregate care (ECC) services in facilities holding an ECC license;~~

~~b. Services under community living support plans in facilities holding limited mental health licenses;~~

~~e. Medicaid assistive care services; and~~

~~d. Medicaid waiver services.~~

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

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

(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26 ~~429.426~~, F.S., and this rule.

(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the ~~licensed~~ health care provider conducting the medical examination may be attached to the health assessment. A ~~licensed~~ health care provider may attach a DH Form 1896, Florida Do Not Resuscitate Order Form, ~~do not resuscitate order~~ for residents who do not wish cardiopulmonary resuscitation to be administered in the case of cardiac or respiratory arrest.

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

to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

(3) ADMISSION PACKAGE.

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

1. The facility's admission and continued residency criteria;

2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided provide by the facility for that rate;

3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any;

4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any;

5. Food service and the ability of the facility to accommodate special diets;

6. The availability of transportation and additional costs to the resident, if any;

7. Any other special services that are provided by the facility and additional cost if any;

8. Social and leisure activities generally offered by the facility;

9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any;

10. ~~The A statement of~~ facility rules and regulations that residents must follow as described in Rule 58A-5.0182, F.A.C.;

11. ~~A statement of T~~the facility policy concerning Do Not Resuscitate Orders pursuant to Section 429.255, F.S. and Rule 58A-5.0186, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.

12. The facility's residency criteria for residents receiving extended congregate care services ~~if~~ the facility also has an extended congregate care license program, ~~the ECC program's residency criteria~~; and a description of the additional personal, supportive, and nursing services provided by the facility program; additional costs; and any limitations, if any, on where extended congregate care ~~ECC~~ residents must reside based on the policies and procedures described in Rule 58A-5.030, F.A.C.;

13. If the facility advertises that it provides special care for individuals ~~persons~~ with Alzheimer's disease and related disorders, a written description of those special services as required in under Section 429.177, F.S.; and

14. ~~A copy of T~~the facility's resident elopement response policies and procedures.

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

1. A copy of the resident's contract ~~that which~~ meets the requirements of Rule 58A-5.025, F.A.C.;
2. A copy of the facility statement described in paragraph (a) of this subsection if one has not already been provided;
3. A copy of the resident's bill of rights as required by Rule 58A-5.0182, F.A.C.; and
4. A Long-Term Care Ombudsman ~~Program Council~~ brochure ~~that which~~ includes the telephone number and address of the district ~~office council~~.

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

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

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

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

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

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

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

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

1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice ~~that which~~ coordinates and ensures the provision of any additional care and services that may be needed;

2. Continued residency is agreeable to the resident and the facility;

3. An interdisciplinary care plan, which specifies the services being provided by hospice and those being provided by the facility, is developed and implemented by a licensed hospice in consultation with the facility. ~~Facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living;~~ and

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

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

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

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

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

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

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

58A-5.0182 Resident Care Standards.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) NURSING SERVICES.

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

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

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

(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.

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

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

(c) The ~~address and~~ telephone number for lodging complaints against a facility or facility staff must shall be posted in full view in a common area accessible to all residents. The ~~addresses and~~ telephone numbers are: the District Long-Term Care Ombudsman Program Council,

1(888)831-0404; Disability Rights Florida, the Advocacy Center for Persons with Disabilities, 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Abuse Hotline, 1(800)96-ABUSE or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and must be a minimum of 14-point font.

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

~~(d)(e)~~ The facility must ~~shall~~ have a written statement of its house rules and procedures that must ~~which shall~~ be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum ~~shall~~ address the facility's policies regarding: ~~with respect to such issues, for example, as~~

1. Resident responsibilities; ~~the facility's~~
2. Alcohol and tobacco policy;
3. Medication storage; ~~the delivery of services to residents by third party providers;~~
4. Resident elopement; ~~and other~~
5. Reporting resident abuse, neglect, and exploitation;
6. Administrative and housekeeping practices, schedules, and requirements;
7. Infection control, sanitation, and universal precautions; ~~and~~
8. The requirements for coordinating the delivery of services to residents by third party providers.

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

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

~~(g)(h)~~ In addition to the requirements of ~~Pursuant to~~ Section 429.41(1)(k) ~~429.41, F.S., the use of physical restraints shall be limited to half bed rails, which shall and only upon the written order of the resident's physician, who~~

the use of physical restraints by a facility must be reviewed by the resident's physician annually shall review the order biannually, and the consent of the resident or the resident's representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is ~~shall not be~~ considered a physical restraint.

(7) THIRD PARTY SERVICES.

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

(b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the particular resident's needs.

(c) If residents accept the assistance from the facility to arrange and coordinate third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include this documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection.

(8) ELOPEMENT STANDARDS.

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

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

with special attention given to those with Alzheimer’s disease or ~~and~~ related disorders assessed at high risk.

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

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

1. An immediate ~~staff~~ search of the facility and premises;
2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities;
3. The identification of staff responsible for contacting law enforcement, the resident’s family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and
4. The continued care of all residents within the facility in the event of an elopement.

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

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

Rulemaking Authority 429.41 FS. Law Implemented ~~429.02, 429.255, 429.256,~~ 429.26, 429.28, 429.41 FS. History—New 9-17-84, Formerly 10A-5.182, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.0182, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 10-9-06, 4-15-10, _____.

58A-5.0185 Medication Practices.

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

(1) SELF ADMINISTERED MEDICATIONS.

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

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

(2) PILL ORGANIZERS.

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

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

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

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

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

(3) ASSISTANCE WITH SELF-ADMINISTRATION.

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

(b) In addition to the specifications of Section 429.256(3), F.S., aAssistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S.

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

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

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

1. The health care provider may prescribe a medication schedule that which coincides with the resident's presence in the facility;

2. The medication container may be given to the resident, or a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record;

3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record; or

4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;

(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.

1. As used in Section 429.256(4)(h), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.

2. As used in Section 429.256(4)(i), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.

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

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

(4) MEDICATION ADMINISTRATION.

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

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

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

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

Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone ~~(850)412-4500 (850)487-3409~~.

(5) MEDICATION RECORDS.

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

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

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

(6) MEDICATION STORAGE AND DISPOSAL.

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

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

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

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

(b) Centrally stored medications must be:

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

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

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

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

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

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

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

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

(7) MEDICATION LABELING AND ORDERS.

(a) ~~The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration. No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication,~~ unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~product exists, only the requirements of paragraphs (b) and (c) of this subsection are required.~~

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

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

(1) POLICIES AND PROCEDURES.

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

1. ~~A copy of~~ Form SCHS-4-2006, "Health Care Advance Directives – The Patient's Right to Decide," April 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency's Web site at: http://ahca.myflorida.com/MCHO/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and

2. DH Form 1896, Florida Do Not Resuscitate Order Form, December, 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number (800)226-1911, extension 2780 or online at: <http://www.floridahealth.gov/public-health-in-your-life/patient-rights-and-safety/do-not-resuscitate/>. ~~Written information concerning the ALF's policies regarding DNROs; and~~

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

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

(c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency.

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

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

(a) In the event a resident experiences cardiac or pulmonary cardiopulmonary arrest, staff trained in cardiopulmonary resuscitation (CPR); or a licensed health care provider present in the facility, may withhold cardiopulmonary resuscitation (artificial ventilation, cardiac compression, endotracheal intubation and defibrillation).

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

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

Rulemaking Authority 429.255 FS. Law Implemented 429.255 FS. History—New 4-15-10, Amended _____.

58A-5.019 Staffing Standards.

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

(a) An administrator must ~~The administrators shall:~~

1. Be at least 21 years of age;

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

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

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

F.A.C., no later than 90 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements before December 1, 2014, are not required to take either the 40 hour core training or test unless specified elsewhere in this rule. Administrators who attended core training prior to July 1, 1997, are not required to take the competency test unless specified elsewhere in this rule.

5. Satisfy the continuing education requirements pursuant to Rule 58A-5.0191, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.

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

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

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

(c)(b) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing combination of housing and health care facilities or agencies on a single campus. Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile radius of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.

However, administrators who supervise more than one facility shall appoint in writing a separate "manager" for each facility who must:

1. Be at least 21 years old;

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

(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements of an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to April 20, 1998, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this

rule, and may not simultaneously serve as an administrator of any other facility.

(e)(e) Pursuant to Section 429.176, F.S., facility owners must ~~shall~~ notify both the Agency Field Office and Agency Central Office within ~~10 ten~~ (10) days of a change in a facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, ~~May 2013~~ January 2006, which is incorporated by reference and available online at: <http://ahca.myflorida.com/mchq/corebill/AssistedLivingFacility/FORM ALF Notification of change of administrator.doc> may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C.

(2) STAFF.

(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of Tuberculosis, Methicillin Resistant Staphylococcus Aureus, Scabies or any other communicable disease. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. ~~Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable disease including tubereulosis. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.~~

1. Evidence of a negative ~~Freedom from~~ tuberculosis examination must be documented on an annual basis. Signed documentation provided by the Florida Department of Health or a licensed health care provider that a test is not required, shall satisfy the tuberculosis requirement. An individual ~~A person~~ with a positive tuberculosis test must submit a health care provider's statement that the individual person does not constitute a risk of communicating tuberculosis. ~~Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service.~~

2. If any staff member ~~has~~ is later found to have, or is suspected of having, a communicable disease, such individual must he/she shall be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease ~~the administrator determines that such condition no longer exists.~~

(b) All ~~S~~ staff must ~~shall~~ be qualified to perform their assigned duties consistent with their his/her level of education, training, preparation, and experience. Staff providing services

requiring licensing or certification must be appropriately licensed or certified. All staff ~~must shall~~ exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.

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

(d) ~~An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties. Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position~~ in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor ~~must shall~~ specifically describe the services the staffing agency or contractor will provide ~~be providing~~ to residents.

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

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

2. Maintain time sheets for all staff.

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

~~(3) BACKGROUND SCREENING.~~

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

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

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

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

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

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

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

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

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

(a) Minimum staffing:

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

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

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

2. Independent living residents as referenced in subsection 58A-5.024(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility and who receive no personal, limited nursing, or extended congregate care services, are not counted as a resident for purposes of computing minimum staff hours.

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

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

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

~~58A 5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.~~

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

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

~~6.5.~~ During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least 21 48 years of age; must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager.

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

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

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

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

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

(d) The facility ~~must shall be required to~~ provide staff immediately when the ~~a~~Agency determines that the

requirements of paragraph (a) are not met. The facility ~~shall also be required to~~ immediately increase staff above the minimum levels established in paragraph (a) if the ~~a~~Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The ~~a~~Agency ~~will shall~~ consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41(1)(a), F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.

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

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

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

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

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

Rulemaking Authority ~~429.275,~~ 429.41, 429.52, ~~429.275~~ FS. Law Implemented ~~429.02,~~ 429.174, ~~429.176,~~ 429.24, ~~429.275,~~ 429.41, 429.52 FS. History—New 5-14-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.19, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.019, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 4-15-10, _____.

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

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

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

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

(a) Core Training. Completion of the department approved assisted living facility core training curriculum consisting of a minimum of 40 hours of training. The core training curriculum must be conducted by a department approved core training provider using the curriculum outlined in DOEA Form ALFCT-003, Assisted Living Facility Minimum 40 Hour Core Training Curriculum, November 2013, which is incorporated by reference. The curriculum is available from the Department of Elder Affairs, Elder Housing Unit, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 or the department's website at: http://elderaffairs.state.fl.us/doea/ruleforms/ALFCT_003.pdf. A listing of approved training providers may be obtained from <http://elderaffairs.state.fl.us/doea/alf.php> or <http://www.alf.usf.edu>.

(b) Core Competency Test. Successful passage of the core competency test within 24 months of completing the core training curriculum but no later than 90 days after beginning employment as an administrator or manager. Completion of the approved core training curriculum is required before registering for the core competency test. The overall passing score for the competency test is 75%. Registration information for the core competency test may be obtained from the ALF Core Competency Testing Office at <http://www.alf.usf.edu>, or by calling (813)974-2571.

1. Administrators and managers who fail to pass the core competency test after three attempts must retake the core training curriculum before retaking the core competency test.

2. The fee for the core competency test is \$200. The payment for the competency test fee must be remitted to the entity administering the test. A new fee is due each time the test is taken.

3. Before December 1, 2014, any individual registering to take the core competency test must have completed the approved 26 hour core training curriculum conducted by a department approved core training provider using the curriculum outlined in DOEA Form ALFCT-001, Assisted Living Facility Minimum 26 Hour Core Training Curriculum, June 2009, which is incorporated by reference. The curriculum is available from the Department of Elder Affairs, Elder

Housing Unit, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 or the department's website at: http://elderaffairs.state.fl.us/doea/ruleforms/ALFCT_001.pdf. On or after December 1, 2014, any individual registering to take the core competency test must have completed the approved 40 hour core training curriculum as provided above.

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

1. Extended Congregate Care. Completion of 4 hours of initial training in extended congregate care prior to the facility's receipt of its initial extended congregate care license, or within 90 days of beginning employment in a facility with an existing extended congregate care license. The training must address topics relating to the medical, physical, psychological, or social needs of frail elderly and disabled persons, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility. Training must be received from the approved providers as set forth in subparagraphs (5)(d)1. through 5. of this rule.

2. Limited Mental Health. Completion of a minimum of 6 hours of training in working with individuals with mental health diagnoses within 6 months of the facility's receiving an initial limited mental health license, or within 90 days of beginning employment in a facility with an existing limited mental health license. Training must be received from the approved providers as set forth in subparagraph (5)(d)8. of this rule.

(2) ALL FACILITY STAFF. All facility staff, including administrators and managers, regardless of responsibilities or duties, must satisfy the following requirements within 90 days of beginning employment:

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

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

(c) Completion of in-service training relating to the facility's policies and procedures regarding Do Not Resuscitate Orders (DNROs).

(3) STAFF INTERACTING WITH RESIDENTS. Direct care staff, other than administrators and managers who have satisfied the training requirements of subsection (1) of this rule, must satisfy the training requirements as stated below. Additionally, staff in a facility with a limited mental health license who have regular contact with residents must satisfy the training specified in subparagraph (3)(c)2. below.

(a) Pre-Service Training. Facility administrators or managers must provide or arrange for a minimum of 1 hour of training for direct care staff relating to infection control, universal precautions, and facility sanitation procedures.

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

2. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, July 2012, which is hereby incorporated by reference and available at: <http://www.gpo.gov/fdsys/pkg/CFR-2010-title29-vol6/pdf/CFR-2010-title29-vol6-sec1910-1030.pdf>, may be used to meet this requirement.

3. Nurses, certified nursing assistants, and home health aides, as defined in Section 400.462(15), F.S., trained in accordance with Rule 59A-8.0095, F.A.C., are exempt from the pre-service training requirements.

(b) In-Service Training. Facility administrators or managers must provide or arrange for the following in-service training within 30 days of direct care staff beginning employment:

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

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

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

(c) Specialty License Training.

1. Extended Congregate Care. All direct care staff providing care to residents receiving extended congregate care services must complete a minimum of 2 hours of in-service training within 30 days of beginning employment in the facility. The training must be provided by the facility administrator or manager or arranged through approved providers as set forth in subparagraphs (5)(d)1. through 5. of this rule. The training must address topics relating to the medical, physical, psychological, or social needs of frail elderly and disabled persons, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility.

2. Limited Mental Health. Direct care staff and staff in regular contact with mental health residents must complete a minimum of 6 hours of training in working with individuals with mental health diagnoses within 6 months of the facility's receiving an initial limited mental health license, or within 90 days of beginning employment in a facility with an existing limited mental health license. The training must be received

from providers as set forth in subparagraph (5)(d)8. of this rule.

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

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

1. Individuals other than direct care staff or staff in regular contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents within 3 months of beginning employment.

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

a. Administrators and managers who have successfully completed the training requirements of subsection (1) of this rule;

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

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

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

a. Understanding Alzheimer's disease or related disorders;

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

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

d. Family issues;

e. Resident environment; and

f. Ethics.

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

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

a. Behavior management;

- b. Assistance with activities of daily living;
- c. Activities for residents;
- d. Stress management for the caregiver; and
- e. Medical information.

(b) Assistance With Self-Administered Medication Training. Unlicensed persons as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must complete a minimum of 6 hours of training provided by a registered nurse, licensed pharmacist, or department staff before assuming this responsibility. Training must include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises. Unlicensed persons who have received a training certificate demonstrating successful completion of a 4 hour course before July 1, 2014 are not required to take the 6 hour training.

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

a. State law and rule requirements with respect to recognizing the differences between providing assistance with the self-administration of medications and the supervision, administration, and management of medications in assisted living facilities;

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

c. Providing the right medications to the right resident;

d. Common medications;

e. The importance of taking medications as prescribed;

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

g. Documentation and record keeping;

h. Medication storage and disposal; and

i. Procedures and techniques for hand washing and infection control when assisting the resident with self-administration of medication.

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

a. Read and understand a prescription label;

b. Assist with forms of oral; topical; and topical ophthalmic, otic, and nasal dosages, including solutions, suspensions, sprays, and inhalers;

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

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

e. Recognize a medication order that requires judgment or discretion, and to advise the resident, resident's health care provider, or facility administrator or manager of the

unlicensed individual's inability to assist in the administration of such orders;

f. Complete a medication observation record;

g. Retrieve and store medication; and

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

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

(5) CONTINUING EDUCATION REQUIREMENTS. Administrators, managers and staff must satisfy the continuing education requirements as stated below from the training providers listed.

(a) Administrators and Managers. To maintain the status as an administrator or manager, documentation of compliance with the continuing education requirement must be kept in staff records.

1. All Licensed Facilities. Completion of 18 hours of continuing education every 2 years in topics related to the core training curriculum as specified on DOEA Form ALFCT-003, Assisted Living Facility Minimum 40 Hour Core Training Curriculum, November 2013, or other topics relating to the care of residents and the operation and maintenance of an assisted living facility.

2. Extended Congregate Care Licensed Facilities. Completion of a minimum of 4 hours, every 2 years, in topics relating to the medical, physical, psychological, or social needs of frail elderly and disabled persons. The initial and continuing education in extended congregate care training may count for 4 of the required 18 hours of continuing education.

3. Limited Mental Health Licensed Facilities. Completion of a minimum of 3 of the required 18 hours of continuing education in the following topics:

a. Mental health diagnoses; and

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

The initial training received under subparagraph (1)(c)2. may count once for 6 of the required 18 hours of continuing education. The limited mental health continuing education training may count for 3 of the required 18 hours of continuing education.

4. Alzheimer's Disease and Related Disorders (ADRD). Administrators and managers who are also direct care staff must complete 4 hours of continuing education annually in topics related to Alzheimer's Disease or Related Disorders Level I and II Training. A total of 4 hours of ADRD

continuing education training may count towards the 18 hours of continuing education.

5. Assistance With Self-Administered Medication. Administrators and managers who are unlicensed and provide assistance with self-administered medications must obtain annually a minimum of 2 hours of continuing education in topics relating to providing assistance with self-administered medications and safe medication practices in an assisted living facility. The continuing education may only be provided by a registered nurse, licensed pharmacist, or department staff. A total of 2 hours of assistance with self-administered medication continuing education training may count towards the 18 hours of continuing education.

6. Food Services. If the administrator or manager is responsible for total food services and the day-to-day supervision of food services staff, the administrator or manager must obtain a minimum of 2 hours of continuing education annually in topics related to nutrition or food services in an assisted living facility. A total of 2 hours of food services continuing education training may count towards the 18 hours of continuing education.

(b) Staff Interacting With Residents.

1. Limited Mental Health Licensed Facilities Direct care staff and staff in regular contact with mental health residents must complete a minimum of 3 hours of continuing education every 2 years in the following topics:

a. Mental health diagnoses; and

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

2. Alzheimer's Disease and Related Disorders (ADRD). Direct care staff must obtain 4 hours of continuing education annually in topics related to Alzheimer's Disease or Related Disorders Level I and II Training.

3. Assistance With Self-Administered Medication. Unlicensed persons who provide assistance with self-administered medications must obtain annually a minimum of 2 hours of continuing education in topics relating to providing assistance with self-administered medications and safe medication practices in an assisted living facility. The continuing education may only be provided by a registered nurse, licensed pharmacist, or department staff.

(c) Food Services. An individual designated by an administrator or manager to be responsible for total food services and the day-to-day supervision of food services staff must obtain annually a minimum of 2 hours of continuing education in topics related to nutrition or food services in an assisted living facility.

(d) Continuing Education Providers. Continuing education may be obtained either online or in person and must be obtained from courses or workshops offered by providers as specified below.

1. Core trainers registered with the department;

2. Providers offering courses through a trade association, accredited college, university, or private post-secondary institution;

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

4. Courses and workshops offered by or in conjunction with the department, the agency, the Department of Health, or the Department of Children and Families that offer a certificate of completion in compliance with paragraph (6) of this rule;

5. Courses and workshops approved by the National Accreditation Board;

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

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

8. For training related to limited mental health, training must be provided by a trainer approved by the Department of Children and Families, or its designee.

(6) TRAINING DOCUMENTATION AND MONITORING.

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

1. The title of the training program;

2. The subject matter of the training program;

3. The training program agenda;

4. The number of hours of the training program;

5. The trainee's name, dates of participation, and location of the training program; and

6. The training provider's name, dated signature, credentials, and professional license number, if applicable.

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

training certificates are provided to the facility for retention in the facility's personnel files.

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

(d) The department and agency reserve the right to attend and monitor any training that is intended to meet regulatory requirements in this rule.

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

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

(1) The Alzheimer's Disease or Related Disorders ("ADR") training provider and curriculum must be approved by the department or its designee before commencing training activities. The department or its designee will maintain a list of approved ADRD training providers and curricula, which may be obtained from <http://usfweb3.usf.edu/trainingonAging/default.aspx>.

(a) ADRD Training Providers.

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

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

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

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

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

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

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

2. Applicants seeking approval as ADRD training providers must complete DOEA form ALF/ADR-001, Application for Alzheimer's Disease or Related Disorders Training Provider Certification, dated November 2013, which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida

32399-7000 and online at <http://usfweb3.usf.edu/trainingonAging/ApplicationForm.aspx>.

(b) ADRD Training Curricula. Applicants seeking approval of ADRD curricula must complete DOEA form ALF/ADR-002, Application for Alzheimer's Disease or Related Disorders Training Three-Year Curriculum Certification, dated November 2013, which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000 and online at http://trainingonaging.cbcs.usf.edu/data/doea_alf_curriculum.pdf. Approval of the curriculum will be granted for 3 years. After 3 years the curriculum must be resubmitted to the department or its designee for approval.

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

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

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

(5) ADRD training providers satisfying the requirements of Sections 400.1755, F.S., relating to nursing homes, and 400.6045, F.S., relating to hospices, will satisfy the Level 1 and Level 2 training provider requirements of this rule. ADRD training curricula satisfying the requirements of Section 400.1755, F.S., relating to nursing homes, and 400.6045, F.S., relating to hospices, will satisfy the Level 1 curriculum requirements of this rule.

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

58A-5.020 Food Service Standards.

(1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual a ~~person~~ designated in writing by the administrator, must be responsible for total food services and the day-to-day

supervision of food services staff. In addition, the following requirements apply shall:

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

(b) ~~If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule.~~

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

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

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

(2) DIETARY STANDARDS.

(a) ~~The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: <http://health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf>, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: <http://iom.edu/Activities/Nutrition/SummaryDRIs/~media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf>. The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board—National Research Council, adjusted for age, sex and activity, shall be the nutritional standard used to evaluate meals. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. Therapeutic diets must shall meet these nutritional standards to the extent possible.~~

(b) ~~The residents' nutritional needs must recommended dietary allowances shall be met by offering a variety of meals foods adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through by the use of standardized recipes. For facilities with a licensed~~

capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. ~~recommended dietary allowances to be made available to each resident daily by the facility are as follows:~~

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

(c) ~~All regular and therapeutic menus to be used by the facility must shall be reviewed annually by a licensed or registered dietitian, a licensed nutritionist dietitian/nutritionist, or by a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist dietitian/nutritionist, to ensure the meals meet are commensurate with the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must shall be indicated on the menus or on a separate sheet.~~

1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. ~~This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed.~~

2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.

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

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

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

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

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

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

(h) A 3-day supply of nonperishable ~~non-perishable~~ food, based on the number of weekly meals the facility has contracted with residents to serve, ~~must and shall~~ be on hand at all times. The quantity ~~must shall~~ be based on the resident census and not on licensed capacity. The supply ~~must shall~~ consist of dry or canned foods that can be stored safely without ~~do not require~~ refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation ~~must shall~~ also be stored, or the facility ~~must shall~~ have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

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

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

(a) A copy of the current contract between the facility and the food service contractor establishment agreeing to provide

~~food service in the facility which includes the terms of the agreement.~~

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

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

58A-5.021 Fiscal Standards.

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

(a) Facilities with a capacity of 25 or less:

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

(b) ~~Facilities with a capacity of 26 or more, shall provide the documentation described in paragraph (a) above, or submit~~

a current asset and liabilities statement or AHCA Form 3180-1003, January 1998.

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

~~(3) PERSONAL EFFECTS.~~

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

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

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

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

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

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

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

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

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

~~1. If serving as representative payee:~~

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

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

~~2. If holding a power of attorney:~~

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

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

(b) The following additional bonding requirements apply to facilities serving residents receiving OSS:

1. If serving as representative payee for a resident receiving OSS, the minimum bond proceeds must equal twice the value of supplemental security income or social security disability income plus the OSS payments, including the personal needs allowance.

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

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

~~(7) RESIDENT ACCOUNTING.~~

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

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

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

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

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

58A-5.023 Physical Plant Standards.

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

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

(b) Section 633.022, F.S., Uniform Firesafety Standards, and Rule Chapter 69A-40, F.A.C., The Uniform Fire Safety Standards for Assisted Living Facilities; and

(c) The National Fire Protection Association codes described in Section 429.41, F.S.

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

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

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

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

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

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

(2) EXISTING FACILITIES.

(a) An assisted living facility ~~that was initially licensed prior to the effective date of this rule~~ must comply with the rule or building code in effect at the time of initial licensure, as well as the rule or building code in effect at the time of any ~~except that any part of the facility included in~~ additions, modifications, alterations, refurbishment ~~refurbishing~~, renovations or reconstruction must comply with the codes and standards referenced in subsection (1) of this rule. Determination of the installation of a fire sprinkler system in an existing facility must comply with the requirements described in Section 429.41, F.S.

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

(3) OTHER REQUIREMENTS.

(a) All facilities must:

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

2. Must Bbe maintained free of hazards; and

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

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

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

2. A closet or wardrobe space for hanging clothes;

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

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

5. A comfortable chair, if requested.

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

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

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

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

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

58A-5.024 Records.

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

or other such data, either in electronic or paper format, upon request.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(p)~~ For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

(2) STAFF RECORDS.

(a) Personnel records for each staff member must shall contain, at a minimum, a copy of the ~~original~~ employment application, with references furnished, and documentation verifying verification of freedom from signs or symptoms of Tuberculosis, Methicillin Resistant Staphylococcus Aureus, Scabies or any other communicable disease eommunicable disease including tuberculosis. In addition, records must shall contain the following, as applicable:

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

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

3. Documentation of compliance with level 2 ~~4~~ background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and required under Rule 58A-5.019, F.A.C.;

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

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

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

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

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

(a) Resident demographic data as follows:

1. Name;

2. Sex;

3. Race;

4. Date of birth;

5. Place of birth, if known;

6. Social security number;

7. Medicaid and/or Medicare number, or name of other health insurance carrier;

8. Name, address, and telephone number of next of kin, legal representative, responsible party, or individual designated by other person the resident for notification would like to have notified in case of an emergency, ~~and relationship to resident;~~ and

9. Name, address, and telephone phone number of the health care provider, and case manager, if applicable.

(b) A copy of the Resident Health Assessment form, AHCA Form 1823 ~~medical examination~~ described in Rule 58A-5.0181, F.A.C.

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

(d) Documentation of a resident's refusal of ~~A signed statement from a resident refusing~~ a therapeutic diet pursuant to Rule 58A-5.020, F.A.C., if applicable.

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

(f) A weight record ~~that which~~ is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must shall have their weight recorded semi-annually.

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

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

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

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

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

(l) If the resident is an OSS recipient, a copy of the Department of Children and Families form Alternate Care Certification for Optional State Supplementation (OSS) Form, CF-ES 1006, October 2005 March 1998, which is hereby incorporated by reference and available for review at: <http://www.dcf.state.fl.us/DCFForms/Search/OpenDCFForm.aspx?FormId=72> if the resident is an OSS recipient. The absence of this form will shall not be the basis for administrative action against a facility considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families Family Services.

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

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

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

~~(p)(e)~~ For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following at the discretion of the facility:

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

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

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

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

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

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

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

(4) RECORD INSPECTION.

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

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

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

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

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

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

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

58A-5.0241 Adverse Incident Report.

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

(2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported ~~in~~ under subsection (1) above, the facility ~~must~~ shall submit a full report within ~~15 fifteen~~ (15) days of the incident. The full report ~~must~~ shall be submitted pursuant to Rule 59A-35.110, F.A.C., which requires online reporting on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report 15 Day, dated January 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule. Rulemaking Authority 429.23 FS. Law Implemented 429.23 FS. History—New 1-9-02, Amended 7-30-06, _____.

58A-5.0242 Liability Claim Report.

(1) MONTHLY LIABILITY CLAIM REPORT. Each assisted living facility ~~must~~ licensed under Part I of Chapter 429, F.S., shall report monthly any liability claim filed against the facility pursuant to Rule 59A-35.110, F.A.C., which

requires online reporting by completing an Assisted Living Facility Monthly Liability Claim Information, DOEA Form 3180-1026, dated July 2006, which is incorporated by reference and available from the Agency for Health Care Administration at 2727 Mahan Drive, Mail Stop 27, Tallahassee, Florida 32308, or the agency Web site at http://ahca.myflorida.com/MCHQ/Long_Term_Care/Assisting_living/monthly_liability_claim.pdf. Each facility must comply with the reporting report time frames frame and transmission requirements specified in Section 429.23(5), F.S.

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

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

58A-5.025 Resident Contracts.

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

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

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

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

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

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

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

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

(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or psychiatric facility. The resident or responsible party ~~must~~ shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition, ~~such as the resident's being comatose,~~ prevents the resident

from giving written notification, ~~such as when a resident is comatose,~~ and the resident does not have a responsible party to act ~~on~~ ~~in~~ the resident's behalf;

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

(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those ~~that~~ the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, ~~must shall~~ be notified in writing that the resident must make arrangements for transfer to a care setting that is ~~able to provide~~ ~~has~~ services needed by the resident. In the event the resident has no ~~one person~~ to represent him ~~or her~~, the facility ~~must shall~~ refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions ~~as~~ outlined in Section 429.26(8), F.S., ~~will shall~~ take effect;

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

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

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

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

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

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

58A-5.026 Emergency Management.

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

(a) Provision for all hazards;

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

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

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

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

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

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

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

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

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

(b) A new ~~Newly licensed~~ facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been

transferred, must submit an emergency management plan within 30 days after obtaining a license.

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

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

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

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

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

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

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

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

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

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

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

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

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

(e) The facility ~~must shall~~ provide the agency with the name of a contact person who ~~must shall~~ be available by

telephone 24 hours a day, seven days a week, until the facility is re-occupied.

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

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

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

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

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

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

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

58A-5.029 Limited Mental Health.

(1) LICENSE APPLICATION.

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

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

(2) RECORDS.

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

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

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

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

a. An affirmative statement on the Alternate Care Certification for Optional State Supplementation (OSS) form ~~Form~~, CF-ES 1006, October 2005 ~~March 1998~~, which is hereby incorporated by reference and available for review at: <http://www.dcf.state.fl.us/DCFForms/Search/OpenDCFForm.aspx?FormId=72>, that the resident is receiving SSI or SSDI ~~SSI/SSDI~~ due to a psychiatric disorder;:-

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

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

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

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

2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed

and found appropriate for residence in an assisted living facility. Such assessment must ~~shall~~ be conducted by a psychiatrist, clinical psychologist, clinical social worker, ~~or~~ psychiatric nurse, or an individual person supervised by one of these professionals.

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

(I) Completed Alternate Care Certification for Optional State Supplementation (OSS) form ~~Form~~, CF-ES Form 1006; ~~March 1998;~~

(II) Discharge Statement from a state mental hospital completed no more than ~~within~~ 90 days before ~~prior to~~ admission to the assisted living facility ~~ALF~~ provided it contains a statement that the individual is appropriate to live in an assisted living facility; or

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

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

3. A Community Living Support Plan.

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

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

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

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

(IV) Includes the obligations of the facility to facilitate and assist the resident in attending appointments and arranging transportation to appointments for the services and activities identified in the plan that ~~which~~ have been provided or

arranged for by the resident’s mental health care provider or case manager;

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

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

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

(VIII) Is updated at least annually;

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

(X) Must be available for inspection to those who have legal authority to review ~~a lawful basis for reviewing~~ the document.

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

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

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

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

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

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

Missing documentation will ~~shall~~ not be the basis for administrative action against a facility ~~considered a deficiency~~ if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families ~~Family Services~~, or the

mental health care provider ~~under contract to provide mental health services to clients of the department.~~

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

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

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

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

(d) If the facility initiates an involuntary mental health examination pursuant to Section 394.463, F.S., the facility must document the circumstances leading to the initiation of the examination;

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

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

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

58A-5.030 Extended Congregate Care Services.

(1) LICENSING.

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

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

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

(a) Aging in place;:-

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

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

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

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

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

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

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

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

3. To select among social and leisure activities;

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

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

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

(a) A private room or apartment, or a semi-private room or apartment, shared with a roommate of the resident's choice.

The entry door to the room or apartment must shall have a lock that which is operable from the inside by the resident with no key needed. The resident must shall be provided with a key to the entry door on request. The resident's service plan may allow for a non-locking entry door if the resident's safety would otherwise be jeopardized; and:-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) ADMISSION AND CONTINUED RESIDENCY.

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

1. Be at least 18 years of age;-

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

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

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

5. Not be bedridden;-

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

7. Not require any of the following nursing services:

a. Oral or nasopharyngeal suctioning;

b. Nasogastric tube feeding;

c. Monitoring of blood gases;

d. Intermittent positive pressure breathing therapy;

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

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

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

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

a. An assessment of the strengths, needs, and preferences of the individual, the health assessment required by subsection (6) of this rule, and the preliminary service plan developed in ~~under~~ subsection (7);

b. The facility's residency criteria, and services offered or arranged for by the facility to meet resident needs; and

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

(b) Criteria for continued residency in extended congregate care services must ~~an ECC program shall~~ be the same as the criteria for admission, except as specified below, ~~follows:~~

1. A resident may be bedridden for up to 14 consecutive days.

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

a. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice ~~that which~~ coordinates and ensures the provision of any additional care and services that may be needed;

b. Continued residency is agreeable to the resident and the facility;

c. An interdisciplinary care plan, which specifies the services being provided by hospice and those being provided by the facility, is developed and implemented by a licensed hospice in consultation with the facility;- ~~Facility staff may provide any nursing service within the scope of their license including 24 hour nursing supervision, and total help with the activities of daily living;~~ and

d. Documentation of the requirements of ~~this~~ subparagraph (5)(b)2. is maintained in the resident's file.

3. The extended congregate care administrator or manager is responsible for monitoring the appropriateness of continued residency of a resident in extended congregate care services at all times.

4. A hospice resident that meets the qualifications of continued residency pursuant to this rule may only receive services from the assisted living facility's staff within the scope of the facility's license.

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

(6) HEALTH ASSESSMENT. Before receiving extended congregate care services ~~Prior to admission to an ECC program,~~ all persons, including residents transferring within the same facility to that portion of the facility licensed to provide extended congregate care services, must be examined by a health care provider ~~physician or advanced registered nurse practitioner~~ pursuant to Rule 58A-5.0181, F.A.C. A health assessment conducted no more than within 60 days before receiving extended congregate care services meets prior to admission to the ECC program shall meet this requirement. Once receiving services admitted, a new health assessment must be obtained at least annually.

(7) SERVICE PLANS.

(a) Before receiving services, ~~Prior to admission~~ the extended congregate care administrator or manager must supervisor shall develop a preliminary service plan that that which includes an assessment of whether the resident meets the facility's residency criteria, an appraisal of the resident's unique physical, psychological and ~~psyche~~ social needs and preferences, and an evaluation of the facility's ability to meet the resident's needs.

(b) Within 14 days of receiving services, ~~admission~~ the extended congregate care administrator or manager must supervisor shall coordinate the development of a written service plan that which takes into account the resident's health assessment obtained pursuant to subsection (6); the resident's unique physical, psychological and ~~psyche~~ social needs and preferences; and how the facility will meet the resident's needs including the following if required:

1. Health monitoring;
2. Assistance with personal care services;
3. Nursing services;
4. Supervision;
5. Special diets;
6. Ancillary services;
7. The provision of other services such as transportation and supportive services; and
8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences.

(c) Pursuant to the definitions of "shared responsibility" and "managed risk" as provided in Section 429.02, F.S., the

service plan must shall be developed and agreed upon by the resident or the resident's representative or designee, surrogate, guardian, or attorney-in-fact, ~~the facility designee,~~ and must shall reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident's service needs and preferences.

(d) The service plan must shall be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident's physical or mental status, or pursuant to recommendations for modifications in the resident's care as documented in the nursing assessment.

(8) EXTENDED CONGREGATE CARE SERVICES. All services must shall be provided in the least restrictive environment, and in a manner that which respects the resident's independence, privacy, and dignity.

(a) A facility providing An extended congregate care services program may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends must shall be encouraged to provide supportive services for residents. The facility must shall provide training for family or friends to enable them to provide supportive services in accordance with the resident's service plan.

(b) A facility providing An extended congregate care services must program shall make available the following additional services if required by the resident's service plan:

1. Total help with bathing, dressing, grooming and toileting;
2. Nursing assessments conducted more frequently than monthly;
3. Measurement and recording of basic vital functions and weight;
4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident's food and fluid intake and output;
5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider's order. If the individual needs assistance with self-administration, the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed persons staff will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's informed written consent to provide such assistance as required in under Section 429.256, F.S.;

6. Supervision of residents with dementia and cognitive impairments;

7. Health education and counseling and the implementation of health-promoting programs and preventive regimes;

8. Provision or arrangement for rehabilitative services; and

9. Provision of escort services to health-related appointments.

(c) ~~Licensed Nursing staff providing in an~~ extended congregate care ~~services program~~ may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility's written policies and procedures, provided ~~and~~ the nursing services are:

1. Authorized by a health care provider's order and pursuant to a plan of care;

2. Medically necessary and appropriate for treatment of the resident's condition;

3. In accordance with the prevailing standard of practice in the nursing community;

4. A service that can be safely, effectively, and efficiently provided in the facility;

5. Recorded in nursing progress notes; and

6. In accordance with the resident's service plan.

(d) At least monthly, or more frequently if required by the resident's service plan, a nursing assessment of the resident must ~~shall~~ be conducted.

(9) RECORDS. In addition to the records required in Rule 58A-5.024, F.A.C., a facility providing extended congregate care services must maintain the following:

~~(a) In addition to the records required under Rule 58A-5.024, F.A.C., an extended congregate care program shall maintain the following:~~

~~1. The service plans for each resident receiving extended congregate care services;~~

~~(b)2. The nursing progress notes for each resident receiving nursing services;~~

~~(c)3. Nursing assessments; and~~

~~(d)4. The facility's extended congregate care ECC policies and procedures.~~

~~(b) Upon request, a facility shall report to the department such information as necessary to meet the requirements of Section 429.07(3)(b)9., F.S.~~

(10) DISCHARGE. If the facility and the resident are unable to agree on a service plan, ~~or if the facility is unable to meet the resident's needs as identified in the service plan, or if the resident no longer meets the criteria for continued residency, the resident~~ must ~~shall~~ be discharged or relocated in accordance with Sections 429.26 ~~429.26(8)~~ and 429.28 ~~429.28(1)~~, F.S.

Rulemaking Authority 429.07, 429.41 FS. Law Implemented ~~429.02,~~ 429.07, 429.255, 429.26, 429.28, 429.41 FS. History—New 9-30-92, Formerly 10A-5.030, Amended 10-30-95, 6-2-96, 4-20-98, 11-2-98, 10-17-99, 7-30-06, _____.

58A-5.031 Limited Nursing Services.

Any facility intending to provide limited nursing services ~~as described in subsection (1)~~ must meet the license requirements specified in Section 429.07, F.S., and obtain a license from the Agency in accordance with Rule 58A-5.014, F.A.C.

(1) NURSING SERVICES. A facility with a limited nursing services license may provide the following nursing services in addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S.

(a) Conducting passive range of motion exercises.

(b) Applying ice caps or collars.

(c) Applying heat, including dry heat, hot water bottle, heating pad, aquathermia, moist heat, hot compresses, sitz bath and hot soaks.

(d) Cutting the toenails of diabetic residents or residents with a documented circulatory problem if the written approval of the resident's health care provider has been obtained.

(e) Performing ear and eye irrigations.

(f) Conducting a urine dipstick test.

(g) Replacing ~~Replacement of~~ an established self-maintained indwelling urinary catheter, or inserting ~~performance of~~ an intermittent urinary catheter ~~catheterizations~~.

(h) Performing digital stool removal therapies.

(i) Applying and changing routine dressings that do not require packing or irrigation, but are for abrasions, skin tears and closed surgical wounds.

(j) Caring Care for stage 2 pressure sores. Caring Care for stage 3 or 4 pressure sores ~~is~~ are not permitted by a facility with a limited nursing services license under this rule.

(k) Caring for casts, braces and splints. Caring Care for head braces, such as a halo is not permitted by a facility with a limited nursing services license under this rule.

(l) Conducting ~~Conduct~~ nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse.

(m) ~~For hospice patients, P~~ providing any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice as described in subsection 58A-5.0181(4), F.A.C.; however, staff may not exceed the scope of their professional licensure within the scope of the nurse's license including 24-hour nursing supervision.

(n) Assisting, applying, caring for and monitoring the application of anti-embolism stockings or hosiery as

prescribed by the health care provider and in accordance with the manufacturers' guidelines.

- (o) Administration and regulation of portable oxygen.
 - (p) Applying, caring for, and monitoring a transcutaneous electric nerve stimulator (TENS).
 - (q) Catheter, colostomy, ileostomy care and maintenance.
- (2) RESIDENT CARE STANDARDS.

(a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C.

(b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided.

(c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which must shall be maintained in the resident's file.

(d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must shall be available to provide such services as needed by residents. The facility must shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files.

(e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community.

(3) RECORDS.

(a) A record of all residents receiving limited nursing services ~~under this license~~ and the type of services service provided; must shall be maintained.

(b) Nursing progress notes must shall be maintained for each resident who receives limited nursing services.

(c) A nursing assessment conducted at least monthly must shall be maintained on each resident who receives a limited nursing service.

Rulemaking Authority ~~429.02, 429.41 FS. Law Implemented 429.02, 429.07, 429.255, 429.26, 429.41 FS. History—New 9-30-92, Formerly 10A-5.031, Amended 10-30-95, 10-17-99, 7-30-06, _____.~~

58A-5.033 Administrative Enforcement.

Facility staff must shall cooperate with ~~a~~ Agency personnel during surveys, complaint investigations, monitoring visits, ~~implementation of correction plans~~, license application and renewal procedures and other activities necessary to ensure compliance with Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., Part I of Chapter 429, F.S., and this rule chapter.

~~(1) INSPECTIONS.~~

~~(a) Pursuant to Section 429.34, F.S., the agency shall conduct a survey, investigation, or appraisal of a facility:~~

- ~~1. Prior to issuance of a license;~~
- ~~2. Prior to biennial renewal of a license;~~
- ~~3. When there is a change of ownership;~~
- ~~4. To monitor facilities licensed to provide limited nursing or extended congregate care services, or who were cited in the previous year for a Class I or Class II, or 4 or more uncorrected Class III violations;~~
- ~~5. Upon receipt of an oral or written complaint of practices that threaten the health, safety, or welfare of residents;~~
- ~~6. If the agency has reason to believe a facility is violating a provision of Part I III of Chapter 429, F.S., or this rule chapter;~~
- ~~7. To determine if cited deficiencies have been corrected; and~~
- ~~8. To determine if a facility is operating without a license.~~

~~(b) The inspection shall consist of full access to and examination of the facility's physical premises and facility records and accounts, and staff and resident records.~~

~~(c) Agency personnel shall interview facility staff and residents in order to determine whether the facility is respecting resident rights and to determine compliance with resident care standards. Interviews shall be conducted privately.~~

~~(d) Agency personnel shall respect the private possessions of residents and staff while conducting facility inspections.~~

~~(1)(2) ABBREVIATED SURVEY.~~

(a) An applicant for license renewal who does not have any class I or class II violations or uncorrected class III violations, confirmed long-term care ombudsman program council complaints reported to the agency by the LTCOG, or confirmed licensing complaints within the two licensing periods immediately preceding the current renewal date, is shall be eligible for an abbreviated biennial survey by the agency. For the purpose of this rule, a confirmed long-term care ombudsman program complaint is a complaint that is verified and referred to a regulatory agency for further action. Facilities that do not have two survey reports on file with the agency under current ownership are not eligible for an abbreviated inspection. Upon arrival at the facility, the agency must shall inform the facility that it is eligible for an abbreviated survey, and that an abbreviated survey will be conducted.

(b) Compliance with key quality of care standards described in the following statutes and rules will be used by the agency during its abbreviated survey of eligible facilities:

- 1. Section 429.26, F.S., and Rule 58A-5.0181, F.A.C., relating to residency criteria;

2. Section 429.27, F.S., and Rule 58A-5.021, F.A.C., relating to proper management of resident funds and property;

3. Section 429.28, F.S., and Rule 58A-5.0182, F.A.C., relating to respect for resident rights;

4. Section 429.41, F.S., and Rule 58A-5.0182, F.A.C., relating to the provision of supervision, assistance with the activities of daily living ADLs, and arrangement for appointments and transportation to appointments;

5. Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., relating to assistance with or administration of medications;

6. Section 429.41, F.S., and Rule 58A-5.019, F.A.C., relating to the provision of sufficient staffing to meet resident needs;

7. Section 429.41, F.S., and Rule 58A-5.020 ~~58A-5.0194~~, F.A.C., relating to minimum dietary requirements and proper food hygiene;

8. Section 429.075, F.S., and Rule 58A-5.029, F.A.C., relating to mental health residents' community support living plan;

9. Section 429.07, F.S., and Rule 58A-5.030, F.A.C., relating to meeting the environmental standards and residency criteria in a facility with an extended congregate care license; and

10. Section 429.07, F.S., and Rule 58A-5.031, F.A.C., relating to the provision of care and staffing in a facility with a limited nursing services license.

(c) The agency will expand the abbreviated survey or conduct a full survey if violations that which threaten or potentially threaten the health, safety, or welfare security of residents are identified during the abbreviated survey. The facility must shall be informed when that a full survey will be conducted. If one or more of the following serious problems are identified during an abbreviated survey, a full biennial survey will be immediately conducted:

1. Violations of Rule Chapter 69A-40, F.A.C., relating to firesafety, that threaten the life or safety of a resident;

2. Violations relating to staffing standards or resident care standards that adversely affect the health, ~~or~~ safety, or welfare of a resident;

3. Violations relating to facility staff rendering services for which the facility is not licensed; or

4. Violations relating to facility medication practices that are a threat to the health, ~~or~~ safety, or welfare of a resident.

~~(2)(3)~~ SURVEY DEFICIENCY.

(a) ~~Before~~ Prior to or in conjunction with a notice of violation issued pursuant to Part II, Chapter 408, F.S., and Section 429.19, F.S. and Chapter 120, F.S., the agency must shall issue a statement of deficiency for cClass I, II, III, and IV violations that which are observed by aAgency personnel during any inspection of the facility. The deficiency statement

~~must shall~~ be issued within 10 ~~ten (10)~~ working days of the aAgency's inspection and must shall include:

1. A description of the deficiency;

2. A citation to the statute or rule violated; and

3. A time frame for the correction of the deficiency;

~~4. A request for a plan of correction which shall include time frame for correction of the deficiency; and~~

~~5. A description of the administrative sanction that may be imposed if the facility fails to correct the deficiency within the established time frame.~~

(b) Additional time may be granted to correct specific deficiencies if a written request is received by the agency before the expiration of ~~prior to~~ the time frame included in the agency's statement.

~~(c) The facility's plan of correction must be received by the agency within 10 working days of receipt of the deficiency statement and is subject to approval by the agency.~~

~~(3)(4)~~ EMPLOYMENT OF A CONSULTANT.

(a) Medication Deficiencies.

1. If a cClass I, cClass II, or uncorrected cClass III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency ~~personnel~~ pursuant to an inspection of the facility, the agency must shall notify the facility in writing that the facility must employ, ~~on staff or by contract,~~ the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse, as determined by the agency.

2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., ~~The~~ initial on-site consultant visit must shall take place within 7 working days of the notice identification of the a cClass I or Class II deficiency and within 14 working days of the notice identification of an uncorrected cClass III deficiency. The facility must shall have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse pharmacist's or registered nurse's license and the consultant's a signed and dated review of the recommended corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.

3. The facility must shall provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must shall provide the facility with written notification of such determination.

(b) Dietary Deficiencies.

1. If a cClass I, Class II, or uncorrected cClass III deficiency directly related to dietary standards as established in Rule 58A-5.020, F.A.C., is documented by the agency

personnel pursuant to an inspection of the facility, the agency ~~must shall~~ notify the facility in writing that the facility must employ, ~~on staff or by contract,~~ the services of a registered ~~or licensed~~ dietitian, ~~or a licensed nutritionist dietitian/nutritionist.~~

2. The initial on-site consultant visit ~~must shall~~ take place within 7 working days of the ~~notice identification~~ of a ~~c~~Class I or ~~Class II~~ deficiency ~~or and~~ within 14 working days of the ~~notice identification~~ of an uncorrected ~~c~~Class III deficiency. The facility ~~must shall~~ have available for review by the agency a copy of the ~~license or registration of the consultant dietitian or nutritionist dietitian's license or registration card and the consultant's a signed and dated review of the facility's dietary consultant's recommended corrective action plan, if a plan is required by the agency,~~ no later than 10 working days ~~after subsequent to~~ the initial on-site consultant visit.

3. ~~If a corrective action plan is required, t~~The facility ~~must shall~~ provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines, after written notification by the dietary consultant and facility administrator, that deficiencies are corrected and staff has been trained to ensure that proper dietary standards are followed and ~~that such~~ consultant services are no longer required. The agency ~~must shall~~ provide the facility with written notification of such determination.

~~(5) ADMINISTRATIVE SANCTIONS. Administrative fines shall be imposed for Class I and Class II violations, or Class III or IV violations which are not corrected within the time frame set by the Agency, and for repeat Class III violations, as set forth in Section 429.19, F.S.~~

~~(a) The Agency shall notify facilities of the imposition of sanctions, their right to appeal the sanctions, the remedies available, and the time limit for requesting such remedies as provided under Chapter 120, F.S., and Part II of Chapter 59-1, F.A.C.~~

~~(b) When an administrative fine payment is returned from the applicant's bank for whatever reason, the agency shall add to the amount due a service fee of \$20 or 5 percent of the face amount of the check, whichever is greater, up to a maximum charge of \$200. Proceeds from this fee shall be deposited in the same agency account as the fine.~~

Rulemaking Authority 429.41, 429.42 FS. Law Implemented 429.07, 429.08, 429.11, 429.12, 429.14, 429.17, 429.19, 429.256, 429.26, 429.27, 429.28, 429.34, 429.41, 429.42 FS. History—New 9-30-92, Formerly 10A-5.033, Amended 10-30-95, 10-17-99, 1-9-02, 7-30-06, 4-15-10, _____.

58A-5.035 Waivers.

~~The agency, in consultation with the department, may waive rules promulgated pursuant to Part I, Chapter 429, F.S., if the waiver request meets the conditions set forth in Section 429.41(4), F.S., and demonstrates and evaluates innovative or~~

~~cost effective congregate care alternatives which will enable individuals to age in place.~~

(1) Application Process.

~~(a) Licensed assisted living facilities proposing a waiver under this statute must submit the request in writing. All requests must include the facility name and address, license number, administrator's name and contact information for the requestor, or its attorney. Petitions for waiver of rules will only be considered other than for the objectives detailed in Section 429.41(4), F.S., including emergency waivers, will not be considered under this section but should follow the petition for waiver provisions of Section 120.542, F.S., and Rule Chapter 28-104, Variance or Waiver, F.A.C.~~

(b) The written request must address the elements required in Section 429.41(4), F.S. In addition, the following information must be included in order to demonstrate how a waiver of the stated rule will permit development of a concept that will achieve the purpose of the underlying statute:

1. The rule or rules for which the waiver is requested;

2. The licensee's anticipated date or dates for implementation of the concept;

3. If applying based on cost-effectiveness or cost-savings, a cost-benefit analysis of the proposed alternative to both residents or potential residents as well as facility operations;

4. An analysis of the impact the alternative will have on the relevant local community, including any barriers such as zoning or use issues, ~~that which~~ may need resolution ~~before prior to~~ implementation;

5. Specific performance measures with an annual projection of objectives and goals to be achieved broken into quarterly increments or an annual projection of outcome measures, if the concept will be implemented in less than 90 days; ~~and-~~

6. If applying based on cost-effectiveness or cost-savings, an annual budget projection for the proposed alternative broken into quarterly increments.

(c) A waiver can be requested at the time of the initial license application, relicensure, or any time during the licensure period.

(d) Waiver requests must be submitted to the Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Mail Stop 30, Tallahassee, Florida 32308-5403.

(2) In accordance with Section 120.542(6), F.S., the agency ~~must shall~~ post notice of the request within ~~15 fifteen~~ ~~(15)~~ days of receipt of the request. The agency ~~must shall~~ make any requests for additional information within 30 days of receipt of the request. If additional information is provided, the agency may request clarification of only that information no later than 30 days following receipt of the information. The agency ~~must shall~~ process the waiver request pursuant to the time frame referenced in Section 120.542(8), F.S.

(3) The agency, in consultation with the department, will evaluate all requests in light of the likelihood the concept, as described in detail, will achieve the underlying statutory objectives of innovative or cost effective congregate care alternatives to enable individuals to age in place, ~~as provided in Section 429.41(4), F.S.~~ Waivers may be granted only so long as there is reasonable assurance that the health, safety, ~~and~~ ~~or~~ welfare of residents will not be endangered by the waiver.

(4) The agency ~~must~~ ~~shall~~ grant or deny the request for waiver and enter an order summarizing the facts ~~it~~ ~~relied on~~, and reasons supporting its decision. The agency must provide notice of its order as described in Section 120.542(8), F.S. The requestor ~~must~~ ~~shall~~ be advised that a denial of the request may be reviewed as provided in subsection (5) of this rule.

(5) Report of Findings. A facility that has been granted a waiver must submit an annual report within 12 months of the order granting the waiver ~~as specified in Section 429.41(4), F.S.~~ If the report is not submitted as required, the agency may revoke the waiver.

(a) The agency will review the report of findings to determine whether the waiver ~~will~~ ~~shall~~ be renewed or revoked. The agency ~~must~~ ~~shall~~ make the determination based on whether the facility has met the requirements outlined in ~~paragraph~~ ~~subparagraph~~ (1)(b) of this rule. The agency ~~must~~ ~~shall~~ enter an order providing the general basis for making its decision and notify the licensee of its opportunity to seek review of a revocation in accordance with Sections 120.569 and 120.57, F.S. and Rule 28-106.111, F.A.C.

(b) The agency may also consider other material ~~that~~ ~~which~~ is available relative to this review.

(c) A waiver is effective unless revoked by the agency or superseded by statutory or regulatory change.

(d) In reviewing the report of findings, the agency, in consultation with the department, ~~must~~ ~~shall~~ assess whether statutory or regulatory changes should be pursued to enable other facilities to adopt the same practices.

Rulemaking Authority 429.41 FS. Law Implemented ~~420.542~~, 429.41 FS. History—New 9-30-92, Formerly 10A-5.035, Amended 10-30-95, 7-1-08, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Jason Nelson

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Charles Corley

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 26, 2013

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: September 18, 2013

DEPARTMENT OF JUVENILE JUSTICE

Medical

RULE NOS.:	RULE TITLES:
63M-2.001	Purpose and Scope
63M-2.002	Definitions
63M-2.003	Administrative Health Services Components
63M-2.0031	Designated Health Authority
63M-2.0032	Role of the Superintendent / Facility Director in Healthcare Services
63M-2.0033	Nursing Staff Requirements
63M-2.0034	Non-Licensed Staff Providing Health Services
63M-2.0035	Protocols and Procedures
63M-2.0036	Service Agreements
63M-2.0037	Verification of Credentials
63M-2.0038	Students or Interns
63M-2.0039	Interdisciplinary Risk Reduction / Quality Improvement
63M-2.004	Admission Process
63M-2.0041	Healthcare Admission Screening
63M-2.0042	Medical Emergencies Upon Admission or During Screening
63M-2.0043	Routine Notification of the Designated Health Authority Upon Admission
63M-2.0044	Tuberculosis (TB) Control and Screening
63M-2.0045	Medical Alert System
63M-2.0046	Healthcare Orientation of Committed Youth
63M-2.0047	Health-Related History
63M-2.0048	Comprehensive Physical Assessment (CPA)
63M-2.005	Consent and Notification Requirements
63M-2.0051	Routine Consent - Authority for Evaluation and Treatment (AET)
63M-2.0052	Special Consent
63M-2.0053	Notification
63M-2.006	Sick Call
63M-2.008	Periodic Evaluations
63M-2.009	Episodic Care
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63M-2.020	Medication Management
63M-2.021	Pharmacy Permits and Licenses
63M-2.022	Verification and Procurement of Medications Prescribed Prior to Admission
63M-2.023	Transfer of Youth's Medications
63M-2.024	Receipt and Storage of Medications
63M-2.025	Inventory and Storage of Sharps
63M-2.026	Inventory of Medications
63M-2.027	Disposal of Medications
63M-2.030	Routine Medication Administration
63M-2.031	Youth Self-Administration of Oral Medication Assisted by Trained Non-Licensed Staff
63M-2.032	Youth Refusal of Medication
63M-2.033	Youth Hoarding of Medication and Swallowing Difficulties
63M-2.034	Administration of Parenteral Medications

- 63M-2.035 Medication Evaluations and Serum Drug Level Monitoring
- 63M-2.036 Adverse Drug Events and Medication Errors
- 63M-2.037 Education of Youth on Medications
- 63M-2.040 Environmental and Exercise Precautions
- 63M-2.050 Infection Control - Regulations and Training
- 63M-2.051 Needle Stick Injuries / Exposure
- 63M-2.052 HIV Counseling and Testing
- 63M-2.053 Lice (Pediculosis) and Scabies
- 63M-2.054 Methicillin Resistant Staphylococcus Aureus (MRSA)
- 63M-2.055 Health Department Reporting of Infectious Disease
- 63M-2.060 Individual Health Care Record (IHCR)
- 63M-2.061 Record Documentation, Development and Maintenance
- 63M-2.062 Core Health Profile
- 63M-2.063 Interdisciplinary Health Record
- 63M-2.064 Storage, Security and Control of the Individual Health Care Record
- 63M-2.070 Health Education
- 63M-2.080 Transitional Healthcare Planning
- 63M-2.081 Youth Release to the Community
- 63M-2.082 Transfer from Residential Commitment Program

PURPOSE AND EFFECT: The rule chapter establishes statewide requirements for the provision of health care treatment services for youth in the care and custody of the department.

SUMMARY: The rule chapter complies with the statutory mandate found in Section 985.64(2)(a), F.S., or rules ensuring the provision of medical care for youth in facilities and programs operated or contracted by the department. The rules establish statewide requirements governing the admission process, screening, sick call, evaluation and treatment, medication management, infection control, and the keeping of youth health records.

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.

The Agency has determined that the proposed rule is 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:

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: 985.64(2) FS.
 LAW IMPLEMENTED: 985.64(2), 985.145, 985.18 FS.
 A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:
 DATE AND TIME: Friday, December 20, 2013, 10:00 a.m.
 PLACE: DJJ Headquarters, 2737 Centerview Drive, General Counsel's Conference Room 3223, Tallahassee, Florida
 THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John Milla, 2737 Centerview Dr., Ste. 3200, Tallahassee, FL 32399-3100, e-mail: john.milla@djj.state.fl.us

THE FULL TEXT OF THE PROPOSED RULE IS:

63M-2.001 Purpose and Scope.

Chapter 63M-2, F.A.C., establishes the statewide requirements for the department's health care treatment services for youth in its care and custody. Its purpose is to:

(1) Assure health care services provided in facilities and programs are rendered in accordance with state and federal health care regulations and rules, and professional standards of care;

(2) Promote delivery of quality health care services for delinquent youth under department care and custody that ensures the right to the same degree of medical care as they would receive in the community;

(3) Assist medical health care staff in developing and consistently implementing necessary and appropriate health care services in department facilities and programs; and

(4) Establish health care services within the continuum of services, which promote adolescent health, well-being and development.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.002 Definitions.

(1) Adverse Drug Events: an illness or injury resulting from a medical intervention related to a drug.

(2) Authority for Evaluation and Treatment (AET): Form HS 002, that when signed by a parent or legal guardian, gives the Department the authority to assume responsibility for the provision of routine mental and physical healthcare to a youth within its physical custody.

(3) Cheeking: a term used to describe patients who hide their medications in their cheek or under their tongue to prevent swallowing them.

(4) Chief Probation Officer (CPO) – The department employee who is responsible for managing community-based program operations and staff within each of Florida's twenty judicial circuits.

(5) Chronic medical condition: any illness, disability or condition that is permanent or persists longer than six months, with the exception of allergies, hearing/speech/visual impairment, Developmental Disability, or Mental Retardation.

(6) Clinical responsibility: the oversight of the medical care of all youth within a department facility. This includes the overall clinical direction, policies, and protocols for the medical services provided.

(7) Community Provider: a Health Care Provider outside of the department commitment system.

(8) Comprehensive Physical Assessment (CPA) (HS 007): a comprehensive physical assessment (exam) performed by a physician (MD), osteopathic physician (DO), physician's assistant (PA), or advanced registered nurse practitioner (ARNP). The purpose of this assessment is the establishment of a data point, which is used to facilitate the following:

(a) Identification and treatment of acute, chronic, and functional medical and dental problems;

(b) Promotion of growth and development;

(c) Prevention of communicable diseases; and

(d) Provision of health education.

(9) Constant supervision: The continuous and uninterrupted observation of a youth by a staff member assigned to monitor the youth who has a clear and unobstructed view of the youth, and unobstructed sound monitoring of the youth at all times.

(10) Controlled Substances: all substances defined as "Controlled" in s. 893.03, F.S.

(11) Core Health Profile: a section of the individual health care record, which contains standardized forms that are filed in designated sub-sections of the Individual Health Care Record (IHCR).

(12) Corrective action: refers to an analysis of the problem's root cause with a subsequent adjustment in the system in order to prevent future mistakes from taking place.

(13) Designated Health Authority (DHA): The DHA shall be a Physician (MD) who holds an active, unrestricted license under Chapter 458, Florida Statutes, or an osteopathic Physician (DO) who holds an active, unrestricted license under Chapter 459, Florida Statutes and meets all requirements for practice in the State of Florida. The Physician must be either Board Certified in Pediatrics, Family Practice or Internal Medicine (with experience in adolescent health) or Board-Eligible and have prior experience in treating the primary health care needs of adolescents. A Psychiatrist who holds an unrestricted license under Chapters 458 or 459, Florida Statutes, may serve as the DHA of a facility that provides specialized mental health services, as long as the Psychiatrist has current experience in medically treating the physical health care needs of adolescents. The DHA shall be either a state employed or contracted Physician accountable

for ensuring the delivery of administrative, managerial and medical oversight of the facility health care system. Corporate physicians, who do not perform clinical/administrative duties on-site, shall not be the Designated Health Authority. The DHA shall ultimately be responsible for the provision of necessary and appropriate health care to youth in the care of a detention center or residential commitment program.

(14) Detention Center: a temporary hardware-secure holding state-operated, county or municipal facility for juveniles, which compares to a jail in the adult system.

(15) Episodic care: the health care component intended to provide medical services in response to unexpected illnesses, accidents or conditions that require immediate attention or an immediate professional assessment to determine their severity. Episodic care also includes responses to those complaints that can result in severe pain or suffering, even if the youth's life does not appear to be in danger.

(16) Facility: for the purposes of this chapter, a Detention Center or Residential Commitment Program.

(17) Facility Operating Procedures: facility/program-specific procedures implemented as guidelines for providing care to youth.

(18) Facility Superintendent: the person responsible for the operation of a designated regional juvenile detention center.

(19) First Aid: any one-time treatment, and follow-up visit for the purpose of observation, of minor injuries such as cuts, scratches, first degree burns and splinters. Ointments, salves, antiseptics, and dressings to minor injuries are considered to be first aid. (OSHA, 30 CFR § 50.20-3)

(20) Five Rights of Medication Administration: these five rights are specifically defined as:

(a) Right Youth;

(b) Right Medication;

(c) Right Route;

(d) Right Dosage;

(e) Right Time.

(21) Health-Related History (HRH) (HS 014): the form required to document a standardized, comprehensive medical and health-related questionnaire.

(22) Heat Index: The temperature the body feels when heat and humidity are combined.

(23) Individual Health Care Record (IHCR): The permanent departmental file containing the unified cumulative hard-copy collection of clinical records, histories, assessments, treatments, diagnostic tests which relate to a youth's medical, mental health, substance abuse, Developmental Disability, behavioral health and dental health which have been obtained to facilitate care or document care provided while the youth is in a detention center and residential commitment program.

(24) Juvenile Assessment Center: Section 985.135, F.S. establishes juvenile justice assessment centers which are designed to serve as a point of intake and screening for juveniles referred to the Department.

(25) Juvenile Probation Officer (JPO): A person meeting the definition in Section 985.03(30) Florida Statutes and Rule 63D-8.001 F.A.C.

(26) Licensed Health Care Professional: for the purposes of this chapter, a Registered Nurse (RN), Licensed Practical Nurse (LPN), and an Advanced Registered Nurse Practitioner (ARNP) licensed under Ch. 464, F.S.; a Medical Doctor (MD), and a Physician Assistant (PA) licensed under Ch. 458, F.S.; an Osteopathic Physician (DO) licensed under Ch. 459, F.S.; and a Dentist (DMD, DDS) licensed by Ch. 466, F.S.

(27) Medical Grade: One of five (5) categories or grades that can be assigned to a youth as part of the medical classification system. The specific Medical Grades are defined as follows:

(a) Medical Grade 1:

1. Youth has no identified chronic health conditions; and

2. Youth has no serious, chronic infectious, communicable disease;

3. Youth has no periodic monitoring requirements; and

(b) Medical Grade 2:

1. Youth has only one chronic condition, which has not required medical/nursing intervention within the last 12 months (except for routine periodic evaluations at the intervals required in this rule); and

2. Youth has no serious, chronic, infectious communicable disease (youth may or may not be prescribed oral medications)

3. Youth being treated with prescription medication greater than 30 days.

(c) Medical Grade 3:

1. Youth has been diagnosed with two or more chronic conditions (regardless of the actual or expected need for medical/nursing intervention); or

2. Youth has been diagnosed with a serious chronic, infectious communicable disease; or

3. Youth requires nursing/medical intervention and/or evaluation no more frequently than once every 30 days (youth may or may not be prescribed oral medications)

(d) Medical Grade 4:

1. Youth is physically disabled (visual, hearing, mobility); or

2. Youth is prescribed parenteral medications (medications which are administered by injection); or

3. Youth requires nursing/medical intervention and/or evaluation at a frequency greater than once every 30 days; or

4. Youth is pregnant; or is within six weeks post-birth; or

5. Youth is receiving anti-tuberculosis medications.

(e) Medical Grade 5:

1. Youth is prescribed any medication for diagnosed mental and/or emotional disorders.

(28) Methicillin-Resistant Staphylococcus Aureus (MRSA): MRSA infection is an infection with a strain of Staphylococcus aureus bacteria that is resistant to antibiotics known as beta-lactams. These antibiotics include methicillin, amoxicillin, and penicillin.

(29) Non-licensed: For the purposes of this rule, persons who do not hold a medical or nursing licensure from the Division of Health Quality Assurance of the Department of Health but who function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through delegated tasks or activities. These delegated tasks or activities shall be provided under the clinical supervision of a nurse or higher licensure level.

(30) Periodic Evaluation: a follow-up focused medical evaluation for youth by a physician (MD), osteopathic physician (DO), advanced registered nurse practitioner (ARNP) or physician's assistant (PA) for youth with chronic conditions or communicable diseases, at specified time intervals.

(31) Over-The Counter medications (OTCs): Any drug that routinely does not require a prescription.

(32) Perpetual Inventory: A dose-by-dose inventory process for the daily distribution of prescribed medication and sharps. Sharps are to be counted as each sharp is utilized and disposed of.

(33) Practitioner's Orders: Prescribed and authorized treatments and medications written for implementation by duly licensed practitioners authorized by their respective practice acts to do so. For the purposes of this rule, the term refers to orders written by Physicians, Physician Assistants, Advanced Registered Nurse Practitioners, and Dentists.

(34) Probation: An individualized program in which the freedom of the child is limited and the child is restricted to non-institutional quarters or restricted to the child's home in lieu of commitment to the custody of the department as per Ch. 63D-8.001, F.A.C.

(35) Program Director: The on-site administrator of a Residential Commitment Program, whether state or privately operated, who is accountable for the on-site operation of the program.

(36) Progress Note: Interdisciplinary documentation of medical and mental health care encounters that explain the forward course of action, events and time of any health care activity.

(37) Protective Action Response – Department-approved verbal and physical intervention techniques and application of mechanical restraints used in accordance with the DJJ

Administrative Rule 63H-1.001 – .016, the Protective Action Response Escalation Matrix, and PAR training curricula.

(38) Residential Commitment Program: A low-risk, moderate-risk, high-risk, or maximum-risk residential delinquency program for committed youth.

(39) Restricted Housing: All situations involving segregation, isolation, or separation of a youth for any reason, including disciplinary, medical or mental health reasons. Thus, this term includes disciplinary confinement, room restriction, secure observation, controlled observation, or any other form of housing which is separate from that of the general population.

(40) Service agreements: Written agreements that are utilized on a routine basis by providers who render health care services, and whose provision of services is rendered without a contractual agreement with the department.

(41) Sharp: Any object routinely used in medical procedures. Including but not limited to, hypodermic needles, scalpels, blades, broken glass, broken capillary tubes, breakable culture dish, and exposed ends of dental wires.

(42) Sick Call: The official method for a youth to request health care services for an illness or injury. This is the health care delivery system component intended to provide care in response to complaints of illness or injury of a non-emergent nature but which require some form of assessment and/or decision-making.

(43) Significant Change: Any increase or decrease in dosage beyond a small increment or beyond the normal dosage range for youths of similar age.

(44) Transitional Health Care Planning: the process of planning and information exchange to maintain continuity of care for a youth who is discharged, released to the community from a facility, or transferred between facilities.

(45) Treatment Protocols: the precise and detailed plan for a course of medical treatment developed by the Designated Health Authority that describes a patient's treatment regimen; a detailed plan for the delivery of health care treatment, procedures, tests, medications and dosages. These treatment protocols are limited in scope and responsibility depending upon whether the protocol is written for implementation by licensure level or non-licensed direct care staff.

(46) Working Inventory: syringes, needles, phlebotomy equipment, suture kits, and all other potentially dangerous sharps and other devices that are kept in the area where they are to be used.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.003 Administrative Health Services Components. The following include critical staffing and infrastructure that shall be in place in all facilities.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0031 Designated Health Authority

(1) The Designated Health Authority has the clinical responsibility for all program physical health and medical services occurring within the confines of the facility. Final clinical judgments regarding medical treatment received in the facility shall rest with this single individual.

(2) The role and function of the Designated Health Authority shall be clearly articulated in a written contract or agreement between the facility or program and the Designated Health Authority.

(3) The contract shall clearly indicate:

(a) At a minimum, the DHA must be on-site once per week. For wilderness/expedition programs, the DHA shall be on-site at the facility once bi-weekly, at a minimum; during the weeks that the DHA is not on-site, the DHA will be available at an off-site location to perform the duties as stated in the contract and this rule.

(b) Conducting on-site Medical Evaluation and Treatment

(c) Availability for consultation by electronic means twenty-four hours per day, seven days per week, for acute medical concerns, emergency care, coordination of off-site services and other responsibilities.

(d) Assisting in the development of the Facility Operating Policies, and Procedures for Medical and Dental episodic (non-emergent illnesses and injuries) and emergency care, including annual review/revision of episodic and emergency Protocols, Policies and Procedures

(e) Specification of other duties, as agreed upon by the program and the designated health authority.

(4) The Designated Health Authority may delegate clinical duties only to:

(a) Another physician (MD or DO).

(b) An Advanced Registered Nurse Practitioner (ARNP), with education, experience and certification in Family Health or Pediatrics, or

(c) A Physician Assistant (PA).

(5) The Designated Health Authority shall be responsible for communicating regularly with the facility Superintendent/Director and/or Assistant Superintendent/Director on all matters relative to the medical needs of the youth in the facility

(6) Unless the Designated Health Authority is a psychiatrist, the following duties and activities shall not be the responsibility of the Designated Health Authority:

(a) The development or review of Facility Operating Procedures or other protocols related to psychiatric services;

(b) The management of psychiatric conditions;

(c) The prescribing of psychotropic medications.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0032 Role of Superintendent/Facility Director in Healthcare Services.

(1) The Facility Superintendent or Program Director is responsible for:

(a) Ensuring that the Designated Health Authority is clearly informed of all of the department's health care requirements at the time of the negotiation of the agreement/contract. This responsibility can be delegated to the Facility Superintendent or Program Director Designee and shared with supervisors at the Regional level;

(b) Ensuring a licensed general hospital is available to provide emergency services on a 24-hour per day basis.

(c) Ensuring adherence to delivery of physician on-call medical services, consultative medical referrals, regularly scheduled physician hours, access to a licensed health care professional and clinic hours, treatment protocols, access to Emergency Medical Services and 24-hour episodic care, and emergency drills.

(2) There shall be communication, at a minimum of every other week between the Facility Superintendent/Program Director and the licensed health care professional staff to review important medical issues pertaining to youth at the facility.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0033 Nursing Staff Requirements

(1) Licensed nurses are required to practice within the Florida Nurse Practice Act and the applicable Florida Board of Nursing Rules (Chapter 464, F.S. and Ch. 64B9, F.A.C.).

(2) All detention and residential facilities shall have on-site nursing coverage to be provided by Registered Nurses (RNs) or, at a minimum, Licensed Practical Nurses (LPNs).

(3) The licensed healthcare professional that is providing the direction to the LPN is responsible for reviewing all medical cases daily with the LPN, and available on-call for consultation and, when necessary, provides on-site assessment and management of medical cases.

(4) Each detention and residential facility shall have on-call medical coverage for nights and weekends when no nurse is on-site. There shall be a staff person on every night or weekend shift responsible for accessing medical services or personnel. For specialty facilities and intensive medical facilities, a higher level of nursing coverage may be indicated and shall be clearly articulated per a contractual agreement with the department.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0034 Non-Licensed Staff Providing Health Services.

(1) Aspects of medical care may be delegated to non-licensed staff that have been appropriately trained and experienced to perform those specific tasks of care. Competency to safely perform these tasks shall be verified by the Registered Nurse who has delegated the tasks to the non-licensed staff as per Chapter 64B9-14, F.A.C.. Delegation to Unlicensed Assistive Personnel.

(2) Non-licensed staff may assist in, at a minimum, these tasks:

(a) Self-administration of medications only when nursing staff is not present.

(b) Accompanying youth to medical appointments.

(c) Assisting the licensed nurse in the monitoring of youth who are placed on medical alert and.

(d) Providing First Aid/Emergency Care

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0035 Protocols and Procedures.

(1) All newly employed health care personnel, whether state-employed or contracted health care staff, shall receive a clinical orientation to department health care policies and procedures, given by a Registered Nurse or designated licensed health care professional.

(2) The facility Designated Health Authority shall review and approve treatment protocols for the on-site licensed nursing staff and non-licensed staff to utilize when administering care in response to commonly encountered complaints. These protocols must be within the scope of practice and level of expertise and training of the staff conducting the Sick Call process.

(3) Treatment protocols shall be specifically developed for:

(a) Registered Nurses;

(b) Licensed Practical Nurses; and

(c) Non-licensed staff.

(4) When utilizing treatment protocols, the Designated Health Authority or Physician Designee, PA or ARNP shall be contacted when deemed necessary based upon clinical judgment.

(5) Documentation of the implemented treatment protocol shall be recorded by one of the following:

(a) On the treatment protocol copy;

(b) Sick Call Request Form (HS 032, February 2010);

(c) For non-licensed staff, the Report of On-Site Health Care by Non-Health Care Staff Form (HS 049, December 2006), which is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by

contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(d) Chronological Progress Notes.

(6) The Designated Health Authority, the Psychiatrist (if applicable), and the Dentist (if applicable), must sign and date all of their respective written treatment protocols, each time a new protocol is developed and/or an existing one is changed at a time other than the annual review.

(7) Nursing staff must review, sign and date a cover page on which all Facility Operating Procedures, treatment protocols, and other procedures are listed. Any changes in these documents that are made during the year must be reviewed, signed, and dated by each nurse on the individual documents.

(8) An annual review of all Facility Operating Procedures and treatment protocols is required. This is demonstrated by the signature and date of the DHA, facility Superintendent.

(9) Facility-operating procedures shall be facility-specific. Corporate policies and procedures shall include language that articulates how the individual facility shall implement the corporate policy or procedure.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0036 Service Agreements.

(1) The facility Superintendent or Program Director shall be responsible for ensuring that service agreements are in place with health care providers that are routinely and/or frequently utilized by the program. Ancillary service contracts or written agreements may be executed with health care professionals in the community to provide additional health care as needed.

(2) Service agreements must contain, at a minimum:

(a) A general description of the services to be rendered;

(b) Fees or fee schedules; and

(c) The lines of communication between health care providers and facility administrative staff.

(3) The facility Superintendent or Program Director shall be responsible for ensuring that health care providers that function under service agreements are kept informed of changes in departmental rules that affect their provision of health care services.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0037 Verification of Credentials.

(1) The facility Superintendent, Program Director or designee are responsible for verification of credentials prior to contract execution for all health care providers at that facility.

(2) A copy of the following documentation shall be maintained in the health care provider's service agreement file at the facility and at the respective regional office:

(a) Current license;

(b) Resume; and

(c) Current Basic, Advanced, or Pediatric Advanced Cardiac Life Support Certification that includes training on the automated external defibrillator.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0038 Students or Interns.

(1) For students or interns in health care profession and licensure training programs, the same training requirements for licensure verification apply to the preceptor/supervising instructor from the academic institution.

(2) All student observation experiences must be pursuant to a written agreement with the academic institution.

(3) The students or interns must be under direct supervision by their respective preceptors/teachers at all times.

(4) The student or intern may directly observe the clinical interaction only with the youth's verbal consent.

(5) Departmental background screening is required for all students who enter a facility for observation, clinical rotation, internship, or any other educational or professional experience.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0039 Interdisciplinary Risk Reduction/Quality Improvement.

(1) All facilities and programs shall implement a method of identifying and solving potential and actual problems in health care delivery to committed youth.

(2) Meetings shall be held no less than quarterly, whereby all disciplines that provide or oversee the provision of physical and mental health care, programming/operations and behavior management are represented. Additional meetings shall be held as needed when an adverse or sentinel event occurs or the potential for such an event is recognized.

(3) Simple Root Cause Analysis or another problem-solving methodology shall be conducted for review of actual adverse or sentinel events.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.004 Admission Process.

The following components are required to determine each youth's health care needs upon admission and to provide appropriate health care.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0041 Healthcare Admission Screening.

(1) Each facility shall screen every youth upon admission to determine if the youth has an acute injury, illness, chronic medical condition, physical impairment (e.g., speech, hearing, visual), mental disability, or developmental disability that requires medical or mental health evaluation and treatment, and/or medication needs to be met.

(2) An oral screening shall be on the Oral Health Assessment Form (HS 050, February 2007), which is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize a form of their choice as long as the form includes all information required on the Oral Health Assessment Form that is incorporated by reference into Chapter 63M-2, F.A.C.

(3) All youth shall be screened for possible Sexually Transmitted Diseases by completing the Sexually Transmitted Infections Screening Form (HS 029, October 2006), which is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize a form of their choice as long as the form includes all information required on the Sexually Transmitted Disease Screening Form that is incorporated by reference into Chapter 63M-2, F.A.C.

(4) All youth shall be screened for possible communicable diseases by utilizing the Infectious and Communicable Disease Form (HS 018). The Infectious and Communicable Disease Form (HS 018, October 2006) is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(5) In detention facilities, the Medical and Mental Health Admission Screening document found on the Facilities Management System (FMS) shall be utilized.

(6) In residential commitment programs, the Facility Entry Physical Health Screening document (HS 010) shall be utilized. The Facility Entry Physical Health Screening form (HS 010, May 2007) is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(7) In a Juvenile Assessment Center, the Probation Medical and Mental Health Clearance Form (HS 051) shall be utilized when law enforcement delivers a youth to the department upon apprehension. The Probation Medical and Mental Health Clearance Form (HS 051, July 2010) is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(8) A licensed nurse, advanced registered nurse practitioner (ARNP), physician assistant (PA) or physician (MD) shall review the admission screening within 24 hours of a youth’s admission to a detention center or residential commitment program if the screening was not conducted by a licensed nurse.

(9) Youth are to be re-screened by the receiving facility whenever they are moved from one facility to another with an anticipated stay of 24 hours or more.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0042 Medical Emergencies upon Admission or During Screening.

(1) During the admission and screening process, immediate emergency medical assessment and/or transfer by Emergency Medical Services (EMS) to the nearest hospital is required if a youth presents with an incapacitating medical illness or condition. In all situations, the staff shall not wait for a response from the Designated Health Authority, PA, or ARNP prior to calling 911 and contacting EMS.

(2) The Designated Health Authority is to be contacted at the next possible opportunity when a youth requires emergency transfer during admission and screening.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0043 Routine Notification of the Designated Health Authority upon Admission.

(1) In situations where a youth does not require immediate emergency transfer, the Designated Health Authority or designee must be notified of all youth admitted with a medical condition. This notification may be by telephone or verbally.

(2) The notification shall be documented in the youth’s individual health care record (IHCR).

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0044 Tuberculosis (TB) Control and Screening.

(1) All facilities shall implement routine screening for all youth for latent and active tuberculosis within 72 hours of admission, as well as environmental controls in the case of a youth with active Tuberculosis, in accordance with the Centers for Disease Control and Prevention recommendations and OSHA Occupational Safety and Health Standards.

(2) The medical evaluation and treatment of latent or active TB shall be the responsibility of the Designated Health Authority or designee.

(3) The Designated Health Authority or designee shall be responsible for the reporting all youth with confirmed TB disease to the Department of Health.

(4) If anti-tuberculosis medication is prescribed, it shall be noted on the youth's Infectious and Communicable Disease form. (HS 018)

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0045 Medical Alert System.

(1) Each facility shall implement a Medical Alert system. The Medical Alert system is required for non-licensed staff to use in making safety and security decisions as they relate to youth behavior and monitoring needs.

(2) Non-licensed staff shall also identify youth for inclusion in the Medical Alert system based on information obtained during intake screening, upon return from an off-site medical appointment or as the need may arise.

(3) A diagnosis of HIV/AIDS shall not be placed on the Medical Alert list per Chapter 381, F.S.

(4) All youth with Medical Grades of 3-5 shall be placed on the facility's Medical Alert System.

(5) The following medical conditions and issues warrant placement of a youth on Medical Alert:

- (a) Allergies/Anaphylaxis;
- (b) Medication interactions;
- (c) Head trauma/injury;
- (d) Pregnancy;
- (e) Chronic medical conditions;
- (f) Hearing, speech, visual, or physical impairment;
- (g) Developmental disability or mental retardation; and
- (h) Medication side effects

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0046 Healthcare Orientation of Committed Youth.

(1) All facilities shall conduct an orientation for youth to the health care delivery services upon admission, or at the next available opportunity after admission.

(2) The healthcare orientation shall be provided by a nurse, or at a minimum, by a non-licensed staff knowledgeable with the health care delivery system.

(3) Each facility shall make provisions for orientation of youth who are hearing or visually impaired.

(4) Orientation must be provided in Spanish or other languages that youth use as a primary language.

(5) For youth with cognitive deficits, the school district personnel (or teachers employed by the facility) shall provide information as to how to present this information to youth who are impaired.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0047 Health-Related History (HRH).

(1) The Health Related History (HS 014) shall be completed no later than seven (7) calendar days following the date of admission and prior to the youth engaging in strenuous exercise or being subjected to extreme environmental stressors. The Health Related History (HS 014, August 2009) is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(2) The Health Related History shall be conducted or reviewed by a nurse through interview of the youth and then made available to the Designated Health Authority or Physician Designee, PA, or ARNP, prior to conducting or reviewing the Comprehensive Physical Assessment (CPA).

(3) When a youth re-enters the department's custody or is placed in another facility, a nurse, together with the youth shall review the Health-Related History. Corrections and revisions shall be made at this time and documented on the page reserved for this purpose.

(4) Nursing assessments, including a summary of the health-related issues of the youth shall be documented. Medical Alerts based on the history are to be implemented as applicable.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0048 Comprehensive Physical Assessment (CPA).

(1) The Comprehensive Physical Assessment (HS 007) shall be completed no later than seven (7) calendar days following the date of admission and prior to the youth engaging in strenuous exercise or being subjected to extreme environmental stressors.

(2) Youth in detention who are released pending placement in a Residential Commitment Program are to have a CPA completed prior to release from detention, or documentation of a current CPA completed.

(3) The standard Comprehensive Physical Assessment (CPA) form shall be used by all practitioners. The Comprehensive Physical Assessment (HS 007, October 2007) is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. When a community practitioner completes the CPA, (physician, PA, or ARNP), all efforts shall be made to provide them with the approved form for documentation. If this cannot be done, the DHA, his/her physician designee, PA or ARNP shall augment that assessment to ensure that all of the CPA's required components are clearly documented on the alternate form.

(4) A new CPA, or a focused medical examination documented in the chronological progress notes, shall be completed as clinically indicated when a youth's condition warrants.

(5) The first Medical Grade is assigned at the time of the first CPA. The Medical Grade is to be updated or changed whenever the youth's health status changes to such an extent that it is warranted.

(6) Registered Nurses and Licensed Practical Nurses may only increase a Medical Grade; they are not permitted to decrease grades. These changes shall be documented in the progress notes as well as the Problem List (HS 026), Medication Administration Record (HS 019) and Practitioner's Orders. The Problem List (HS 026, October 2006) is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(7) For youth with a Medical Grade 1, the Comprehensive Physical Assessment is current if performed within the last two years. For Medical Grades 2-5, the Comprehensive Physical Assessment is current if performed within the past 12 months.

(8) A Comprehensive Physical Assessment completed prior to the youth's current admission may be used as follows:

(a) A current CPA with no changes in the youth's medical condition. The current CPA shall be reviewed as the youth is examined and signed off as reviewed by the physician, PA, or ARNP.

(b) A current CPA with a change in the youth's medical condition. The clinician shall conduct a focused medical evaluation of the youth and document in the progress notes of the Individual Health Care Record.

(9) The facility director or superintendent or their designee must ensure that all youth receive a CPA within the above-defined timeframes.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.005 Consent and Notification Requirements.

The following are the requirements for the authorization of health care services to youth in the physical custody of the department.

(1) The AET is the means by which the department obtains the consent of the parent or guardian for basic health and mental health evaluation and treatment. Covered services and exclusions are described on the form. The AET is not required for emergency services. Under no circumstances shall emergency services be withheld pending provision of a signed AET. The AET (HS 002, February 2010) is incorporated into this rule and is available electronically at "(HYPERLINK)" or

may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(a) The department's Juvenile Probation Officer (JPO) or Facility Superintendent is responsible for ensuring that the AET is signed and dated by the parent or guardian at the first available opportunity.

(2) The AET remains valid for as long as the youth is in custody or under supervision, or for one year after signing, whichever comes later.

(a) The AET is no longer in effect once a youth turns 18 years of age.

(b) When a youth with developmental disabilities turns 18 years of age while in department custody, the regional counsel must be consulted to determine that the party authorized to provide consent has been identified and shall proceed as in subparagraph 63E-7.001(3)(a)5., F.A.C.

(3) The AET may be revoked in whole or in part. Revocation or modification shall be documented as follows:

(a) The JPO must ensure that the original or a legible copy of the signed AET is provided for inclusion in the youth's Individual Health Care Record (IHCR).

(b) If a subsequent AET is obtained, it shall be filed directly on top of the prior AET in the IHCR. The JPO shall maintain a copy of the AET.

(4) The signed AET or a current copy shall accompany the youth when he or she is taken off-site to a health care provider. The AET authorizes the provider to make information available to the department, which may be necessary to provide health care to the youth. If health care is authorized by a court order, then the court order shall accompany the youth and be presented to the provider.

(5) When emergency medical services are provided, the facility superintendent, program director or designee must immediately attempt to notify the parent or guardian once the need for necessary treatment is established. The contact attempts will be documented in the chronological progress notes.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.0051 Routine Consent – Authority for Evaluation and Treatment (AET).

(1) Because a signed AET is essential to providing routine health services to youth, the following procedure shall be employed to obtain this critical authorization:

(a) If the parent or guardian is available at detention screening or during the youth's detention stay, the assigned JPO, or staff at the detention center must explain the AET and obtain the required signature.

(b) If the parent or guardian is not available during detention screening, the assigned JPO shall schedule an intake

conference with the parent or guardian for the purpose of completing the AET.

(c) The department representative introducing the AET to the parent or guardian must review the basic components of the document with the parent or guardian.

(d) If a youth arrives at a detention center or residential commitment program without a signed AET, the facility administrator or designee must immediately contact the respective Chief Probation Officer or designee for assistance.

(e) For detained youth who have not been committed to the department, and for whom an AET has not yet been obtained, the detention superintendent or the person in charge of the detention center or facility, or his or her designee, shall authorize a Healthcare Admission Screening as per Rule 63M-2.0041, F.A.C., to determine if the youth is in need of medical care or isolation. For additional, non-emergency care and treatment, consent shall be obtained as follows:

1. Authorization for additional examination and treatment, including the continued provision of currently prescribed medication, standard vaccinations, specified over-the-counter medications, and other routine services shall be provided as authorized by the youth's parent or guardian in a signed Authority for Evaluation and Treatment (HS 002, February 2010).

2. Where a signed AET has not been obtained, and the person with the power to consent to examination or treatment cannot be contacted after a diligent search, and has not expressly objected to consent, the Detention Facility Superintendent or Assistant Facility Superintendent may consent to ordinary and necessary medical treatment, including immunizations, and dental examination and treatment as set forth in Section 743.0645, F.S. The assigned JPO shall conduct the diligent search as set forth in the form Affidavit of Diligent Effort (HS 056, January 2012), which is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The assigned JPO shall complete the Affidavit of Diligent Effort and attach to the youth's Limited Consent for Evaluation and Treatment (HS 057, January 2012), which is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The Facility Superintendent providing the consent for the youth shall sign the Limited Consent for Evaluation and Treatment.

3. Where the youth is in the dependency system and is served by the Department of Children and Families, the following process applies:

a. Where parental rights have been terminated, consent for ordinary and necessary medical care and treatment may be

obtained through the DCF case worker to sign the Limited Consent for Evaluation and Treatment according to Rule 65C-28.003, F.A.C.

b. Where parental rights have not been terminated, and the youth is in licensed placement, such as a foster home or group home, the JPO will contact the DCF case worker to locate the parent and obtain a signed AET. If unsuccessful, then the JPO shall seek limited consent from the case worker using the Limited Consent for Evaluation and Treatment (HS 057, January 2012).

c. Where parental rights have not been terminated, and the youth is placed with an unlicensed caregiver, the JPO will contact the DCF case worker to locate the parent and obtain a signed AET. If unsuccessful, then the JPO shall seek limited consent from the unlicensed caregiver or, failing this, the case worker, using the Limited Consent for Evaluation and Treatment (HS 057, January 2012).

(f) For youth committed to the department; prior to admission to a residential commitment program of a youth under 18 years of age or a youth 18 years of age or older who is incapacitated as defined in Section 744.102(12), F.S., the youth's JPO shall provide the residential commitment program with an original or a legible copy of the signed AET or a court order addressing the provision of routine physical and mental healthcare. However, when a youth is 18 years of age or older and not incapacitated, or otherwise emancipated as provided in Section 743.01 or 743.015, F.S., no AET or court order is required since the youth is responsible for authorizing his or her own physical and mental health care.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.0052 Special Consent.

(1) Additional consent is required in special circumstances through the Parental Notification of Health Related Care: General (HS 020, February 2010) and is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. Informed consent is required for the following:

(a) Hospitalization;

(b) Surgery;

(c) Dental services other than evaluations or routine prophylaxis;

(d) Any procedure or service of an invasive nature;

(e) Any procedure where the benefit to the child is uncertain; and

(f) Any procedure or service that the parent or guardian has previously prohibited.

(2) New medications, or a significant change to medications, excluding psychotropic medications, require parental consent through the Parental Notification of Health Related Care: Medications (HS 021 February 2010) and is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.;

(3) New Vaccinations and Immunizations require parental consent through the Parental Notification of Health Related Care: Vaccinations/Immunizations (HS 022, February 2010) and is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(4) When the person authorized to consent withholds, revokes or limits consent for any recommended treatment, the program’s Designated Health Authority, based on his or her clinical judgment, shall determine whether failure to provide the treatment will potentially result in serious or significant health consequences for the youth or threaten his or her life or jeopardize the health of other youth and staff in the program. If the Designated Health Authority so determines, the program director shall explain the situation to the person withholding, revoking or limiting consent, encouraging him or her to consent to the needed treatment; however, if consent is still denied, the program director shall contact the department’s regional general counsel to request that he or she obtain a court order authorizing the treatment.

(5) Informed consent is not required for emergency services.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.006 Sick Call.

(1) Sick Call shall be conducted only by a licensed nurse or higher licensure level.

(2) Sick Call shall be regularly scheduled in each facility.

(3) All youth with a complaint, illness, or injury shall have the opportunity to access care through the Sick Call process.

(4) Review and triage of Sick Call requests shall be conducted as follows:

(a) A licensed nurse, or higher licensure level, shall review, triage promptly, and screen for urgency all Sick Call requests such that emergency conditions are not inappropriately delayed for the next regularly scheduled sick call session.

(b) When a licensed health care professional is not on site, the shift supervisor shall review all sick call requests within

four (4) hours after the request is submitted for issues requiring immediate attention.

1. A Registered Nurse, or higher licensure level health care staff, after review of the Sick Call requests, shall make an assessment, and determine whether a nursing or medical intervention is appropriate.

2. If a facility utilizes a Licensed Practical Nurse (LPN) without the presence of a Registered Nurse, then the LPN shall review all sick call requests daily (either telephonically or in person) with someone at the level of a Registered Nurse or a higher licensure level.

(5) After appropriate evaluation of the Sick Call requests has been completed:

(a) For residential commitment programs, a list of youth who have requested to be seen at the next Sick Call shall be generated and provided to the nurse.

(b) For detention facilities, the staff shall utilize JJIS/FMS to enter the Sick Call requests generated by the youth. This entry must then generate a notice to the nurse for his/her timely review. Every facility shall have a backup method for notification to the nurse in situations where the computerized system is unavailable.

(6) Youth identified as having the same complaint and seen by the nurse three times within a two-week period shall be referred to the Physician, ARNP or PA.

(7) A youth that has received medical evaluation and treatment by the ARNP or P.A. repeatedly for the same complaint that has demonstrated no improvement after two medical evaluations shall be referred immediately to a physician (on-site, off-site or Emergency Room).

(8) The RN, ARNP or P.A. shall immediately notify the DHA (physician) when he or she cannot determine the nature and/or severity of a youth’s medical or clinical condition. The Designated Health Authority has the final authority for determining the next medical course of action.

(9) When a non-licensed staff person has a concern regarding a youth’s need to be seen as early as possible in Sick Call, whether or not the youth has made a Sick Call Request, the staff shall notify the nurse as soon as possible.

(10) The Sick Call documentation shall be as follows:

(a) Youth in Residential Commitment Programs shall complete the Sick Call Request Form (HS 032). The Sick Call Request Form (HS 032, February 2010) is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(b) For youth who need assistance completing the form, a staff person shall be available. The staff person must communicate to the youth that this then gives them access to the youth’s personal information. The staff person shall maintain the youth’s confidentiality.

(c) The completed Sick Call Request forms shall be placed in a secure location inaccessible to youth to be provided to the nurse.

(d) The completed Sick Call Request form is to be filed with the progress notes in the Individual Health Care Record in reverse chronological order.

(e) Detention facilities shall utilize the established Facilities Management System/Juvenile Justice Information System (FMS/JJIS) to coordinate and document Sick Call. A copy of the completed electronic Sick Call Request form shall be placed in the youth's Individual Health Care Record.

(f) When the youth is evaluated and treated by the facility's Physician, PA or ARNP, the Chronological Progress note section shall be utilized to provide documentation for the Individual Health Care Record. The documentation shall include subjective findings, objective findings, the medical assessment of the youth, and the plan of care for treatment of the youth.

(g) Sick Call complaints shall be listed on The Sick Call Index form (HS 030), and filed in the section reserved for the Core Health Profile in the Individual Health Care Record. The Sick Call Index (HS 030, October 2006) is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(11) An aggregate Sick Call/Referral Log (HS 031) must be utilized at each residential program. The Sick Call/Referral Log (HS 031, October 2006) is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize a form of their choice as long as the form includes all information required on the Sick Call/Referral Log.

(12) Detention facilities shall utilize the sick call log generated by the JJIS system.
Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.008 Periodic Evaluations.

(1) A periodic evaluation by a Physician, PA or ARNP shall be conducted for youth in a facility that:

- (a) Have at least one chronic medical condition; or
- (b) Have a communicable disease; or
- (c) Are prescribed medications for at least three (3) consecutive months.

(2) Periodic evaluations shall be conducted, at a minimum, once every three (3) months.

(3) A periodic evaluation is required prior to renewing a prescription for a medication that has expired.

(4) Periodic evaluations for pregnant youth shall be conducted no less than every four weeks until the eighth

month of pregnancy. Pregnant youth shall receive a periodic evaluation every two weeks in the eighth month, and weekly thereafter.

(5) Each facility shall have a method of scheduling and tracking periodic evaluations.

(6) Periodic evaluations conducted on-site shall be documented in the chronological progress notes in the Individual Health Care Record. The documentation shall include subjective findings, objective findings, the medical assessment of the youth, and the plan of care for treatment of the youth.

(7) Periodic evaluations conducted off-site shall be documented on the Summary of Off-Site Care Form (HS 033), and filed in the Individual Health Care Record in the chronological progress notes, in reverse chronological order. The Summary of Off-Site Care Form (HS 033, October 2006) is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.009 Episodic Care.

(1) Medical issues that require immediate attention shall be defined by the DHA or physician designee.

(2) Any complaint of severe pain, including dental pain, shall be treated as an emergency with immediate referral to the on-site nursing staff, ARNP, PA or Physician.

(3) Non-licensed staff shall immediately report any youth who appears incapacitated to their supervisor and/or the onsite health care staff.

(4) If a program utilizes a Licensed Practical Nurse (LPN) without the presence of a Registered Nurse on-site, then the LPN shall review all episodic or emergency cases daily (either electronically, telephonically or in person) with either the Registered Nurse or a higher licensure level health care staff.

(5) When licensed health care professional staff is not on-site, a designated non-licensed staff person shall contact the on-call licensed health care professional and/or access off-site services promptly.

(6) All staff members shall have access to contact Emergency Medical Services (EMS) by calling "911" immediately under any circumstances that require immediate medical attention or evaluation.

(7) Episodic care provided by a non-licensed staff person must have a follow-up evaluation by a licensed health care professional the next time this person is on-site, or sooner, if warranted.

(8) The Designated Health Authority or physician designee shall be notified when a youth requires emergency

transfer off-site for evaluation, treatment and/or hospitalization.

(9) Non-licensed staff members who provide first aid and/or emergency care are authorized to provide care only within their training and maintain required certifications as per Chapter 63H-2, F.A.C.

(10) First aid supplies shall be kept and maintained on-site as determined by the Designated Health Authority.

(11) All licensed health care professionals shall maintain, at a minimum, current certification in Basic Cardiopulmonary Resuscitation (with AED training, as applicable).

(12) Training records and proof of staff certifications shall be maintained per 63H, F.A.C.

(13) Emergency drills, both announced or unannounced, shall be conducted for each shift, on a quarterly basis at a minimum, and simulate an episodic care event that calls for immediate First Aid and/or administration of CPR techniques and the initiation of the emergency procedures to follow when a life-threatening emergency does occur. Documentation of these drills shall also be maintained per facility.

(14) A list of emergency telephone numbers and cell-phone numbers must be posted or located accessible to all staff, on all shifts, inaccessible to youth.

(15) Episodic care subsequent to a Protective Action Response (PAR) shall be conducted pursuant to Ch. 63H-1.007(2)(d), F.A.C.

(16) All episodic care provided shall be documented in the chronological progress notes in the Individual Health Care Record. Episodic care provided by non-licensed staff may be recorded on the Report of On-Site Health Care by Non-Health Care Staff Form (HS 049, December 2006), which is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(17) All episodic care provided shall be documented on the Episodic Care (First Aid/Emergency) Care Log (HS 009) The Episodic Care (First Aid/Emergency) Care Log is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize a form of their choice as long as the form includes all information required on the Episodic Care (First Aid/Emergency) Care Log that is incorporated by reference into Chapter 63M-2, F.A.C.

(18) The staff member who notifies the Designated Health Authority of the episodic event shall document the notification in the chronological progress notes.

(19) PAR Medical Review documentation is as follows:

(a) The Post-PAR interview and PAR Medical Review shall be documented on the progress note in the youth’s

Individual Health Care Record. The individual performing the Post-PAR interview will also sign and date the PAR Report.

(b) If an off-site medical review is conducted, the relevant sections of the youth’s Individual Health Care Record and Medication Administration Record shall accompany the youth to the review.

(c) After an off-site medical review, the top of each page returned by the reviewer must be dated and labeled with “PAR Medical Review.” The documents will then be placed in reverse chronological order in the Progress Notes in the youth’s Individual Health Care Record.

(d) The facility Superintendent or Program Director shall review the PAR Incident report, Post-PAR interview and the PAR Medical Review.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.010 Girls Gender Responsive Medical Services.

(1) The Designated Health Authority or physician designee, PA or ARNP shall be responsible for appropriate gender responsive and age-related health care and services in addition to routine medical care and services.

(2) Gender responsive medical care shall include all of the following:

(a) Gynecological and menstrual conditions, including STI testing and treatment;

(b) Contraceptive management;

(c) Prenatal and postnatal care for pregnant girls, including a six-week postpartum follow-up visit;

(d) Lactation support for breastfeeding;

(e) Childbirth education, parenting skill education, family planning, infant care education;

(f) Anorexia, Bulimia, and/or additional specialized female adolescent complex medical conditions;

(g) Specialized nutritional management;

(h) Aftercare Planning;

(i) Education about girls’ health, hygiene and grooming needs

(3) The Designated Health Authority or physician designee shall be responsible for the early identification of pregnancy and the medical management oversight of prenatal and postnatal care.

(4) All female youth shall be screened for pregnancy at the time of admission into a facility. This screening shall include any history of pre-existing medical conditions, medication therapy, alcohol use or substance abuse.

(5) Any female youth that identifies her menstrual cycle as more than two weeks late shall have a urine or blood pregnancy test performed.

(6) Once a youth is identified as being pregnant, the Designated Health Authority or physician designee, PA or

ARNP shall be immediately notified and medication held until explicit instructions are given regarding continuation of the current medication regimen

(7) The Designated Health Authority shall be notified and provided with screening information within twelve hours of determining a newly admitted youth is pregnant.

(8) Prenatal care shall be provided by an Obstetrician and/or Perinatologist once it is determined that the youth is pregnant. The Designated Health Authority shall collaborate with the Obstetrician and/or Perinatologist in the oversight and management of the youth's pregnancy.

(9) If the pregnant youth is experiencing medical complications related to her pregnancy, the Designated Health Authority shall be immediately notified and medical care provided.

(10) All staff working in facilities and programs which serve girls shall be provided education and training on gender specific health care issues of the adolescent female. A licensed nurse shall provide in-service education on girls' health care, at a minimum, on an annual basis to all non-licensed staff.

(11) The Designated Health Authority or Physician Designee shall be responsible for the medical management oversight for neonatal medical care for the infant. Collaboration with community health care providers shall be utilized when necessary to obtain neonatal specialized health care services.

(12) The Provider shall provide daycare services for these infants. By providing daycare services, the Provider is responsible for complying with all Florida Statutes and regulations concerning the care of infants in this setting. The Provider shall comply with all Florida Statutes with regards to the transportation of infants.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.020 Medication Management.

The following components are required in order to provide medications to youth safely and accurately.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.021 Pharmacy Permits and Licenses.

(1) All Detention and Residential Program facilities are required to obtain and maintain the appropriate Board of Pharmacy permits/licenses as per Chapter 64B16-28, F.A.C. Each facility is responsible for complying with all federal and state laws, rules and regulations governing this permit practice.

(2) A Pharmacy and Therapeutics Committee (PTC) shall be established and meet at least quarterly in facilities as

defined in Rule 64B16-27.300, F.A.C., Standards of Practice – Continuous Quality Improvement Program. Each facility shall identify the Pharmacy and Therapeutics Committee members in the facility's medication management operating procedures, based upon the requirements as stated in Rule 64B16-27.300, F.A.C.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.022 Verification and Procurement of Medications Prescribed Prior to Admission.

(1) Facility and/or Program staff must continue all currently prescribed medications to youth prior to entering the department's custody.

(2) A duly licensed Physician, PA or ARNP must make all changes in medication regimens subsequent to an appropriate assessment. Under no circumstances may staff in a facility discontinue an appropriately prescribed medication that the youth is receiving upon admission.

(3) Upon admission to a facility, the youth and parent or guardian (if available), shall be interviewed about the youth's current medications. Refer to required forms HS 051 (Probation Medical and Mental Health Clearance Form for Detention Centers) or HS 010 (Facility Entry Physical Health Screening for Residential Commitment Programs).

(4) Medication verification shall also take place during the completion of the Health-Related History, and/or the Comprehensive Physical Assessment.

(5) Only medications from a licensed pharmacy, with a current, patient-specific label intact on the original medication container may be accepted into a Department facility.

Medications may not be administered unless all of the following have been met:

(a) The youth reports that he or she is taking an oral prescribed medication;

(b) Either the youth or the parent/guardian has brought the valid, patient-specific medication container to the facility;

(c) The substance in the medication container has been verified as the correct medication; and

(d) The medication is properly labeled

(6) After medication verification, the Medication Receipt, Transfer, & Disposition Form (HS 053, September 2010) shall be completed, with copy of the form provided to the parent/guardian (when parent/guardian is available). The Medication Receipt, Transfer, & Disposition Form (HS 053, September 2010) is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The original form shall be a part of the Individual Health Care Record.

(7) If the prescription medication cannot be verified as authentic, the prescription and contents shall be verified by:

(a) Calling the pharmacy that dispensed the medication;
or

(b) Calling the outside provider who prescribed the medication.

(8) Further medication verification requires DHA or physician designee, PA, or ARNP notification and a medical evaluation of the youth completed, with documentation in the Chronological Progress Notes.

(9) A Practitioner's Order from the DHA or Physician Designee, PA or ARNP is required to resume the specified medications. The Practitioner's Orders Form (HS 024, October 2006) shall be utilized, is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize a form of their choice as long as the form includes all information required on the Practitioner's Order Form that is incorporated by reference into Chapter 63M-2, F.A.C.

(10) Trained, non-licensed staff must verify the medications when youth are admitted to a facility and licensed nurses are not on duty.

(11) The Designated Health Authority or physician designee, PA or ARNP shall be notified when a youth with a medication has been admitted into the facility within 24 hours.

(12) Any contact made with the youth's prescribing community practitioner(s) prior to admission shall be documented in the youth's Individual Health Care Record. This documentation shall include, at a minimum, the effectiveness of the currently prescribed medications, and side effects and/or precautions.

(13) Any medication that is not successfully verified will be destroyed and documented as such per Rule 63M-2.027, F.A.C.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.023 Transfer of Youth's Medications.

(1) Medication Acceptance (to be utilized when youth is being transported):

For youth being transported through the Statewide Transportation Offender Program, there shall be, at a minimum, a 7-day supply of medications for transport to accompany the youth. A medication pack card shall be utilized when available for transport with the youth that includes the remaining doses of medication.

(2) When nursing staff are not on site, medication verification shall be completed by trained non-licensed staff for those youth who arrive from home for transport. This shall be completed by review of medication labels, determining last

dose(s) provided, (by verifying with the parent/guardian when available), and determining if medication is necessary during the transport of the youth. The Non-Licensed Staff Medication Record (HS 054, September 2010) shall be utilized to document when the non-licensed staff delivers medication to the youth. The Non-Licensed Staff Medication Record (HS 054, September 2010) is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(3) The residential commitment program shall provide a transport packet to detention center staff when a youth is delivered to the detention center for transport. The transport packet must include:

(a) Photo of youth,

(b) Expanded face sheet,

(c) Authority for Evaluation and Treatment;

(d) Parental Notification of Health Related Care: General

(e) Medication (minimum 7 day supply);

(f) Medication Administration Record (current medication order if applicable);

(g) Suicide risk form/Mental Health Alert;

(h) Current Health Related History and Comprehensive Physical Assessment;

(i) Current Immunization record; and

(j) Youth Transport Card (HS 055, September 2010), which is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399; and

(k) The completed Medication Receipt, Transfer & Disposition Form (HS 053, September 2010) for transfers from one Residential Commitment Program to another. Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.024 Receipt and Storage of Medications.

(1) All medications shall be identified and secured in the locked area designated for storage of medications.

(2) All medications received from youth and parent/guardian shall be labeled with the youth's identifying information, and then secured in a designated area for medication storage. For controlled medications received from the youth, the perpetual inventory shall begin after receipt of the controlled medications.

(3) Prescription medications ordered from pharmacies shall be monitored to determine timely delivery.

(4) The prescribing practitioner, Designated Health Authority, physician designee, PA or ARNP shall be notified when a prescribed medication has not been received from the pharmacy within 24 hours of the order request.

(5) Each facility shall have access to an alternate back-up pharmacy.

(6) All non-controlled medications (prescription and over-the-counter) shall be stored in a separate, secure, locked area that is inaccessible to youth.

(7) All controlled substances, including narcotics, shall have a perpetual inventory and shall be kept in a medication storage area behind a double-lock system.

(8) Internal medications shall be stored separately from externally applied medications. Eye drops shall be stored in a separate plastic bag or container.

(9) Refrigerated medications shall be kept in a refrigerator for medications only. No food or specimens shall be stored in this refrigerator, unless utilized as an adjunct to medication administration. A daily refrigerator log shall be utilized for temperature documentation.

(10) Each youth's medications shall be individually designated and clearly identified as belonging to a particular youth.

(11) Facilities that utilize stock prescription medications shall keep all records of the receipt of these medications for at least 2 years.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.025 Inventory and Storage of Sharps.

(1) Sharps shall have a perpetual inventory, be securely stored and inventory checked weekly.

(2) The Designated Health Authority and the facility superintendent or program director shall be notified when any discrepancies are found in the perpetual and/or weekly inventory counts.

(3) A working inventory shall be kept in the area where sharps are to be used.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.026 Inventory of Medications.

(1) Medication inventory shall include, at a minimum, the following components:

(a) A perpetual, daily running inventory of medication utilization for all stock prescription medications.

(b) Shift-to-shift inventory counting of controlled substances shall be conducted under the supervision of a licensed nurse. When no controlled substances are provided, a shift-to-shift count is not required. Supervisory level non-health care staff trained in the delivery and oversight of medication self-administration are allowed to assist with conducting the count. Only when a licensed nurse is not on-site is the trained non-health care staff permitted to conduct the count without a licensed nurse. This process shall be

included in the facility's operating procedure regarding medication management.

(c) Reporting criteria and methods of managing and investigating inventory discrepancies, including unexplained losses of controlled substances. Facilities shall notify the appropriate department branch regional staff of the unexplained loss.

(2) Each dosage of a controlled substance administered to a youth, shall be documented on the youth's Controlled Medication Inventory Record (HS 008). The shift-to-shift inventory count of each controlled substance shall also be documented on the youth's Controlled Medication Inventory Record (HS 008). The completed Controlled Medication Inventory Record (HS 008) shall be filed in the youth's Individual Health Care Record. The Controlled Medication Inventory Record (HS 008, April 2010) is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize a pre-printed pharmacy controlled medication record as long as the form includes all information required on the Controlled Medication Inventory Record that is incorporated by reference into Chapter 63M-2, F.A.C.

(3) The DHA or Physician Designee, and Superintendent or Program Director shall be notified immediately for any discrepancies with the daily controlled substance inventory count.

(4) Discontinued and abandoned controlled medications shall be counted until disposed. The youth's Controlled Medication Inventory Record (HS 008) shall be attached to the record of medication disposal.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.027 Disposal of Medications.

(1) The Designated Health Authority or physician designee shall be responsible for verifying the proper destruction and disposal of medications in accordance with Chapter 64F-12, F.A.C.

(2) Each facility must perform the following:

(a) Inventory Accountability;

(b) Monitoring pharmaceutical expiration dates,

(c) Quarantine of unusable medication, and

(d) Disposal of medications.

1. A licensed health care professional shall be responsible for the disposal of medications. Non-controlled medications for disposal shall be inventoried prior to disposal and disposed of in the presence of a witness. The witness shall be a licensed health care professional or facility supervisor or designee.

2. All DJJ facilities shall follow Federal Regulations ((CFR) Section 1307.21; (CFR) Section 1910.2030) and the

Florida Department of Environmental Protection for the disposal of medications and biohazardous waste.

3. When a Reverse Distributor is not utilized for medication disposal, controlled medications shall be disposed of according to the method determined by the facility's Pharmacy and Therapeutics Committee.

4. Controlled medications shall be disposed of by a three-party witness, and must be destroyed beyond reclamation, per 64B16, F.A.C. by a Pharmacist, Nursing staff, and administrator or designee.

5. Disposal of all medications shall be documented and maintained.

(3) Quarantined medications shall be destroyed at least monthly.

(4) Any non-expired pharmaceutical product subjected to improper storage conditions, contaminated in any way, or deemed to be unusable shall be destroyed.

(5) A youth's parent or guardian shall be provided the prescription medications upon the youth's release from the facility.

(6) Any medication remaining at the facility 30 days after the youth's release shall be destroyed.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.030 Routine Medication Administration.

(1) All prescription and OTC medications shall be administered by licensed nursing staff when they are on duty.

(2) Medication delivery, including the security and control of the medications shall be the sole responsibility of the licensed nursing staff during the administration of the medications.

(3) A prescription medication shall not be removed from its original packaging or prescription container and placed in another container for subsequent administration until the time of medication administration.

(4) The same staff member shall prepare and administer the medications.

(5) The Five Rights of Medication Administration shall be verified during every medication delivery.

(6) Documentation of each individual dosage of medication administered to youth shall be maintained on the youth's Medication Administration Record (MAR) (HS Form 019). The Medication Administration Record (HS 019, October 2006) is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize their

Pharmacy vendor pre-printed Medication Administration Record as long as the form includes all information required on the Medication Administration Record that is incorporated by reference into Chapter 63M-2, F.A.C.

(7) A separate MAR form shall be used for each month. The previous months MARs shall be filed in the youth's Individual Health Care Record.

(8) The youth's allergy and medical alert status shall be verified during every medication delivery.

(9) Prescription medication expiration dates shall be examined during each medication delivery. Outdated medications shall not be administered to a youth.

(10) The youth's photograph shall be attached or adjacent to the current MAR and visible for medication administration.

(11) Each medication shall be listed once on each MAR page, utilizing as many MAR pages as necessary to list all of the prescribed medications.

(12) Prescription medications and directions for use shall be documented on the MAR exactly as on the prescription container.

(13) The licensed nurse shall be responsible for monitoring the medication delivery and reporting any discrepancies to the Superintendent or Program Director and DHA or physician designee.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.031 Youth Self-Administration of Oral Medication Assisted by Trained Non-Licensed Staff.

(1) Pursuant to Chapter 64B9-14, F.A.C. (Delegation to Unlicensed Assistive Personnel), a Registered Nurse may delegate non-licensed trained staff (the Unlicensed Assistive Personnel) to serve as assistant to the Registered Nurse or Licensed Practical Nurse with the youth's self-administration of medication(s).

(2) Non-licensed staff shall provide medications to youth for self-administration only when there is no licensed health care professional staff on-site.

(3) Each facility shall implement training of non-licensed staff members and validation of his or her ability to assist with the delivery, supervision, and oversight of the youth's self-administration of medication.

(4) Training of non-licensed staff to assist youth with self-administration of oral medications shall only be conducted by a Registered Nurse or higher licensure level. A Registered Nurse or higher licensure level shall determine the trained non-licensed staff member's competency.

(5) The Registered Nurse must supervise the trained staff member by periodically performing direct observation of skills, inspecting the Medication Administration Record(s) and the required documentation assigned to the staff member.

(6) The non-licensed staff member assisting youth with self-administration of medications shall not perform any additional facility duties during medication delivery.

(7) The non-licensed staff member shall assist youth with self-administration of medication within one hour of the scheduled time of the ordered medication.

(8) Self-administration of medications by non-licensed staff shall include, at a minimum, the following:

(a) Assist no more than one youth at a time with medication:

(b) Wash his or her hands prior to medication delivery;

(c) Remove the prescription container from the storage area, holding the container;

(d) Maintain control of the medication container at all times;

(e) Direct the individual youth to approach the area for medication administration when called;

(f) Compare the youth with the photograph attached to the MAR and confirm the youth's identity verbally;

(g) The youth and staff member together identify and verify the medication the youth is to take by checking the label and comparing the label to the Medication Administration Record. The staff member shall not permit youth to take any medication that has a discrepancy between the medication prescription label and the MAR.

(h) Confirm the allergy status of the youth and question the youth about any possible side effects or adverse reactions to the medication.

(i) Remove the medication from the container while the youth observes and hand the youth the exact amount of ordered medication. When the medication is a liquid, the staff member shall pour the exact volume of liquid ordered into a measured container and hand it to the youth.

(j) Shall directly observe that the youth actually swallows the medication.

(k) Both the youth and the staff member shall initial that the dosage was given.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.032 Youth Refusal of Medication.

(1) A youth's refusal to take a dosage of a prescribed medication shall be documented in the Chronological Progress Note section, in addition to "R" for Refusal (as indicated on the MAR form).

(2) The youth shall initial the MAR indicating refusal of medication. If the youth will not initial the refusal notation, this shall be included in the Chronological Progress Notes.

(3) A youth's refusal of three consecutive dosages of a prescribed medication excluding injectables requires notification to the DHA or prescribing Physician.

(4) A youth's refusal of prescribed injectable medications requires immediate notification to the DHA or physician designee and the prescribing psychiatric practitioner.

(5) Each facility shall conduct a review of medication refusals that required DHA or prescribing physician notification. The review shall be conducted by the Designated Health Authority, or physician designee, PA or ARNP and when applicable, the prescribing psychiatric practitioner.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.033 Youth Hoarding of Medication and Swallowing Difficulties.

(1) The licensed nurse or non-licensed staff assisting with medication delivery shall verify whether a youth's has swallowed his/her medications.

(2) Licensed health care professional staff shall notify the DHA/DMHA when a youth is found to be "cheeking" or not swallowing his or her medication(s).

(3) A practitioner's order or general authorization must be provided by the Designated Health Authority or physician designee in order for a youth's medications that may be appropriately crushed and sprinkled or mixed with food.

(4) Licensed Health Care professional staff is responsible for notifying the Designated Health Authority or physician designee, PA or ARNP of a youth with swallowing difficulties or developmental disabilities, to obtain an order for an alternate method of providing oral medications. The alternate method shall be noted on the MAR.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.034 Administration of Parenteral Medications.

(1) Non-licensed staff shall not administer parenteral medications, or routinely administer any medication that is injected subcutaneously, intradermally, intramuscularly or intravenously.

(2) A non-licensed staff person may administer a percutaneous injection of a pre-packaged medication to a youth to prevent or treat an allergic reaction. The staff member must be trained in the use of this product in order to be permitted to administer the medication.

(3) Approval from the facility Superintendent or Program Director and the Designated Health Authority or Physician Designee is required for any youth to self-administers his/her own parenteral medication(s). Self-administration of parenteral medication by the youth shall only be under the supervision of the trained staff member who has control of the vial of medication. The Designated Health Authority shall approve all procedures for self-administration under these circumstances.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.035 Medication Evaluations and Serum Drug Level Monitoring.

(1) The Designated Health Authority or physician designee, PA or ARNP, or psychiatrist is responsible for ordering the appropriate laboratory testing, including serum drug testing, for medications prescribed prior to a youth entering a DJJ facility.

(2) Licensed health care professional staff is responsible for scheduling follow-up visits with the youth’s prescribing practitioner for monitoring, laboratory testing and review of the results.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.036 Adverse Drug Events and Medication Errors.

(1) All youth shall be monitored routinely for adverse drug events, and potential adverse drug events, including medication errors.

(2) Nursing and facility staff shall be notified of potential adverse drug effects and drug interactions through the Medical Alert system.

(3) Licensed health care professional staff shall monitor each youth daily, prior to administering medications, for potential medication side effects.

(4) Licensed health care professional staff, at a minimum, shall document weekly side effect monitoring on the MAR.

(5) Each facility shall monitor and identify all medication errors.

(6) The Designated Health Authority or physician designee, and the facility superintendent or Program Director shall review the medication error reports, at a minimum, every two weeks, and summarized quarterly during the Pharmacy and Therapeutics Committee CQI meetings per as per 64B-16-27.300, F.A.C.

(7) The Designated Health Authority and Superintendent or Program Director shall review the Corrective Action Plan and analysis of the causative events pertaining to a medication error to determine any existing trends.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.037 Education of Youth on Medications.

(1) All youth who are prescribed medications shall receive instructions and education related to those medications.

(2) Medication education for a youth by an on-site licensed health care professional shall be recorded in the Individual Health Care Record.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.040 Environmental and Exercise Precautions.

(1) All facilities shall address medical risks and complications associated with elevated heat index, exercise tolerance, and cold exposure.

(2) Facility staff shall instruct youth who are in distress during any type of activity to immediately stop the activity. The staff must notify health care personnel, or call “911” and assist the youth until emergency response arrival.

(3) The Designated Health Authority or physician designee, PA or ARNP shall determine whether a youth with a chronic medical condition is appropriate for a facility’s full exercise regimen.

(4) No postpartum female shall participate in physical exercise until six (6) weeks postpartum with clearance by the facility OB/GYN or Nurse Midwife.

(5) All physical activity restrictions or limitations shall be communicated in writing to the facility Superintendent or Program Director.

(6) All facilities shall provide youth with periodic rest intervals and access to water and/or electrolyte replacement fluid during exercise.

(8) The Designated Health Authority or Physician designee, PA or ARNP shall inform the Superintendent or Program Director of youth who may be medically compromised by adverse environmental and exercise conditions.

(9) Anytime the health care staff determines that the health or physical safety of a youth has been compromised or is potentially compromised, they shall remove the youth from all physical activities without prior approval from program staff.

(10) Licensed health care professional staff shall intervene anytime a youth is in pain and unable to participate in physical activities.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.050 Infection Control - Regulations and Training.

(1) All facilities shall conduct surveillance, screening and management of specific illnesses or potential infectious conditions in accordance with state and federal regulations, established Occupational Safety and Health Administration (OSHA) (1910 Subpart I: 29CFR 1910.1030; 29CFR 1910.1200; App. A; and 29CFR 1910.1020), and the Centers for Disease Control (CDC).

(2) Each facility must comply with federal and state legislation concerning blood borne pathogens. A comprehensive program of education and prevention shall be administered at each facility.

(3) An Exposure Control Plan shall be written in accordance with OSHA standards.

(4) The elements of the Exposure Control Plan contain, at a minimum, the following:

(a) Risk Assessment; and

(b) Methods of Compliance;

(5) The Exposure Control Plan shall be kept on the premises of each facility and shall be made accessible to all employees.

(6) Each facility shall conduct training regarding the Exposure Control Plan, to include the prevention of transmission of blood-borne pathogens within 90 days of hiring of staff and annually thereafter. A record of the training shall be kept in the employee personnel file.

(7) All youth shall receive infection control training, to include the prevention of blood-borne pathogens, within seven days of admission into the Juvenile Detention system. The youth training shall be documented in the Individual Health Care Record.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.051 Needle Stick Injuries/Exposure.

(1) All facilities shall establish needle stick post-exposure intervention and treatment.

(2) If an exposure meets criteria for post-exposure treatment, the post-exposure chemoprophylaxis (PEP) must be offered and initiated immediately after the exposure in accordance with CDC regulations.

(3) For a youth or staff exposure to bodily fluids or exposure to another person's blood, the Superintendent or Program Director shall arrange for a confidential medical evaluation and a follow-up post-exposure analysis and counseling as required by the OSHA Standard 29CFR 1910.1030.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.052 HIV Counseling and Testing.

(1) All youth determined at risk for HIV infection shall be offered counseling, testing, and referral for medical treatment as indicated.

(2) The facility shall provide or facilitate the HIV counseling and testing. If the facility cannot provide the counseling and testing, the facility shall collaborate with the local County Health Department or other community providers for these services.

(3) HIV counseling shall only be conducted by a certified HIV counselor.

(4) Pursuant to Sections 381.004(3) and 384.30, F.S., any test for the detection of HIV cannot be ordered without an informed consent from the individual being tested. The

consent may be obtained and recorded on the Human Immunodeficiency Virus Youth Consent Form (HS 015, April 2010) which is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(5) The facility shall facilitate confirmation of positive HIV test results when indicated, and provide medical follow-up.

(6) Parental notification of a youth's HIV testing without the youth's permission is prohibited per Chapter 381, F.S.

(7) HIV test results shall be disclosed only to the youth and the entities identified pursuant to Chapter 381, F.S.

(8) All pregnant youth shall be provided an HIV test unless, after counseling by the Physician, PA or ARNP as to the risks of transmission of HIV to the fetus, she refuses testing. When this occurs, she must sign a waiver (refusal) to decline the test. This shall be filed in the IHCR.

(9) HIV results shall be sealed in an envelope marked “confidential” and filed in the Individual Health Care Record.

(10) Youth who are HIV positive shall have an initial evaluation by a physician (if not previously obtained) who specializes in the management of infectious diseases in adolescents and children.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.053 Lice (Pediculosis) and Scabies.

(1) All facilities shall conduct evaluation, identification, treatment, and containment of pediculosis (lice) or mites (scabies), including product-specific treatment and environmental control practices.

(2) Treatment protocols and facility procedures shall be developed and approved by the Designated Health Authority regarding lice and scabies

(3) Orders and/or plans of care for multiple youth provided by a County Health Department may be substituted for facility procedures during a lice or scabies outbreak or to reduce the possibility of an outbreak.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.054 Methicillin Resistant Staphylococcus Aureus (MRSA).

(1) Each facility's DHA or designee shall be responsible for infection control requirements in accordance with the CDC for the identification, evaluation, treatment and containment of Methicillin-Resistant Staphylococcus Aureus (MRSA).

(2) Youth with open skin infections shall be referred to the DHA, or designee, PA or ARNP for a medical evaluation.

(3) A MRSA infection shall be considered in the differential diagnosis of all youth presenting with skin and soft tissue infections consistent with a staphylococcal infection.

(4) The DHA or designee or PA or ARNP shall determine the necessity for wound incision and drainage, use of warm compresses, and the need for antibiotic therapy.

(5) At a minimum, the DHA shall re-evaluate a youth one week after completion of antibiotic therapy for recurrent skin lesions and/or wound assessment to determine the need for further re-culture and treatment.

(6) Standard Precautions and/or Contact Precautions shall be used for all care for the prevention of cross-contamination of infection.

(7) Each facility shall implement environmental sanitation for maintaining infection control and preventing the spread of MRSA infection to others.

(8) Any youth with a skin infection shall receive infection control education that includes prevention and cross-contamination of infection.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.055 Health Department Reporting of Infectious Disease.

(1) Any infectious disease outbreak shall be investigated and reported to the local County Health Department in accordance with CDC reporting requirements. The index case (youth) shall be interviewed as a part of the investigation.

(2) The Designated Health Authority or Designee, PA or ARNP shall verify that information about communicable diseases has been provided to the Superintendent or Program Director.

(3) Facilities that have three or more cases of any infectious disease shall report these cases, as required, to the local county health department.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.060 Individual Health Care Record (IHCR).

The purpose of the Individual Health Care Record is to document the care provided to a specific youth related to that youth's medical, mental, behavioral, and dental health. It is also an organized collection of youth-specific health information, separate from the non-health related records and notes.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.061 Record Documentation, Development and Maintenance.

(1) All Individual Health Care Records shall remain confidential.

(2) The Individual Health Care Record consists of two sections:

(a) Section 1: Core Health Profile, and

(b) Section 2: Interdisciplinary Health Record.

(3) A youth's official case file shall include health care records along with the management file.

(4) All handwritten documentation in the Individual Health Care Record shall be recorded legibly in blue or black ink. No correction fluid or erasure will be used in the IHCR. Corrections shall be made by crossing through with a single line and the deleted section initialed.

(5) Health care documents shall be filed in a chronological organized manner.

(6) Each detention center shall be responsible for the initial development of a youth's Individual Health Care Record when a youth is admitted to the facility, unless all of the following criteria are met:

(a) Has no known health problems, is receiving no prescribed medications and denies health problems during the Facility Entry Physical Health Screening; and

(b) Experiences no health care problems or concerns during the detention stay and receives no health-related screenings or evaluations other than the initial Facility Entry Physical Health Screening; and

(c) Is released from detention with no charges pending and/or is released on community control or other form of non-residential departmental supervision; and

(d) Has been in the custody of the detention center no longer than 3 days; and is not committed to the department for residential placement.

(7) When a youth is admitted to a residential commitment program and has not had an Individual Health Care Record initiated, the receiving residential commitment program shall be responsible for obtaining the Health-Related History (HRH) and Comprehensive Physical Assessment (CPA) from the Juvenile Probation Officer (JPO).

(8) The youth's JPO is responsible for ensuring that the youth receives his/her HRH and CPA prior to placement in a residential program.

(9) All documents contained in the Individual Health Care Record shall become a permanent part of the youth's record.

(10) Each facility shall maintain an Individual Health Care Record for each youth.

(11) The IHCR shall be maintained intact with the original documentation except:

(a) When off site providers retain the original notes in their files;

(b) When Medicaid is billed for services and requires the original records for billing;

(c) When the original form has otherwise been lost.

In these situations, original, clean, legible copies are acceptable and shall be retained in the record as if they were the originals. "COPY" shall be written or stamped on the document in an area that does not obscure any necessary information.

(12) The IHCR shall be transported with the youth between department facilities and shall be documented on the Custody of Health Care Record. The Custody of Health Care Record (HS 005, October 2006) is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.062 Core Health Profile.

The Core Health Profile shall include:

(1) Individual Health Care Record Checklist and Internal Quality Control (HS 017, October 2006), which is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399;

(2) Personal and Health-Related Information (HS 023, October 2006), which is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399;

(3) Problem List (HS 026);

(4) The Authority for Evaluation and Treatment (AET) (HS 002);

(5) Parental Notification of Health-Related Care (HS 020), (HS 021), (HS 022);

(6) The Sick Call Index (HS 030);

(7) The Immunization Tracking Record (HS 016, October 2006), or the Immunization Record as per the Florida State Health Online Tracking System (Florida SHOTS) through the Department of Health Bureau of Immunization, as authorized by Section 381.003, F.S. The Immunization Tracking Record (HS 016, October 2006), is incorporated into this rule and is available electronically at "(HYPERLINK)" or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399

(8) Facility Entry Physical Health Screening (HS 010)

(9) Health-Related History (HRH) (HS 014)

(10) Comprehensive Physical Assessment (CPA) (HS 007);

(11) Infectious and Communicable Disease Form (HS 018); and

(12) Health Education Record (HS 013)

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.063 Interdisciplinary Health Record.

This section of the IHCR shall include:

(1) Practitioner's Orders;

(2) Chronological Progress Notes;

(3) Summary of Off-Site Care (HS 033);

(4) Medication Administration Record (MAR) (HS 019);

(5) Prior Medical/Physical Assessments and Histories;

(6) Prior Facility Entry Physical Health Screenings;

(7) Laboratory Tests;

(8) Radiological Tests;

(9) Mental Health/Behavioral Health Care; and

(10) Dental Care

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New _____.

63M-2.064 Storage, Security and Control of the Individual Health Care Record.

(1) The Individual Health Care Records shall be stored separately from other files that contain non-health-related records and notes. The storage area must be locked and inaccessible to youth.

(2) Only licensed health care professionals or facility/provider/departmental staff delegated with authority to assist youth with off-site medical care, medication management, etc., shall have access to Individual Health Care Records.

(3) The Designated Health Authority or physician designee, Facility Superintendent, or Program Director shall provide delegated access to Individual Health Care Record.

(4) Health records and health information will not be stored in an individual's desk.

(5) All health records will be returned to the health record storage area when not in use.

(6) Health records shall never be left outside of the clinic area unattended and unsecured.

(7) All documents shall be filed in the IHCR as soon as possible after a service is rendered.

(8) The health records of transferred youth shall be opened upon arrival at the receiving facility for review by health care staff.

(9) Any health-related material requested by any of the Offices or Branches in the department shall be made available to the requesting entity in a timely manner.

(10) Parents or legal guardians have the right to request and review copies of the Individual Health Care Records for their child with the following exceptions:

(a) Psychotherapy Notes;

(b) Statutorily protected information.

If there is any question, the issue shall be referred to the Regional General Counsel's Office.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.070 Health Education.

(1) Health education programs shall pertain to health issues of adolescents. These topics shall include, at a minimum, the following:

- (a) Seat belt usage;
- (b) Alcohol and drug related problems;
- (c) HIV/AIDS as per CDC recommendations;
- (d) Sexually Transmitted Disease/Infections;
- (e) Tobacco products, including smoking cessation;
- (f) Dental hygiene and dental care;
- (g) Basic Personal Hygiene;
- (h) Immunizations;
- (i) Infection control;
- (j) Prevention of sexual and other physical violence;
- (k) Nutrition;
- (l) Physical fitness;
- (m) Breast and testicular self-examinations;
- (n) Parenting skills;
- (o) Prenatal, postpartum and parenting education as applicable.

(2) Documentation of health education shall be made on the Health Education Record (HS 013) or the Chronological Progress Notes. The Health Education Record (HS 013, October 2006) is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.080 Transitional Healthcare Planning.

Transitional healthcare planning to coordinate health care services for youth being released from a facility or transferred to another facility.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.081 Youth Release to the Community.

(1) The assigned JPO, facility nursing staff, and the facility case manager shall work together to ensure that all medical information requiring parental follow-up is communicated to the responsible parent/ guardian prior to the youth's exit from the facility.

(2) The youth's Juvenile Probation Officer, parent/guardian, the facility case manager and conditional release provider as applicable shall be notified regarding

pending or unresolved health care issues upon the youth's release to the community.

(3) For youth who will not be in the physical custody of the department, the parent or guardian is responsible for arranging the youth's health care services upon release.

(4) Transitional health care planning shall begin within 45-60 days prior to the youth's anticipated release to the community from a residential commitment program.

(5) A Parental Notification of Health-Related Care form (HS 020) shall be sent in advance to the parent or guardian by the facility with any information on upcoming appointments.

(6) Fourteen (14) days prior to discharge, the residential commitment program shall again review the need for any upcoming appointments and notify the parent or guardian.

(7) Final medical follow-up information shall be provided to the parent or guardian on the Health Discharge Summary Transfer Note (HS 012, October 2006) when the youth is released. The Health Discharge Summary Transfer Note (HS 012, October 2006) is incorporated into this rule and is available electronically at “(HYPERLINK)” or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(8) Medical conditions reportable as per state regulations require instructions to the youth and parent for medical follow-up with the local county health department.

(9) Efforts to make medical appointments with community providers shall be documented in the Individual Health Care Record by the facility releasing the youth.

(10) Specific instructions given to the youth about follow-up health care shall be noted in the Health Education Record (HS 013).

(11) The youth's medication shall be provided to the youth and parents or guardians at the time of release from the program. The medication must be in an individually labeled, youth-specific, prescription container generated by a pharmacy vendor.

(12) Prescription medications shall not be released solely to the youth.

(13) Verification of the parents or guardian's acceptance of the youth's medication shall be documented in the Individual Health Care Record.

(14) The youth's parent or guardian shall be provided with a 30 day paper prescription from the facility DHA, designee, PA, or ARNP for any non-narcotic medications that a youth will continue after release.

(15) The prescription copy shall be placed in the youth's Individual Health Care Record.

(16) When required, a DNA specimen shall be obtained using the FDLE kit prior to the youth's release into the community.

(17) A summary of health-related needs shall be included in the program’s exit conference for the youth.

(18) Statutorily protected health-related information shall not be provided to parents unless the youth has given permission.

(19) The Individual Health Care Record and Case Management File comprise the youth’s official file, and are to be stored together.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

63M-2.082 Transfer from Residential Commitment Program.

(1) All health care services being rendered to the youth shall be continued and communicated to the receiving program.

(2) Upon transfer to another residential commitment program or facility, the youth shall be informed of current health care needs and required medical follow-up.

(3) Duplication of screenings, risk assessments, and laboratory tests at the receiving residential commitment facility or program shall be avoided unless clinically indicated, with the exception of the Facility Entry Physical Health Screening (HS 010).

(4) All medications and MAR’s shall be transferred with youth to the subsequent residential commitment program.
Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Rosemary Haynes, DJJ Nursing Services Director
 NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Wansley Walters, Secretary
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 21, 2013
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: September 24, 2010

DEPARTMENT OF JUVENILE JUSTICE
Mental Health/Substance Abuse/Developmental Disability Services

RULE NOS.: RULE TITLES:
 63N-1.001 Purpose and Scope
 63N-1.002 Definitions
 63N-1.003 Administration and Management of Mental Health and Substance Abuse Services
 63N-1.0031 Qualifications of Mental Health Professionals
 63N-1.0032 Qualifications of Substance Abuse Professionals and Service Providers
 63N-1.0033 Clinical Supervision of Mental Health Clinical Staff

63N-1.0034	Clinical Supervision of Substance Abuse Clinical Staff
63N-1.0035	Retaining a Designated Mental Health Authority or Clinical Coordinator
63N-1.0036	Referrals for Mental Health Services or Substance Abuse Services
63N-1.004	Mental Health, Substance Abuse and Developmental Disability Services Records Management
63N-1.0041	Individual Healthcare Record
63N-1.0042	Active Mental Health / Substance Abuse Treatment File
63N-1.005	Mental Health and Substance Abuse Screening and Evaluation
63N-1.0051	Mental Health and Substance Abuse Screening
63N-1.0052	Intake / Admission Suicide Risk Screening
63N-1.0053	Massachusetts Youth Screening Instrument, Second Version (MAYSI-2) Procedures
63N-1.0054	Comprehensive Assessments
63N-1.0055	Comprehensive Mental Health Evaluations
63N-1.0056	Comprehensive Substance Abuse Evaluations
63N-1.006	Suicide Risk Alerts and Mental Health Alerts
63N-1.007	Mental Health and Substance Abuse Treatment Planning
63N-1.0071	Mental Health and Substance Abuse Treatment Planning in Detention Centers
63N-1.0072	Mental Health and Substance Abuse Treatment Planning in Residential Commitment and Day Treatment Programs
63N-1.0073	Initial Mental Health and Substance Abuse Treatment Plans - General Requirements
63N-1.0074	Individualized Mental Health and Substance Abuse Treatment Plans - General Requirements
63N-1.0075	Integrated Mental Health and Substance Abuse Treatment Plans
63N-1.0076	Review and Updating of Treatment Plans
63N-1.008	Mental Health and Substance Abuse Treatment Services
63N-1.0081	Mental Health Treatment Services
63N-1.0082	Substance Abuse Treatment Services
63N-1.0083	Integrated Mental Health and Substance Abuse Treatment Services
63N-1.0084	Documentation of Mental Health and Substance Abuse Treatment Services
63N-1.0085	Psychiatric Services
63N-1.0086	Mental Health and Substance Abuse Transition / Discharge Planning
63N-1.009	Suicide Prevention
63N-1.0091	Suicide Prevention Plans
63N-1.0092	Screening for Suicide Risk
63N-1.00921	Suicide Risk Screening - General Requirements

- 63N-1.0093 Assessment of Suicide Risk and Follow-Up Assessment Procedures
- 63N-1.00931 Licensed Mental Health Professional's Off-Site Review of Assessment or Follow-Up Assessment of Suicide Risk
- 63N-1.0094 Assessment of Suicide Risk Performed Off-Site
- 63N-1.0095 Suicide Precaution Methods
- 63N-1.00951 Precautionary Observation
- 63N-1.00952 Secure Observation
- 63N-1.00953 Monitoring of Youth Upon Removal from Precautionary or Secure Observation - General Requirements
- 63N-1.00954 Administrative and Clinical Review of Suicide Precautions
- 63N-1.0096 Immediate Response to a Suicide Attempt or Incident of Serious Self-Inflicted Injury
- 63N-1.0097 Notifications When a Youth on Suicide Precautions is Released, Transferred or Discharged
- 63N-1.0098 Serious Suicide Attempt or Serious Self-Inflicted Injury Review and Mortality Review
- 63N-1.010 Mental Health Crisis Intervention Services
- 63N-1.0101 Mental Health Crisis Assessment
- 63N-1.0102 Mental Health Crisis Intervention Techniques
- 63N-1.0103 Crisis Intervention Follow-Up Services and Mental Health Alerts
- 63N-1.011 Emergency Mental Health and Substance Abuse Services
- 63N-1.012 Off-Site Crisis Assessments and Emergency Evaluations Under Baker or Marchman Acts
- 63N-1.013 Services for Youths with Developmental Disability
- 63N-1.014 Consent Requirements Applicable to Mental Health Services and Psychotropic Medication
- 63N-1.015 Special Consent for Substance Abuse Evaluation and Treatment

PURPOSE AND EFFECT: The rule chapter establishes statewide requirements for the provision of mental health, substance abuse and developmental disability services for youth in department facilities and programs.

SUMMARY: The rule chapter complies with the statutory mandate found in section 985.64(2)(b)-(d), for rules ensuring the provision of mental health, substance abuse and developmental disability services for youth in facilities and programs operated or contracted by the department. The rules establish statewide requirements governing admission, assessment, service delivery, suicide prevention and crisis intervention.

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.

The Agency has determined that the proposed rule is 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:

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: 985.64(2) FS.

LAW IMPLEMENTED: 985.64(2), 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4) FS.

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

DATE AND TIME: Friday, December 20, 2013, 10:00 a.m.

PLACE: DJJ Headquarters, 2737 Centerview Drive, General Counsel's Conference Room 3223, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John Milla, 2737 Centerview Dr., Ste. 3200, Tallahassee, FL 32399-3100, e-mail: john.milla@djj.state.fl.us

THE FULL TEXT OF THE PROPOSED RULE IS:

63N-1.001 Purpose and Scope.

The Rule establishes the requirements for delivery of mental health, substance abuse and Developmental Disability services in Department of Juvenile Justice (DJJ) facilities and programs. The rule applies to Juvenile Assessment Centers, Detention Centers, residential commitment programs and day treatment programs operated by, or under contract with, the Department of Juvenile Justice.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History-New _____.

63N-1.002 Definitions.

(1) "Active Mental Health/Substance Abuse Treatment File" - A temporary file maintained in a designated area of the DJJ facility or program which contains mental health and substance abuse information collected during the course of a youth's on-going mental health or substance abuse treatment in the facility or program.

(2) “Acute Emotional or Psychological Distress” means the rapid onset of an intense mental state of arousal, unrest and/or disorganization which is often accompanied by an intense sense of being unable to cope with or control the mental state and associated behavioral response. Examples include extreme anxiety, fear, panic, paranoia, impulsivity, agitation or rage.

(3) “Assessment of Suicide Risk” - An evaluation of a youth’s Suicide Risk Factors or Suicide Risk Behaviors to determine whether the youth is a Potential Suicide Risk and the level of risk. The form MHSA 004 documents Assessment of Suicide Risk conducted in a DJJ facility or program.

(4) “At Risk” – Within this Rule, means factors or behaviors which indicate suicidal tendencies, Suicide Risk Factors or Suicide Risk Behaviors.

(5) “Authority for Evaluation and Treatment” – Form HS 002, that when signed by a parent or legal guardian, gives the Department the authority to assume responsibility for the provision of routine mental and physical healthcare to a youth within its physical custody.

(6) “Baker Act” - Within this Rule, the term Baker Act refers to Section 394.451, Florida Statutes, covering involuntary mental health examination and placement for persons with mental illness.

(7) “Behavior Analysis Services” – Within this Rule, means the use of scientific methods derived from behavioral science specifically to increase skill acquisition, reduce problematic behavior and improve socially significant behaviors.

(8) “Board Certified Behavior Analyst” – A person who has obtained certification by the Behavior Analyst Certification Board Inc.

(9) “Certified Addiction Professional” - A person who is certified through a Department of Children and Families recognized certification process for substance abuse treatment services pursuant to Chapter 397, F.S. and Chapter 65D-30, F.A.C.

(10) “Certified Behavior Analyst” – A person who is certified as a behavior analyst by the Agency for Persons with Disabilities pursuant to Chapter 393 Florida Statutes and Chapter 65G-4, F.A.C.

(11) “Clinical Coordinator” – A Licensed Mental Health Professional or a non-licensed Mental Health Clinical Staff Person who has received training specifically in mental health and substance abuse services coordination, and who is responsible for coordinating and verifying implementation of Necessary and Appropriate Mental Health and Substance Abuse Treatment Services in the facility or program where they have been named coordinator.

(12) “Clinical Mental Health and Substance Abuse Screening” – The preliminary appraisal of a youth conducted

by a Licensed Mental Health Professional or a Licensed Qualified Professional utilizing validated and reliable mental health screening instruments to determine the presence of a mental health or substance abuse problem, substantiate that the youth is positive in respect to some mental health or substance abuse factor and to identify the need for in-depth mental health or substance abuse evaluation.

(13) “Close Supervision” – The observation by a staff member assigned to monitor a youth at intervals not to exceed five minutes throughout the youth’s stay in his/her room and/or sleeping area. Visual checks must be made of the youth’s condition (i.e., outward appearance, behavior, position in the room) at intervals not to exceed five minutes.

(14) “Comprehensive Assessment” – The assessment defined in Rule 63D-8.001, F.A.C.

(15) “Comprehensive Mental Health Evaluation” – An in-depth assessment conducted by a Licensed Mental Health Professional or a non-licensed Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional to determine the presence of, or nature and complexity of, a Mental Disorder.

(16) “Comprehensive Substance Abuse Evaluation” – An in-depth assessment conducted by a Licensed Qualified Professional or a Substance Abuse Clinical Staff Person to determine the presence of, or nature and complexity of, a substance related disorder.

(17) “Constant Supervision” – The continuous and uninterrupted observation of a youth by a staff member assigned to monitor the youth who has a clear and unobstructed view of the youth, and unobstructed sound monitoring of the youth at all times.

(18) “CORE” – The department’s computer-based training system.

(19) “Crisis” – Within this Rule means a state of Acute Emotional or Psychological Distress associated with a distressing event, situation or turning point in a youth’s life.

(20) “Crisis Assessment” – A detailed evaluation of a youth presenting Acute Emotional or Psychological Distress which is extreme and does not respond to ordinary intervention conducted by a Licensed Mental Health Professional or a non-licensed Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional to determine the severity of his/her distressing symptoms, level of risk to self or others and recommendations for treatment and follow-up.

(21) “Detention Center” – A facility operated or contracted by the department for the temporary care of youth, pending adjudication, disposition, or placement.

(22) “Designated Mental Health Clinician Authority” – A Licensed Mental Health Professional who, through employment or contract, is responsible for ensuring

appropriate coordination and implementation of mental health and substance abuse services in a departmental facility or program.

(23) “Developmental Disability” – A term defined in Section 393.063, F.S. Within this Rule, the term “Developmental Disability” is used interchangeably with the term “intellectual disability” which refers to significantly subaverage intellectual functioning (an IQ score below 70) on standardized intelligence tests existing concurrently with related limitations in adaptive functioning.

(24) “Developmental Disability Clinical Treatment Services” – Within this Rule, means psychological, behavioral analysis or psychotherapeutic services designed specifically for youths with Developmental Disability provided by a Licensed Mental Health Professional, Board Certified Behavior Analyst or Certified Behavior Analyst or a non-licensed Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional. The term does not include school instruction or school services provided under Chapter 1003, Florida Statutes.

(25) “Direct Supervision for Mental Health Clinical Staff” means that a Licensed Mental Health Professional has at least one hour per week of on-site face-to-face interaction with a non-licensed Mental Health Clinical Staff Person individually or in group format, for the purpose of overseeing and directing the mental health services that he or she is providing in the facility, as permitted by law within his or her state licensure.

(26) “Direct Supervision for Substance Abuse Clinical Staff” means that a Qualified Professional has at least one hourly session per week of on-site face-to-face interaction with a non-licensed or non-certified Substance Abuse Clinical Staff Person who is an employee of a Service Provider licensed under Chapter 397, F.S., or an employee in a facility licensed under Chapter 397, F.S., individually or in group format, for the purpose of overseeing and directing the substance abuse services that he or she is providing in the facility.

(27) “Drug” means any substance listed in Section 893.03, F.S.

(28) “The Diagnostic and Statistical Manual of Mental Disorders” - A manual published by the American Psychiatric Association which presents guidelines and diagnostic criteria for various Mental Disorders, including substance related disorders. The Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition is the latest edition of this manual.

(29) “Follow-Up Assessment of Suicide Risk” – An evaluation conducted after a youth has received an Assessment of Suicide Risk and is on Suicide Precautions to evaluate the youth’s current level of suicide risk and determine whether the youth is to be maintained on or removed from Suicide Precautions. The form MHSA 005 documents Follow-

Up Assessment of Suicide Risk conducted in a DJJ facility or program.

(30) “Health Status Checklist”- The form HS 08 which documents the youth’s physical condition upon his/her placement in a Secure Observation Room due to suicide risk. The Health Status Checklist is also utilized in residential commitment programs to document the youth’s physical condition upon his/her placement in a controlled observation room.

(31) “Imminent Threat of Suicide” means to present a real and present threat of suicide.

(32) “Individual Healthcare Record” – The permanent departmental file containing the unified cumulative hard-copy collection of clinical records, histories, assessments, treatments and diagnostic tests which relate to a youth’s medical, mental health, substance abuse, Developmental Disability, behavioral health and dental health which have been obtained to facilitate care or document care provided while the youth is in a Detention Center, residential commitment program or day treatment program.

(33) “Individualized Developmental Treatment Plan” – A written guide which structures the focus of a youth’s Developmental Disability Clinical Treatment Services.

(34) “Individualized Mental Health Treatment Plan” – A written guide which contains goals and objectives of mental health treatment and structures the focus of a youth’s ongoing mental health treatment, including treatment with Psychotropic Medication.

(35) “Individualized Substance Abuse Treatment Plan” – A written guide which contains goals and objectives of substance abuse treatment and which structures the focus of a youth’s ongoing substance abuse treatment.

(36) “Initial Mental Health Treatment Plan” – A written preliminary guide which contains goals and objectives of mental health treatment and structures the focus of a youth’s initial mental health treatment.

(37) “Initial Psychiatric Diagnostic Interview” – Within this Rule refers to an assessment conducted by a Psychiatrist or psychiatric advanced registered nurse practitioner (ARNP) within 14 days of referral to determine the presence of any psychiatric conditions, formulate a diagnosis, and determine suitability for particular types of therapeutic interventions.

(38) “Initial Substance Abuse Treatment Plan” – A preliminary, written plan of goals and objectives intended to inform the youth of substance abuse service expectations and to prepare him/her for substance abuse service provision.

(39) “Integrated Mental Health and Substance Abuse Treatment Plan” or “Individualized Mental Health/Substance Abuse Treatment Plan” – A written, individualized guide which structures the focus of a dually diagnosed youth’s ongoing mental health and substance abuse treatment. The

Integrated Mental Health and Substance Abuse Treatment Plan may also be referred to as an individualized mental health/substance abuse treatment plan.

(40) “Juvenile Assessment Center” – Section 985.135, F.S. establishes juvenile justice assessment centers which are designed to serve as a point of intake and screening for juveniles referred to the Department.

(41) “Juvenile Justice Information System” or JJIS – The department’s electronic system used to gather and store information on youth having contact with the department.

(42) “Juvenile Probation Officer” or JPO – A person meeting the definition in Section 985.03(30), F.S. and Rule 63D-8.001, F.A.C.

(43) “Licensed Clinical Social Worker”. A person licensed pursuant to Chapter 491, F.S., to practice clinical social work.

(44) “Licensed Marriage and Family Therapist”. A person licensed pursuant to Chapter 491, F.S., to practice marriage and family therapy.

(45) “Licensed Mental Health Counselor”. A person licensed pursuant to Chapter 491, F.S. to practice mental health counseling.

(46) “Licensed Mental Health Professional” – Within this Rule means a Psychiatrist licensed pursuant to Chapter 458 or 459, F.S., who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination, a Psychologist licensed pursuant to Chapter 490, F.S., a Licensed Mental Health Counselor, Licensed Marriage and Family Therapist, or Licensed Clinical Social Worker licensed pursuant to Chapter 491, F.S., or a Psychiatric Nurse as defined in Section 394.455(23), Florida Statutes.

(47) “Licensed Qualified Professional” – Within this Rule means a physician or physician assistant licensed under Chapter 458 or 459, F.S., a Psychologist licensed under Chapter 490, F.S., or a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist or Licensed Mental Health Counselor under Chapter 491, F.S., who is exempt from Chapter 397, F.S., licensure pursuant to Section 397.405, F.S.

(48) “Marchman Act” – Within this Rule refers to Section 397.675, F.S., covering involuntary substance abuse assessment and admissions for persons with substance abuse impairment.

(49) “Massachusetts Youth Screening Instrument, Second Version” or MAYSI-2 – A 52-item true-false screening instrument designed to identify signs of mental disturbance or emotional distress authorized by DJJ for use at intake into the juvenile justice system and upon admission to a day treatment

or residential commitment program. The MAYSI-2 is published by Professional Resource Press.

(50) “Mental Disorder” means a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or impairment in one or more important areas of functioning, or with a significantly increased risk of suffering death, pain, disability, or significant loss of freedom.

(51) “Mental Health Alert” – A designation in the Department’s Juvenile Justice Information System (JJIS) and in the facility used to identify youths in DJJ facilities/programs who have mental health conditions, symptoms or behaviors which may pose safety or security risks.

(52) “Mental Health Clinical Staff Person” – Within this Rule means a person responsible for providing mental health evaluation and treatment who, if not otherwise licensed as a Licensed Mental Health Professional, must hold, at a minimum, a Bachelor’s degree from an accredited university or college with a major in psychology, social work, counseling or Related Human Services Field.

(53) “Mental Health Crisis Intervention” means short-term therapeutic processes which focus on rapid resolution of Acute Emotional or Psychological Distress which is extreme and does not respond to ordinary intervention. The purpose of such intervention is generally to determine the severity of the problem, potential for harm, and to prevent harm to the individual or others.

(54) “Mental Health Provider” – Within this Rule means a Psychiatrist licensed under Chapter 458 or 459, F.S., a Psychologist licensed under Chapter 490, F.S., or a Licensed Mental Health Counselor, Licensed Clinical Social Worker, or Licensed Marriage and Family Therapist licensed under Chapter 491, F.S., a Psychiatric Nurse as defined in this rule, a Community Mental Health Center or Clinic as defined in Section 394.455, F.S., or a public or private mental health agency eligible to provide mental health services under Chapter 394, F.S., who through employment, contract, subcontract or agreement provides mental health services in a DJJ facility or program.

(55) “Mental Health and Substance Abuse Screening” – The brief procedures used by trained direct care staff or clinical staff to determine the presence of a mental health or substance abuse problem, substantiate that the youth is positive in respect to some mental health or substance abuse factor and to identify the need for further mental health or substance abuse evaluation.

(56) “Mental Health/Substance Abuse Treatment Discharge Plan” – The form, 011, which summarizes the focus and course of a youth’s mental health and/or substance abuse treatment, and provides recommendations for mental health

and/or substance abuse treatment or services upon the youth's movement out of a DJJ facility or program.

(57) "Mental Status Examination" – A structured assessment of a youth's psychological and behavioral functioning. It provides a description of the youth's appearance, attitude, motor activity, affect, mood, speech, thought content, perception, insight and judgment based upon the examiner's observations of the youth and the youth's answers to specific questions.

(58) "Mental Health Supportive Services" – Within this rule refers to therapeutic activities provided by Licensed Mental Health Professional or Mental Health Clinical Staff Person for a youth who is on Suicide Precautions or Mental Health Alert. Therapeutic activities include supportive counseling, crisis counseling, Mental Status Examination and must include on-going daily examination of the youth's risk to self or others.

(59) "Necessary and Appropriate Mental Health and Substance Abuse Treatment and Services" – Essential mental health or substance abuse care or services which are reasonably expected to become necessary in the course of custody and care of juveniles, and which are consistent with generally acceptable professional standards for mental health and substance abuse services.

(60) "One-to-One Supervision" – The supervision of one youth by one staff member who remains within five feet of the youth at all times and must maintain constant visual and sound monitoring of the youth at all times.

(61) "Positive Achievement Change Tool" or PACT – The Department-approved criminogenic risk and needs screening and assessment tool incorporated in Rule 63D-9.001, F.A.C.

(62) "PACT Mental Health and Substance Abuse Screening Report and Referral Form" – The referral form defined in Rule 63D-8.001, F.A.C., and incorporated in Rule 63D-9.004, F.A.C.

(63) "Potential Suicide Risk" – Refers to a latent possibility or likelihood of manifesting deliberate self-destructive or self-injurious behavior with possible life-threatening consequences.

(64) "Precautionary Observation" – A Suicide Precaution method which provides for the Constant Supervision of a youth with Suicide Risk Factors in designated observation areas of the facility or program which are safe and secure.

(65) "Psychiatric Nurse". A licensed registered nurse who has a master's degree or a doctorate in psychiatric nursing and two years post-master's clinical experience under the supervision of a physician. A licensed and certified psychiatric advanced registered nurse practitioner (ARNP) under Chapter 464, F.S., with a master's degree or doctorate in psychiatric nursing or mental health nursing and two years post-master's

clinical experience under the supervision of a physician would meet this definition.

(66) "Psychiatric Services" – Within this Rule refers to provision of Initial Diagnostic Psychiatric Interviews, psychiatric evaluations, prescribing Psychotropic Medications and monitoring Psychotropic Medications rendered by a Psychiatrist or psychiatric advanced registered nurse practitioner (ARNP).

(67) "Psychiatrist". A physician licensed pursuant to Chapter 458 or 459, F.S. who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology, or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination. A Psychiatrist who is board certified in Forensic Psychiatry by the American Board of Psychiatry and Neurology or the American Board of Forensic Psychiatry may provide services in DJJ facilities or programs, but must have prior experience and training in psychiatric treatment with children or adolescents.

(68) "Psychologist". A licensed Psychologist is a person licensed pursuant to Section 490.005(1), F.S., and a licensed school Psychologist is a person licensed pursuant to Section 490.006, F.S.

(69) "Psychotropic Medication" – Medications capable of affecting the mind, emotions and behavior that are used to treat mental illness. The medications, include, but are not limited to the following major categories: antipsychotics, antidepressants, antianxiety drugs, mood stabilizers and stimulants.

(70) "Qualified Professional" means a person meeting the requirements in Section 397.311(26), F.S. and Rule 65D-30.002, F.A.C.

(71) "Related Human Services Field" is a college major which includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy. Examples of a college major in a Related Human Services Field include rehabilitation counseling, family studies, developmental psychology, health psychology and special education.

(72) "Secure Observation" – A suicide precaution method which provides for the use of a Secure Observation Room for placement of youths demonstrating At Risk or Suicide Risk Behaviors and either One-to-One Supervision or Constant Supervision of the youth in the Secure Observation Room.

(73) "Secure Observation Room" - A room used when placing a youth in Secure Observation due to At Risk or Suicide Risk Behaviors.

(74) "Serious Self-Inflicted Injury" means any deliberate action taken by the youth to harm himself/herself with

potentially serious or life-threatening consequences, but is not associated with Suicide Ideation or Suicide Intent.

(75) “Significant Change in Dosage of Medication” – Any increase or decrease in dosage beyond a small increment or beyond the normal dosage range for youths of similar age.

(76) “Specialized Treatment Services” - Refers to the following mental health, substance abuse, Developmental Disability, sex offender and or behavioral health services provided in DJJ residential commitment programs: Comprehensive Services for Major Disorders; Intensive Mental Health Services; Specialized Mental Health Services; Substance Abuse Treatment Services (SAT); Developmental Disability Services; Sex Offender Treatment Services; Mental Health Overlay Services (MHOS); and Substance Abuse Treatment Overlay Services (SAT Overlay Services).

(77) “Substance Abuse Clinical Staff Person” – Within this Rule means a person who is licensed under Chapter 397, F.S., or exempt from Chapter 397, F.S., licensure under Section 397.405, F.S. or is an employee of a Service Provider licensed under Chapter 397, F.S., or in facility licensed under Chapter 397, F.S., who holds, at a minimum, a Bachelor’s degree from an accredited university or college with a major in psychology, social work, counseling or Related Human Services Field.

(78) “Substance Abuse Service Provider” or “Service Provider” – Within this Rule means a public agency, a private for-profit or not-for profit agency, a physician or physician assistant licensed under Chapter 458 or 459, F.S., a Psychologist licensed under Chapter 490, F.S., or a Clinical Social Worker, Marriage and Family Therapist or Mental Health Counselor licensed under Chapter 491, F.S., licensed under Chapter 397, F.S., or exempt from licensure under Chapter 397, F.S., who through employment, contract, subcontract or agreement provides substance abuse services in a DJJ facility or program.

(79) “Substance-Related Disorder” – A DSM diagnostic category which includes substance use disorders and substance-induced disorders. Substance use disorders include abuse and dependence. Substance-induced disorders include intoxication, withdrawal, and various mental states such as anxiety, mood disorder or psychosis that a substance induces when it is used.

(80) “Suicide Attempt” – Any action deliberately undertaken by the youth with Suicide Ideation or Suicide Intent which, if carried out, would result in his/her death.

(81) “Suicide Gesture” – Any action deliberately undertaken by the youth with Suicide Ideation or Suicide Intent which, if carried out, would not result in his/her death.

(82) “Suicide Rescue Tool” – A tool utilized in DJJ facilities responding to Suicide Attempts to cut the youth free from material used in the Suicide Attempt.

(83) “Suicide Response Kit” – A designated metal or hard coated box which contains a DJJ approved Suicide Rescue Tool, wire cutters, needle nose pliers, and first aid items such as a one-way CPR mask, microshield or face shield, non-latex gloves and first aid supplies for use in the event of a Suicide Attempt or incident of Serious Self-Inflicted Injury.

(84) “Suicide Risk Alert” – A designation made in JJIS and in the departmental facility to identify youths with Suicide Risk Factors and are placed on Suicide Precautions.

(85) “Suicide Risk Behaviors” – Refers to recent or current events, statements, or actions which suggest that the youth is a Potential Suicide Risk. Suicide Risk Behaviors include intentional self-injurious behavior; statements, notes or drawings which suggest thoughts, intent or plans to harm self; behaviors that suggest intent or plans to harm self, such as tying of clothing or sheet in a noose; statements suggesting hopelessness or preoccupation with death or dying; or extreme withdrawal or lack of interest in surroundings.

(86) “Suicide Risk Factors” – Refers to events, actions or conditions which suggest the youth is a possible suicide risk. Examples of Suicide Risk Factors include past history or recent: Suicide Attempt, Suicide Gesture, Suicide Ideation or Suicide Threat; intentional self-injurious behavior; statements, drawings or notes which suggest suicide, hopelessness or preoccupation with death or dying; extreme withdrawal or lack of interest in surroundings; serious psychiatric disturbance (particularly depression, mood swings, psychosis); substance dependence; or recent major loss such as death of parent, sibling or best friend.

(87) “Suicide Risk Screening Instrument” or SRSI – The form MHSA 002 which documents the standardized questions asked by trained designated staff at intake into the juvenile justice system and upon admission to a Detention Center to identify Suicide Risk Factors and need for referral for Assessment of Suicide Risk.

(88) “Suicidal Ideation” means thoughts, wishes or desire to deliberately take one’s own life.

(89) “Suicidal Intent” means an identified decision and/or plan to take one’s own life.

(90) “Suicide Precautions” – Use of Precautionary Observation or Secure Observation for supervising, observing, monitoring and housing the youth who has been identified as a Potential Suicide Risk. Suicide Precautions require that specific action be taken within a DJJ facility or program to protect a youth considered At Risk of suicide from potential self injury or suicide.

(91) “Suicide Threat” means a warning direct or indirect, verbal or non-verbal, that reasonably suggests that a youth plans to attempt suicide.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.003 Administration and Management of Mental Health and Substance Abuse Services.

(1) Mental health services must be provided by Mental Health Providers, Licensed Mental Health Professionals and Mental Health Clinical Staff who meet the qualifications set forth in this rule and applicable statutes.

(2) Substance abuse services must be provided by Substance Abuse Service Providers, Licensed Qualified Professionals and Substance Abuse Clinical Staff who meet the qualifications set forth in this rule and applicable statutes.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.0031 Qualifications of Mental Health Professionals.

(1) Mental health services must be provided by a Licensed Mental Health Professional or a non-licensed Mental Health Clinical Staff Person who is working under the direct supervision of a Licensed Mental Health Professional.

(a) Licensed Mental Health Professionals. Each Licensed Mental Health Professional shall hold an active, valid license issued by the Florida Department of Health.

1. Psychiatrists. A Psychiatrist shall be a physician licensed pursuant to Chapter 458 or 459, F.S. who meets one of the following conditions:

a. Is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology; or

b. Is board eligible by virtue of having completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination; or

c. Is board certified in Forensic Psychiatry by the American Board of Psychiatry and Neurology or the American Board of Forensic Psychiatry and has prior experience and training in psychiatric treatment with children or adolescents.

2. Licensed Psychologists shall be licensed pursuant to Section 490.005(1), F.S., and licensed school psychologists shall be licensed pursuant to Section 490.006, F.S.

3. Licensed Mental Health Counselors shall be licensed pursuant to Chapter 491, F.S.

4. Licensed Clinical Social Workers shall be licensed pursuant to Chapter 491, F.S.

5. Licensed Marriage and Family Therapists shall be licensed pursuant to Chapter 491, F.S.

6. Psychiatric Nurses shall be licensed registered nurses who have a master's degree or a doctorate in psychiatric

nursing and two years post-master's clinical experience under the supervision of a physician; or shall be a licensed and certified psychiatric advanced registered nurse practitioner (ARNP) under Chapter 464, F.S., with a master's degree or doctorate in psychiatric nursing or mental health nursing and two years post-master's clinical experience under the supervision of a physician would meet this definition.

7. The Licensed Mental Health Professional's license number, and a copy of an up-to-date clear and active license document must be on file in the facility or program.

(b) Non-Licensed Mental Health Clinical Staff.

1. A non-licensed Mental Health Clinical Staff Person providing mental health services in a DJJ facility or program must meet one of the qualifications in a., through d., and meet the requirement in e., below:

a. Hold a master's degree from an accredited university or college in the field of counseling, social work, psychology, or Related Human Services Field;

b. Hold a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology or Related Human Services Field and have two years clinical experience assessing, counseling and treating youths with serious emotional disturbance or substance abuse problems;

c. Hold a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology or Related Human Services Field and have 52 hours of training in the areas described in this section prior to working with youths. The 52 hours of training must include a minimum of 16 hours of documented clinical training in their duties and responsibilities. The non-licensed person must also receive training in mental disorders and substance-related disorders, counseling theory and techniques, group dynamics and group therapy, treatment planning and discharge planning for one year by a Mental Health Clinical Staff Person who holds a Master's degree. Clinical training of the non-licensed person must cover, at a minimum, the following components: basic counseling skills, basic group therapy skills, treatment model and program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, early intervention and de-escalation, documentation requirements, normal and abnormal adolescent development and typical behavior problems.

d. If the non-licensed Mental Health Clinical Staff Person provides mental health services in a DJJ facility or program designated for Medicaid behavioral health services, the requirements for counselors set forth by the Agency for Health Care Administration (AHCA) are provided in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.; and

e. A non-licensed person providing clinical, counseling or therapy services must meet the exemption criteria set forth in Section 491.014(4) and Section 491.014 (8), F.S.

2. A Board Certified Behavior Analyst or Certified Behavior Analyst who is not a Licensed Mental Health Professional must meet the requirements in 1., above in order to function as a non-licensed Mental Health Clinical Staff Person in a departmental facility or program.

3. A Board Certified Behavior Analyst or Certified Behavior Analyst who is not a Licensed Mental Health Professional must provide Behavior Analysis Services under the direct supervision of a Licensed Mental Health Professional in a departmental facility or program.

4. A copy of the non-licensed Mental Health Clinical Staff Person's college transcript must be on file in the facility or program.

(2) Mental health services must be provided by Licensed Mental Health Professionals and Mental Health Clinical Staff Persons who have met the background screening requirements set forth in Section 985.644, F.S.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0032 Qualifications of Substance Abuse Professionals and Service Providers.

(1) Substance abuse services must be provided by persons or entities meeting licensure requirements set forth in Chapter 397, or who are exempt from licensure under Section 397.405, F.S.

(2) Documentation of Licensure. Chapter 397, F.S., licensure or a Licensed Qualified Professional's licensure under Chapter 458, 459, 490 or 491, F.S., is required as provided below:

(a) Chapter 397, F.S. Licensure. A copy of the up-to-date Chapter 397, F.S., licensure document for the appropriate licensable service component must be on file and displayed in departmental facilities or programs.

(b) The Licensed Qualified Professional's license number, and a copy of an up-to-date clear and active license document must be on file in the facility or program.

(3) Non-licensed Substance Abuse Clinical Staff. A non-licensed Substance Abuse Clinical Staff Person may provide substance abuse services in a departmental facility or program only as an employee of a Service Provider licensed under Chapter 397, F.S. or in a facility licensed under Chapter 397, F.S.

(a) The non-licensed Substance Abuse Clinical Staff Person must have, at a minimum, a Bachelor's degree from an accredited university or college with a major in psychology, social work, counseling or a Related Human Services Field.

(b) A copy of the non-licensed Substance Abuse Clinical Staff Person's college transcript must be on file in the facility or program.

(4) Unless licensed under Chapter 397, F.S. or under Chapter 458, 459, 490 or 491, F.S., a Certified Addiction Professional may provide substance abuse services in a DJJ facility or program only as an employee of a Service Provider licensed under Chapter 397, F.S. or in a facility licensed under Chapter 397, F.S.

(5) Substance abuse services must be provided by Licensed Qualified Professionals and Substance Abuse Clinical Staff Persons who have met the background screening requirements set forth in Section 985.644, F.S.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0033 Clinical Supervision of Mental Health Clinical Staff.

A non-licensed Mental Health Clinical Staff Person who is carrying out mental health treatment in a departmental facility or program must be working under the direct supervision of a Licensed Mental Health Professional employed by, or under contract with, the departmental facility or program.

(1) Direct supervision shall be documented on the Licensed Mental Health Professionals and Licensed/Certified Substance Abuse Professionals Direct Supervision Log (MHSA 019), or a form developed by the program which contains all the information required in form MHSA 019. The Licensed Mental Health Professionals and Licensed/Certified Substance Abuse Professionals Direct Supervision Log (MHSA 019, August 2006) is incorporated by reference and is available at "(HYPERLINK)", or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(2) The Licensed Mental Health Professional providing direct supervision is responsible for reviewing and signing Comprehensive Assessments, Comprehensive Mental Health Evaluations, Updated Comprehensive Mental Health Evaluations, Initial Mental Health Treatment Plans and Individualized Mental Health Treatment Plans prepared by the non-licensed Mental Health Clinical Staff Person within ten calendar days of administration of the instrument.

(3) The Licensed Mental Health Professional providing direct supervision is responsible for reviewing each Assessment of Suicide Risk and Follow-Up Assessment of Suicide Risk, Crisis Assessment and Follow-Up Crisis Assessment conducted by the non-licensed Mental Health Clinical Staff Person within 24 hours of the referral for assessment. The Assessment of Suicide Risk, Follow-Up Assessment of Suicide Risk, Crisis Assessment or Follow-Up

Crisis Assessment conducted by the non-licensed Mental Health Clinical Staff must be signed by the Licensed Mental Health Professional the next scheduled time he/she is on-site.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.0034 Clinical Supervision of substance Abuse Clinical Staff.

(1) A non-licensed Substance Abuse Clinical Staff Person who is an employee in a facility licensed under Chapter 397, F.S., or an employee of a Service Provider licensed under Chapter 397, F.S., must work under the direct supervision of a Qualified Professional.

(2) Direct supervision shall be documented on the Licensed Mental Health Professionals and Licensed/Certified Substance Abuse Professionals Direct Supervision Log (MHSA 019) or a form developed by the program which contains all the information required in form MHSA 019.

(3) The Qualified Professional providing direct supervision is responsible for reviewing and signing Comprehensive Assessments, Comprehensive Substance Abuse Evaluations, Updated Comprehensive Substance Abuse Evaluations, Initial Substance Abuse Treatment Plans and Individualized Substance Abuse Treatment Plans prepared by the non-licensed Substance Abuse Clinical Staff Person within ten calendar days.

(4) The requirements for documentation of clinical supervision of non-licensed Substance Abuse Clinical Staff employed in a facility licensed under Chapter 397, F.S., or employed by a service provider licensed under Chapter 397 are provided in Chapter 65D-30, F.A.C.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.0035 Retaining a Designated Mental Health Clinician Authority or Clinical Coordinator.

(1) Designated Mental Health Clinician Authority.

(a) Each facility with an operating capacity of 100 or more youths, each facility providing DJJ Specialized Treatment Services and every Detention Center shall employ or contract with a single Licensed Mental Health Professional to act as the Designated Mental Health Clinician Authority for the facility or program, or if the facility or program contracts with an agency or corporate entity, rather than a single Licensed Mental Health Professional, then a single Licensed Mental Health Professional within the agency or corporate entity shall be identified as the Designated Mental Health Clinician Authority for the DJJ facility or program.

(b) The Designated Mental Health Clinician Authority must be on-site in the DJJ facility/program once a week for a

sufficient time period to ensure that appropriate coordination and implementation of mental health and substance abuse services is taking place, at a minimum.

(2) Clinical Coordinator.

(a) Each facility that does not meet any of the criteria in paragraph (1)(a) above shall identify either a Designated Mental Health Clinician Authority or a Clinical Coordinator to be responsible for coordinating and verifying implementation of Necessary and Appropriate Mental Health and Substance Abuse Treatment services in the facility/program.

(b) Identification of a non-licensed Mental Health Clinical Staff Person as a Clinical Coordinator does not confer upon the non-licensed Mental Health Clinical Staff Person the authority to provide clinical supervision of clinical staff.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.0036 Referrals for Mental Health Services and Substance Abuse Services.

(1) Referrals to Mental Health Clinical Staff or Substance Abuse Clinical Staff in the facility or outside mental health or substance abuse providers shall be documented on the Mental Health/Substance Abuse Referral Summary (MHSA 014) or a form developed by the program which contains all of the information required in form MHSA 014. The Mental Health/Substance Abuse Referral Summary (MHSA 014, August 2006) is incorporated by reference and is available at “(HYPERLINK)”, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(2) Residential commitment programs designated for Specialized Treatment Services where youths are routinely referred for a specific mental health or substance abuse service such as comprehensive mental health/substance abuse evaluation or updated evaluation as part of established procedure are exempt from the paragraph above. Such programs may utilize an existing referral process such as tracking logs for documentation of routine referrals. However, referrals for non-routine mental health and substance abuse services such as Assessment of Suicide Risk, Follow-Up Assessment of Suicide Risk or Crisis Assessment must be recorded on the Mental Health/Substance Abuse Referral Summary (MHSA 014) or a form developed by the program containing all the information required in form MHSA 014.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.004 Mental Health, Substance Abuse and Developmental Disability Services Records Management.

(1) Each Detention Center, residential commitment program and day treatment program shall develop a health care record system in accordance with Rules 63M-2.060 – 63M-2.063, F.A.C., and this rule.

(2) Entries in mental health, substance abuse or Developmental Disability services clinical records shall be legible, accurate, dated and authenticated by the writer's signature. In those instances where clinical records are generated and maintained electronically, a staff identifier will be acceptable in lieu of the writer's signature.

(3) Mental health, substance abuse or Developmental Disability services clinical records shall be kept secure from unauthorized access.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.0041 Individual Healthcare Record.

(1) Mental health, substance abuse and Developmental Disability Clinical Treatment Services records collected during the youth's involvement in the juvenile justice system shall be permanently filed in the youth's Individual Healthcare Record in the Interdisciplinary Health Records Section.

(2) All mental health and substance abuse records and Developmental Disability Clinical Treatment Services records contained in the youth's Individual Healthcare Record are considered confidential.

(a) DJJ staff shall have access to a youth's Individual Healthcare Records only when such access is needed in the performance of their official responsibilities.

(b) Only individuals who, by virtue of job description and duties, require information on a youth's mental health or substance abuse or developmental disability status for the purpose of providing health care to that youth, protecting the safety of that youth, or performing auditing functions may have access to a youth's mental health, substance abuse or developmental disability clinical records and/or information. Access shall only be to that portion of the Individual Healthcare Record which is required for the above purposes.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.0042 Active Mental Health/Substance Abuse Treatment File.

(1) Mental health and substance abuse records may be temporarily maintained in an Active Mental Health/Substance Abuse Treatment File during a youth's on-going mental health or substance abuse treatment.

(2) When utilized, a youth's Active Mental Health/Substance Abuse Treatment File must be maintained in a designated secure filing area. The filing area must be

accessible only to appropriate mental health and/or substance abuse staff, and designated administrative, supervisory and medical staff who have a need for the information in connection with their duty to monitor the youth's progress or to participate in the assessment and treatment of the youth.

(3) The Active Mental Health/Substance Abuse Treatment File must be maintained until the Mental Health Clinical Staff Person or Substance Abuse Clinical Staff Person determines that the youth's on-going mental health or substance abuse treatment is completed, at which time the Active Mental Health/Substance Abuse Treatment File must be placed in the youth's Individual Healthcare Record. An exception is provided for facilities which provide Specialized Treatment Services or on-going mental health or substance abuse treatment services. Such facilities may maintain an Active Mental Health/Substance Abuse Treatment File throughout the youth's placement in the facility/program. The Active Mental Health/Substance Abuse Treatment File must be placed in the youth's Individual Healthcare Record prior to the youth's transition from the program.

(4) The Active Mental Health/Substance Abuse Treatment File must be restricted to documentation of mental health and substance abuse treatment of a non-medical nature. Documentation of administration and management of medication and medical services provided by a physician, physician assistant or nurse must be filed in the youth's Individual Healthcare Record. It is acceptable to retain a copy of documentation of Psychiatric Services such as a psychiatric evaluation to be placed in the Active Mental Health and Substance Abuse Treatment File. However, the original psychiatric evaluation must be maintained in the youth's Individual Healthcare Record.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.005 Mental Health and Substance Abuse Screening and Evaluation.

Each Detention Center, residential commitment program and day treatment program shall utilize mental health and substance abuse screening and evaluation procedures to identify youths who are in need of mental health and/or substance abuse treatment.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.0051 Mental Health and Substance Abuse Screening.

(1) Screening in Juvenile Assessment Centers (JAC) or Juvenile Probation Officer (JPO) Unit.

(a) Mental Health and Substance Abuse Screening conducted upon a youth's initial intake at a JAC or JPO Unit shall include the following:

1. Administration of the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2).

2. Administration of the Suicide Risk Screening Instrument (SRSI) Form (MHSA 002, September 2010) which is incorporated by reference and is available at "(HYPERLINK)", or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

3. Completion of the PACT and PACT Mental Health and Substance Abuse Screening Report and Referral Form as set forth in Rule 63D-9.004 F.A.C.

(b) When the MAYSI-2 or PACT Mental Health and Substance Abuse Screening Report and Referral Form or other information at initial intake indicates the need for further mental health or substance abuse assessment, the JPO or JAC intake screener shall refer the youth for Comprehensive Assessment in accordance with the provisions of Rule 63D-9.004, F.A.C.

(2) Screening in Detention Centers.

(a) Mental Health and Substance Abuse Screening conducted upon a youth's admission to a Detention Center shall include the following:

1. Review of the youth's MAYSI-2, PACT Mental Health and Substance Abuse Screening Report and Referral Form and the SRSI sections administered by the JPO or JAC intake screener prior to the youth's admission to the Detention Center; and

2. Administration of the Suicide Risk Screening Instrument (SRSI) Form (MHSA 002).

(b) The Detention Center's intake staff must note any existing documentation of mental health or substance abuse problems, needs or risk factors and report the documentation to Mental Health Clinical Staff.

(c) Detained youths who were not referred for Comprehensive Assessment at the time of intake screening in the JAC or JPO Unit and are identified as in need of further mental health or substance abuse assessment subsequent to admission to the Detention Center must be referred for Comprehensive Mental Health Evaluation by the Detention Center's Mental Health Provider or Substance Abuse Service Provider.

(3) Screening in Residential Commitment Programs.

(a) Mental Health and Substance Abuse Screening must be conducted upon a youth's admission to a residential commitment program and when a youth that had been on inactive status re-enters a residential commitment program. "Inactive Status" means a youth has been removed from a residential program and identified in the Juvenile Justice

Information System (JJIS) to be in jail, secure detention, escape status or in a medical or mental health facility.

(b) Mental Health and Substance Abuse Screening shall include a review of each youth's commitment packet information, reports and records and administration of either the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2) or Clinical Mental Health and Substance Abuse Screening.

1. Residential program intake staff administering Mental Health and Substance Abuse Screening must review each youth's commitment packet information, reports and records for existing documentation of mental health or substance abuse problems, needs or risk factors.

2. The residential program intake staff must note any existing documentation of mental health or substance abuse problems, needs or risk factors and report the documentation to appropriate Mental Health Clinical Staff.

(c) Either the MAYSI-2 or Clinical Mental Health and Clinical Substance Abuse Screening must be administered upon each youth's admission to a residential commitment program.

1. If the MAYSI-2 is to be administered at intake/admission to a residential commitment program, the procedures specified in Rule 63N-1.0053, F.A.C., must be followed:

2. If Clinical Mental Health and Clinical Substance Abuse Screening are to be administered at intake/admission to a residential commitment program as an alternative to the MAYSI-2, the procedures specified in paragraphs (d) and (e) below must be followed.

(d) Clinical Mental Health Screening – General Requirements:

1. Documentation of Clinical Mental Health Screening must be provided by the Licensed Mental Health Professional and clearly identified as "Clinical Mental Health/Substance Abuse Screening".

2. Clinical Mental Health Screening documentation must provide details of the information obtained by the screening such as youth statements, behavioral observations, collateral information. The specific information supporting the Clinical Mental Health Screening findings and recommendations must be documented on the screening instrument.

3. The Clinical Mental Health Screening document must be signed and dated by the Licensed Mental Health Professional conducting the screening.

(e) Clinical Substance Abuse Screening – General Requirements.

1. Documentation of Clinical Substance Abuse Screening must be provided by the Licensed Qualified Professional and clearly identified as "Clinical Substance Abuse Screening".

2. Clinical Substance Abuse Screening documentation must provide details of the information obtained by the screening such as youth statements, behavioral observations, collateral information. The specific information supporting the Clinical Substance Abuse Screening findings and recommendations must be documented on the screening instrument.

3. The Clinical Substance Abuse Screening document must be signed and dated by the Licensed Qualified Professional conducting the screening.

(f) When the MAYSI-2 or Clinical Mental Health and Substance Abuse Screening indicates the need for further in-depth mental health or substance abuse evaluation, the youth shall be referred for a Comprehensive Mental Health Evaluation or Comprehensive Substance Abuse Evaluation.

(4) Admission Screening in Day Treatment Programs.

Mental Health and Substance Abuse Screening conducted upon a youth's admission to a day treatment program shall include a review of each youth's referral information and administration of the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2).

(a) Day treatment program staff administering the MAYSI-2 must review each youth's referral packet information, reports and records for existing documentation of mental health or substance abuse problems, needs or risk factors.

(b) The day treatment program staff shall note any existing documentation of mental health or substance abuse problems, needs or risk factors and report the documentation to the program's Mental Health Provider or Substance Abuse Provider and appropriate administrative staff.

(c) When the MAYSI-2 or other intake/admission information indicates the need for referral for Comprehensive Mental Health Evaluation or Comprehensive Substance Abuse Evaluation, the program director or designee must be notified and referral made to the program's Mental Health Provider or Substance Abuse Provider as set forth in Rule 63N-1.0036, F.A.C.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0052 Intake/Admission Suicide Risk Screening.

(1) All youths shall be screened for Suicide Risk Factors during the initial intake process in a Juvenile Assessment Center (JAC) or Juvenile Probation Officer (JPO) Unit and upon admission to a Detention Center, residential commitment program or day treatment program in accordance with Rules 63N-1.0092 and 63N-1.00921, F.A.C.

(2) When suicide risk screening, collateral information or staff observations indicate the need for an Assessment of

Suicide Risk, an Assessment of Suicide Risk shall be conducted in accordance with Rule 63N-1.0093, F.A.C. Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0053 Massachusetts Youth Screening Instrument, Second Version (MAYSI-2) Procedures.

(1) The MAYSI-2 shall be administered to the youth upon initial intake at a JAC or JPO Unit and on the day of the youth's admission to a day treatment program or residential commitment program.

(2) The MAYSI-2 shall be administered only by staff who have successfully completed the Department's CORE training module on the MAYSI-2.

(3) The MAYSI-2 shall be administered and scored using JJIS.

(4) When the MAYSI-2 or other intake or admission information indicates the need for referral for in-depth mental health or substance abuse evaluation, Assessment of Suicide Risk, crisis intervention or emergency services, the facility superintendent, program director or designee must be notified and referral made as set forth in Rule 63N-1.0036, F.A.C.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0054 Comprehensive Assessments.

(1) If a detained youth who was referred for Comprehensive Assessment by the JAC or JPO has not received an assessment by the community-based Service Provider within 30 days of screening, the Detention Center's Mental Health Provider shall administer a Comprehensive Mental Health Evaluation to the youth by the youth's 31st day in the Detention Center.

(2) When Comprehensive Assessment indicates the youth is in need of treatment, the youth shall receive an Initial or Individualized Mental Health/Substance Abuse Treatment Plan and appropriate treatment services.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0055 Comprehensive Mental Health Evaluations.

(1) Comprehensive Mental Health Evaluations shall be administered by a Licensed Mental Health Professional or a Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional.

(2) Comprehensive Mental Health Evaluations shall reflect consideration of the following:

(a) Identifying Information;

(b) Reason for Evaluation;

(c) Relevant Background Information, including home environment and family functioning; history of physical abuse, sexual abuse, neglect, witnessing violence and other forms of trauma; behavioral functioning; physical health mental health and substance abuse history and educational functioning.

(d) Behavioral Observations;

(e) Mental Status Examination;

(f) Interview or Procedures Administered;

(g) Discussion of Findings;

(h) Diagnostic Impression/Formulation including DSM diagnoses; and

(i) Recommendations.

(3) Comprehensive Mental Health Evaluations shall be completed within 30 days of referral. However, if screening, staff observations or other information indicates the youth has a mental health problem which poses a safety risk to himself/herself or others, completion of the Comprehensive Mental Health Evaluation must be expedited based upon the urgency of the youth's symptoms as determined by a Licensed Mental Health Professional. When the Comprehensive Mental Health Evaluation indicates the youth is in need of treatment, the youth shall receive an Initial or Individualized Mental Health Treatment Plan and appropriate treatment services.

(4) Updated Comprehensive Mental Health Evaluation.

(a) When the youth's file contains a Comprehensive Mental Health Evaluation completed within twelve months of the youth's admission, the previous corresponding Comprehensive Mental Health Evaluation may be utilized to conduct an updated Comprehensive Mental Health Evaluation.

(b) The updated Comprehensive Mental Health Evaluation must be administered by a Licensed Mental Health Professional or a Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional in accordance with the provisions below:

1. The updated Comprehensive Mental Health Evaluation must be clearly identified as such and must be attached to the previous comprehensive evaluation which is being updated.

2. The updated Comprehensive Mental Health Evaluation must provide any new or additional information applicable to each area specified in subsection (2) above, based upon current information provided by the youth, his or her family/legal guardians and the youth's records.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0056 Comprehensive Substance Abuse Evaluations.

(1) Comprehensive Substance Abuse Evaluation General Requirements.

(a) Chapter 65D-30, F.A.C., establishes requirements for substance abuse assessments provided in facilities licensed under Chapter 397, F.S. and by Service Providers licensed under Chapter 397, F.S.

(b) In DJJ facilities and programs wherein substance abuse services are provided by a Licensed Qualified Professional, the Comprehensive Substance Abuse Evaluation must reflect consideration of the following:

1. Reason for Assessment

2. Pertinent Background Information, including home environment and family functioning; history of physical abuse, sexual abuse, neglect, witnessing violence and other forms of trauma; behavioral functioning; physical health, mental health and substance abuse history and educational functioning.

3. Behavioral Observations

4. Methods of Assessment

5. Patterns of Alcohol and Other Drug Abuse

6. Impact of Alcohol and Other Drug Abuse on Major Life Areas

7. Risk Factors for Continued Alcohol and Other Drug Abuse

8. Clinical Impression including DSM diagnoses;

9. Recommendations

(c) Comprehensive substance abuse evaluations must be completed within 30 days of referral. However, if screening, staff observations or other information indicates the youth has a substance abuse problem which poses a safety risk to himself/herself or others, completion of the Comprehensive Substance Abuse Evaluation must be expedited based upon the urgency of the youth's symptoms as determined by a Qualified Professional.

(d) When the Comprehensive Substance Abuse Evaluation indicates the youth is in need of treatment, the youth shall receive an Initial or Individualized Substance Abuse Treatment Plan and appropriate treatment services.

(2) Updated Comprehensive Substance Abuse Evaluations.

(a) Chapter 65D-30, F.A.C., establishes the requirements for updated substance abuse assessments and evaluations provided in facilities licensed under Chapter 397, F.S. or by service providers licensed under Chapter 397, F.S.

(b) In DJJ facilities and programs where substance abuse services are provided by a Licensed Qualified Professional, an updated Comprehensive Substance Abuse Evaluation shall be conducted in accordance with the following:

1. An updated Comprehensive Substance Abuse Evaluation may only be conducted when the youth's file contains a Comprehensive Substance Abuse Evaluation completed within twelve months of the youth's admission.

2. The updated Comprehensive Substance Abuse Evaluation must be clearly identified as such and must be attached to the previous Comprehensive Substance Abuse Evaluation which is being updated.

3. The updated Comprehensive Substance Abuse Evaluation must provide any new or additional information applicable to each area specified in subsection (1) above, based upon current information provided by the youth, his or her family/legal guardians and the youth's records.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.006 Suicide Risk Alerts and Mental Health Alerts.

(1) Suicide Risk Alerts.

(a) A "Suicide Risk Alert" designation shall be made by direct care or clinical staff when a youth is identified during screening or by staff observations as having Suicide Risk Factors.

(b) The youth coded as a Suicide Risk Alert must be placed on Suicide Precautions and maintained on Constant Supervision until an Assessment of Suicide Risk is conducted. If a youth exhibits behaviors which require both a "Suicide Risk Alert" and "Mental Health Alert", the procedures for a "Suicide Risk Alert" must be followed.

(c) Youths on Suicide Precautions shall be coded as a "Suicide Risk Alert" until Suicide Precautions are removed.

(d) An exception is provided for residential commitment programs designated for Specialized Treatment Services where a Mental Health Clinical Staff Person conducts mental health screening at admission, and if a youth is identified with Suicide Risk Factors, immediately administers an Assessment of Suicide Risk. In such instances, the Mental Health Clinical Staff Person will determine whether a "Suicide Risk Alert" will be placed in JJIS, based upon Assessment of Suicide Risk findings.

(2) Mental Health Alerts.

(a) A "Mental Health Alert" designation shall be made by direct care or clinical staff when a youth is identified as having mental health conditions and factors which may pose a safety or security risk.

(b) Mental Health Alert indicators include the following:

1. Recent history of self-injurious behavior such as self-mutilation, carving or cutting self, ingestion of objects, or head banging which required emergency medical services within the previous 3 months;

2. Recent history of psychosis and symptoms such as auditory or visual hallucinations or delusions which required hospitalization within the previous 3 months;

3. Recent history of examination or placement under the Baker Act within the previous 3 months;

4. Recent history of Drug or alcohol detoxification, overdose or withdrawal symptoms within the previous 3 months;

5. Recent history of evaluation, or admission under the Marchman Act within the previous 3 months;

6. Severe Developmental Disability.

(c) An exception is provided for residential commitment programs designated for Specialized Treatment Services where a Mental Health Clinical Staff Person administers mental health screening at admission, and if a youth is identified with mental health conditions or factors which may pose a safety or security risk, immediately administers a Crisis Assessment at admission. In such instances, the Mental Health Clinical Staff Person will determine whether a "Mental Health Alert" will be placed in JJIS, based upon the Crisis Assessment findings.

(d) Youths coded as a "Mental Health Alert" must be maintained on one of the following levels of supervision:

1. One-to-One Supervision.

2. Constant Supervision.

3. Close Supervision.

(e) Documentation of One-to-One supervision or Constant Supervision of youths on Mental Health Alert must be recorded on the Mental Health Alert - Observation Log (MHSA 007), or a form developed by the program which contains all the information required in form MHSA 007. The Mental Health Alert - Observation Log (MHSA 007, August 2006) is incorporated by reference and is available at "(HYPERLINK)", or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(f) Documentation of close supervision is recorded on the Close Supervision-Visual Checks Log (MHSA 020) or a form developed by the program which contains all the information required in form MHSA 020. The Close Supervision-Visual Checks Log (MHSA 020, August 2006) is incorporated by reference and is available at "(HYPERLINK)", or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(3) A current listing of youths on Suicide Risk Alert or Mental Health Alert in JJIS must be maintained and provided to direct care and clinical staff on a daily basis.

(4) Direct care or clinical staff may place a youth on Suicide Risk Alert or Mental Health Alert in JJIS.

(5) A Licensed Mental Health Professional or non-licensed Mental Health Clinical Staff Person must downgrade or discontinue a youth's alert status.

(a) If the downgrade or discontinuation of alert status is made by a non-licensed Mental Health Clinical Staff Person, the concurrence of a Licensed Mental Health Professional

must be documented by the Mental Health Clinical Staff Person in a progress note and JJIS.

(b) A copy of the documented concurrence of the Licensed Mental Health Professional must be permanently filed in the youth's individual healthcare record.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.007 Mental Health and Substance Abuse Treatment Planning.

(1) Each Detention Center, residential commitment program and day treatment program shall develop a treatment planning process for youths in need of mental health and/or substance abuse treatment.

(2) Each youth's Individualized Mental Health Treatment Plan shall be based on an in-depth Comprehensive Assessment, Comprehensive Mental Health Evaluation or updated Comprehensive Mental Health Evaluation.

(3) Each youth's Individualized Substance Abuse Treatment Plan shall be based on an in-depth Comprehensive Assessment, Comprehensive Substance Abuse Evaluation or updated Comprehensive Substance Abuse Evaluation.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0071 Mental Health and Substance Abuse Treatment Planning in Detention Centers.

(1) Each youth who is determined by a Mental Health Clinical Staff Person or Substance Abuse Clinical Staff Person to need mental health treatment, including treatment with Psychotropic Medication, or substance abuse treatment while in a Detention Center must be assigned to a mini-treatment team. The mini-treatment team is responsible for developing, reviewing and updating Initial and Individualized Mental Health Treatment Plans or Initial and Individualized Substance Abuse Treatment Plans for youths receiving mental health or substance abuse treatment while in the Detention Center.

(a) The mini-treatment team must be composed of at least a Mental Health Clinical Staff Person or Substance Abuse Clinical Staff Person and one other staff person from a different service area such as administrative, supervisory or medical staff.

(b) The mini-treatment team meetings must include the youth. The youth's parent or legal guardian must also be included in the mini-treatment team meeting when possible.

(2) An Initial Mental Health Treatment Plan must be developed by the mini-treatment team and youth within 7 days of initiation of mental health treatment, or for youths receiving Psychotropic Medication within 7 days of the Initial Psychiatric Diagnostic Interview. An Initial Mental Health

Treatment Plan is not required if an Individualized Mental Health Treatment Plan is already developed within 7 days of initiation of mental health treatment, or within 7 days of the Initial Psychiatric Diagnostic Interview for youths receiving Psychotropic Medication.

(3) Initial Substance Abuse Treatment Plan.

(a) Chapter 65D-30, F.A.C., establishes the requirements for initial substance abuse treatment plans provided in facilities licensed under Chapter 397, F.S. or by Service Providers licensed under Chapter 397, F.S.

(b) In Detention Centers where substance abuse services are provided by a Licensed Qualified Professional, the Initial Substance Abuse Treatment Plan must be developed by the multidisciplinary treatment team and youth within 7 days of initiation of substance abuse treatment.

(4) An Individualized Mental Health Treatment Plan is required when a youth enters on-going mental health treatment, including treatment with Psychotropic Medication. The Individualized Mental Health Treatment Plan must be developed by the mini-treatment team for a youth in mental health treatment whose stay in Detention Center exceeds 30 days, and must be completed by the 31st day the youth is in the Detention Center.

(5) An Individualized Substance Abuse Treatment Plan is required when a youth enters on-going substance abuse treatment.

(a) Rule 65D-30, F.A.C., establishes the requirements for individual substance abuse treatment plans provided in facilities licensed under Chapter 39, F.S. or by Service Providers licensed under Chapter 397, F.S.

(b) In Detention Centers where substance abuse services are provided by a Licensed Qualified Professional, an Individualized Substance Abuse Treatment Plan must be developed by the mini-treatment team for a youth in substance abuse treatment whose stay in Detention Center exceeds 30 days, and must be completed by the 31st day the youth is in the Detention Center.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0072 Mental Health and Substance Abuse Treatment Planning in Residential Commitment Programs and Day Treatment Programs.

(1) Each youth in a residential commitment program or day treatment program must be assigned to a treatment team upon admission.

(a) The multidisciplinary treatment team in residential commitment programs must be composed of the youth and representatives from the program's staff as set forth in paragraph 63E-7.010(4)(b), F.A.C.

(b) The multidisciplinary treatment team in day treatment programs must be composed of direct care, mental health and substance abuse counseling components and may also include administration, medical, educational, and vocational staff.

(c) Multidisciplinary treatment team meetings must include the youth. The multidisciplinary treatment team must also include the youth's parent or legal guardian when possible.

(d) The multidisciplinary treatment team is responsible for developing, reviewing and updating the youth's Initial Mental Health Treatment Plan and Individualized Mental Health Treatment Plan and/or Initial Substance Abuse Treatment Plan and Individualized Substance Abuse Treatment Plan.

(2) Initial Mental Health Treatment Plan.

(a) An Initial Mental Health Treatment Plan must be developed with participation of multidisciplinary treatment team members and the youth within 7 days of initiation of mental health treatment, or for youths receiving Psychotropic Medication within 7 days of the Initial Psychiatric Diagnostic Interview.

(b) DJJ residential commitment programs designated for Specialized Treatment Services where youths receive an Individualized Mental Health/Substance Abuse Treatment Plan within 30 days of admission as part of established procedure are exempt from paragraph (a) above. Such programs may utilize an Initial Mental Health Treatment Plan or treatment note to document the initiation of a youth's mental health treatment.

(3) Initial Substance Abuse Treatment Plan.

(a) Chapter 65D-30, F.A.C., establishes the requirements for initial substance abuse treatment plans provided in facilities licensed under Chapter 397, F.S. or by Service Providers licensed under Chapter 397, F.S.

(b) In residential commitment programs and day treatment programs where substance abuse services are provided by a Licensed Qualified Professional, the Initial Substance Abuse Treatment Plan must be developed by the multidisciplinary treatment team and youth within 7 days of initiation of substance abuse treatment.

(4) An Individualized Mental Health Treatment Plan is required when a youth enters on-going mental health treatment, including treatment with Psychotropic Medication.

(a) In DJJ residential commitment programs or day treatment programs designated for Specialized Treatment Services the Individualized Mental Health Treatment Plan must be developed by the multidisciplinary treatment team and youth with mental health treatment needs within 30 days of the youth's admission.

(b) For youths identified with mental health treatment needs subsequent to admission to a residential commitment

program or day treatment program, the Individualized Mental Health Treatment Plan must be developed within 30 days of the youth receiving a Comprehensive Mental Health Evaluation or updated Comprehensive Mental Health Evaluation in the program. If the youth is not on-site or available to participate in development of the mental health treatment plan on the 30th day, the treatment team meeting may be postponed until the youth is on-site or available to participate in development of the plan.

(5) An Individualized Substance Abuse Treatment Plan is required when a youth enters on-going substance abuse treatment.

(a) Chapter 65D-30, F.A.C., establishes the requirements for individual substance abuse treatment plans provided in facilities licensed under Chapter 397, F.S. or by Service Providers licensed under Chapter 397, F.S.

(b) In residential commitment programs and day treatment programs where substance abuse services are provided by a Licensed Qualified Professional, an Individualized Substance Abuse Treatment Plan must be developed by the multidisciplinary treatment team as follows:

1. In residential commitment programs designated for Specialized Treatment Services, the Individualized Substance Abuse Treatment Plan must be developed by the multidisciplinary treatment team and youth within 30 days of the youth's admission.

2. For youths identified with substance abuse treatment needs subsequent to admission to a general offender residential commitment program, the Individualized Substance Abuse Treatment Plan must be developed within 30 days of the youth receiving a Comprehensive Substance Abuse Evaluation or updated Comprehensive Substance Abuse Evaluation in the program. If the youth is not on-site or available to participate in development of the substance abuse treatment plan on the 30th day, the treatment team meeting may be postponed until the youth is on-site or available to participate in development of the plan.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0073 Initial Mental Health Treatment Plans and Initial Substance Abuse Treatment Plans – General Requirements.

(1) An Initial Mental Health Treatment Plan must be recorded on the Initial Mental Health/Substance Abuse Treatment Plan Form (MHSA 015) or a form developed by the program which contains all the mental health information in form MHSA 015. The Initial Mental Health/Substance Abuse Treatment Plan Form (MHSA 015, August 2006) is incorporated by reference and is available at

“(HYPERLINK)”, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The Initial Mental Health Treatment Plan must be signed and dated by the Mental Health Clinical Staff Person, youth and treatment team members who participated in development of the plan.

(2) Initial Substance Abuse Treatment Plan.

(a) Chapter 65D-30, F.A.C., establishes the requirements for initial treatment plans provided in facilities licensed under Chapter 397, F.S. or by Service Providers licensed under Chapter 397, F.S.

(b) In facilities and programs where substance abuse services are provided by a Licensed Qualified Professional, the Initial Substance Abuse Treatment Plan must be developed as follows:

1. An Initial Substance Abuse Treatment Plan must be recorded on the Initial Mental Health/Substance Abuse Treatment Plan Form (MHSA 015), or a form developed by the facility or program which contains all the substance abuse information in form MHSA 015.

2. An Initial Substance Abuse Treatment Plan must be signed and dated by the Substance Abuse Clinical Staff Person, youth and treatment team members who participated in development of the plan.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0074 Individualized Mental Health Treatment Plans and Individualized Substance Abuse Treatment Plans – General Requirements.

(1) An Individualized Mental Health Treatment Plan must be recorded on form MHSA 016 or a form developed by the program which contains all the mental health information in form MHSA 016. The Individualized Mental Health/Substance Abuse Treatment Plan Form (MHSA 016, August 2006) is incorporated by reference and is available at “(HYPERLINK)”, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The Individualized Mental Health Treatment Plan must be signed and dated by the Mental Health Clinical Staff Person, the treatment team members who participated in development of the plan and the youth.

(2) An Individualized Substance Abuse Treatment Plan is required when a youth enters on-going substance abuse treatment.

(a) Chapter 65D-30, F.A.C., establishes the requirements for individual substance abuse treatment plans provided in facilities licensed under Chapter 397, F.S. or by Service Provider licensed under Chapter 397, F.S.

(b) In facilities and programs where substance abuse services are provided by a Licensed Qualified Professional, the Individualized Substance Abuse Treatment Plan must be developed as follows:

1. An Individualized Substance Abuse Treatment Plan must be recorded on the Individualized Mental Health/Substance Abuse Treatment Plan Form (MHSA 016), or a form developed by the program which contains all the substance abuse information in form MHSA 016.

2. An Individualized Substance Abuse Treatment Plan must be signed and dated by the Substance Abuse Clinical Staff Person, the treatment team members who participated in development of the plan and the youth.

(3) Development of an Individualized Mental Health Treatment Plan, Individualized Substance Abuse Treatment Plan or Integrated Mental Health and Substance Abuse Treatment Plan must include the youth’s parent or legal guardian, unless there documentation of a reason for the parent or legal guardian’s non-involvement in treatment planning.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0075 Integrated Mental Health and Substance Abuse Treatment Plans.

(1) Youths diagnosed with both Mental Disorder and Substance-Related Disorder shall receive integrated treatment services based upon an Integrated Mental Health/Substance Abuse Treatment Plan.

(a) The Integrated Mental Health and Substance Abuse Treatment Plan shall be developed with the input of both Mental Health Clinical Staff and Substance Abuse Clinical Staff.

(b) The Integrated Mental Health and Substance Abuse Treatment Plan shall provide interventions and strategies demonstrated effective in treatment of dual diagnosis and co-occurring disorders.

(2) The Integrated Mental Health and Substance Abuse Treatment Plan must be recorded on the Individualized Mental Health/Substance Abuse Treatment Plan Form (MHSA 016), or a form developed by the program which contains all the mental health information and substance abuse information required in MHSA 016.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0076 Review and Updating of Individualized Mental Health Treatment Plans, Individualized Substance Abuse Treatment Plans and Integrated Mental Health and Substance Abuse Treatment Plans.

(1) Review and Updating of Individualized Mental Health Treatment Plans.

(a) Individualized Mental Health Treatment Plans must be reviewed and updated by the Mental Health Clinical Staff Person, treatment team and youth, and include the procedures in paragraph (3) below.

(b) The review and updating of Individualized Mental Health Treatment Plans must be recorded on the Individualized Mental Health/Substance Abuse Treatment Plan Review Form (MHSA 017) or a form developed by the program which contains all the mental health information required in form MHSA 017. The Individualized Mental Health/Substance Abuse Treatment Plan Review Form (MHSA 017, August 2006) is incorporated by reference and is available at “(HYPERLINK)”, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(2) Review and Updating of Individualized Substance Abuse Treatment Plans.

(a) Chapter 65D-30, F.A.C., establishes requirements for updating individual substance abuse treatment plans provided in facilities or by Service Providers licensed under Chapter 397, F.S.

(b) In facilities and programs where substance abuse services are provided by a Licensed Qualified Professional, a review and updating of the Individualized Substance Abuse Treatment Plan or Integrated Mental Health/Substance Abuse Treatment Plan must include the procedures in subsection (3) below.

1. The review and updating of Individualized Substance Abuse Treatment Plans must be recorded on the Individualized Substance Abuse Treatment Plan Review Form (MHSA 017), or a form developed by the program which contains all the substance abuse information required in form MHSA 017.

2. The review and updating of Integrated Mental Health and Substance Abuse Treatment Plans must be recorded on form (MHSA 017), or a form developed by the program which contains all the mental health and substance abuse information required in form MHSA 017.

(3) Review of Individualized Mental Health Treatment Plans, Individualized Substance Abuse Treatment Plans or Integrated Mental Health/Substance Abuse Treatment Plans must be conducted by the treatment team every 30 days.

(a) Based upon the review of the treatment plan, necessary updates will be made to the plan.

(b) Review and updating of treatment plans must include the parent or legal guardian, unless there is clear documentation of a reason for the parent’s or legal guardian’s non-involvement.

(c) The Individualized Mental Health Treatment Plan, Individualized Substance Abuse Treatment Plan or Integrated Mental Health/Substance Abuse Treatment Plan must be signed and dated by the Mental Health Clinical Staff Person, Substance Abuse Clinical Staff Person and treatment team members that updated the form and the youth. The parent or legal guardian must also sign the treatment plan unless there is clear documentation of the parent’s or legal guardian’s non-involvement in the review and updating of the treatment plan. Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.008 Mental Health and Substance Abuse Treatment Services.

Youths who are diagnosed as suffering from an acute or chronic Mental Disorder or Substance-Related Disorder, and determined in need of mental health and/or substance abuse treatment by a Licensed Mental Health Professional or Qualified Professional shall receive timely, Necessary and Appropriate Mental Health and Substance Abuse Treatment. Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.0081 Mental Health Treatment Services.

(1) Mental health treatment services shall be provided by a Licensed Mental Health Professional or a Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional.

(2) Mental health treatment shall be based on the youth’s symptoms and DSM diagnosis identified by a Comprehensive Assessment, Comprehensive Mental Health Evaluation or updated Comprehensive Mental Health Evaluation, and shall seek to reduce the youth’s symptoms of Mental Disorder and the negative effects of symptoms on the youth’s behavior and accomplish the measurable goals and objectives specified in the youth’s Initial or Individualized Mental Health Treatment Plan.

(3) Treatment techniques which constitute mental health treatment include the following:

(a) Individual therapy or counseling, which is one-to-one counseling between a youth with a diagnosed Mental Disorder and a Licensed Mental Health Professional or a Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional. Individual counseling or therapy shall be a planned and structured face-to-face therapy session designed to address the youth’s symptoms and accomplish the goals and objectives in the youth’s Initial or Individualized Mental Health Treatment Plan. Individual counseling or therapy shall be based on evidence based therapy models such as cognitive behavioral therapy, reality

therapy, gestalt therapy or rational emotive therapy, or promising practices with demonstrated effectiveness in mental health treatment.

(b) Group therapy or counseling, which is an assembly of youths who have a diagnosed Mental Disorder and a Licensed Mental Health Professional or a Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional for the purpose of using the emotional interactions of members of the group to help them get relief from distressing symptoms and to modify their behavior.

1. Group therapy/counseling shall be a planned and structured face-to-face therapy session designed to address the youths' symptoms and accomplish the goals and objectives in the youths' Initial or Individualized Mental Health Treatment Plans.

2. Group therapy/counseling shall be based on evidence based treatment models such as cognitive behavioral therapy, reality therapy, gestalt therapy or rational emotive therapy and evidence based curricula or promising practices demonstrated to be effective in mental health treatment.

3. Group therapy/counseling provided in DJJ residential commitment programs designated for Specialized Treatment Services shall not exceed a group size of 10 youths with mental health diagnoses.

(c) Family counseling or therapy, which is an assembly of a youth with acute or chronic Mental Disorder, his/her family members such as the youth's parents or guardians and siblings, and a Licensed Mental Health Professional or a Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional for the purpose of improving the youth's and family's functioning in areas which appear to impact his/her Mental Disorder. Family counseling or therapy must be based on effective treatment approaches such as family systems therapy, functional family therapy and multi-systemic therapy or promising practices demonstrated to be effective in family counseling.

(d) Behavior therapy, which is a mode of treatment provided by a Licensed Mental Health Professional or a Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional, for the purpose of modifying the behavior of a youth with a diagnosed Mental Disorder by assisting him/her in learning new, more acceptable and adaptable forms of behavior.

1. Behavior therapy shall be designed to address the effects of the youth's symptoms on his/her behavior and accomplish the goals and objectives in the youth's Individualized Mental Health Treatment Plan.

2. Behavior Analysis Services must be provided by a Licensed Mental Health Professional, Board Certified Behavior Analyst or Certified Behavior Analyst.

(e) Psychosocial Skills Training, which is a face-to-face therapeutic activity designed to address specific skill deficits or maladaptive behaviors and promote skill development and improved functioning of youths with Mental Disorder. Psychosocial Skills Training must be provided by a Licensed Mental Health Professional or a Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional. Psychosocial Skills Training must address the specific deficits or maladaptive behaviors identified in the youth's Initial of Individualized Mental Health Treatment Plan.

(f) Juvenile sexual offender therapy and juvenile sexual offender treatment, which are specialized counseling and therapeutic activities designed to address sexual behavior problems and psychosocial problems of youths with an adjudicated sexual offense.

1. Juvenile sexual offender therapy shall be conducted by a licensed Psychologist who meets the qualifications set forth in Section 490.0145, F.S., or a Licensed Mental Health Counselor, Licensed Clinical Social Worker or Licensed Marriage and Family Therapist who meets the qualifications set forth in Section 491.0144, F.S., to practice juvenile sexual offender therapy.

2. Juvenile sexual offender treatment services such as behavior therapy and psychosocial skills training shall be provided by a licensed Psychologist under Section 490.0145, F.S., or a Licensed Mental Health Counselor, Licensed Clinical Social Worker or Licensed Marriage and Family Therapist under Section 491.0144, or a non-licensed Mental Health Clinical Staff Person who is employed by a program operated by, or under contract with the department if the program employs a professional who is licensed under Chapter 458, Chapter 459, Section 490.0145 or Section 491.0144 F.S., who manages and supervises the treatment services performed by the non-licensed Mental Health Clinical Staff Person.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0082 Substance Abuse Treatment Services

(1) Chapter 65D-30 F.A.C., established the requirements for substance abuse treatment services provided in facilities licensed under Chapter 397, F.S. or by Service Providers licensed under Chapter 397, F.S.

(2) In facilities and programs where substance abuse services are provided by a Licensed Qualified Professional, substance abuse treatment shall be provided as follows:

(a) Substance abuse treatment shall be based on the youth's symptoms and DSM diagnosis identified by a Comprehensive Assessment, Comprehensive Substance Abuse

Evaluation or updated Comprehensive Substance Abuse Evaluation, and shall seek to reduce the youth's symptoms of Substance-Related Disorder and the negative effects of the symptoms on the youth's behavior and accomplish the measurable goals and objectives specified in the youth's Initial or Individualized Substance Abuse Treatment Plan.

(b) Treatment techniques which constitute substance abuse treatment utilized for youths with Substance-Related Disorder include the following:

1. Individual substance abuse counseling or therapy, which is one-to-one counseling between a youth with Substance-Related Disorder and a Licensed Qualified Professional. Individual substance abuse counseling shall be a planned and structured face-to-face counseling session designed to address the youth's Substance-Related Disorder and accomplish the goals and objectives in the youth's Initial or Individualized Substance Abuse Treatment Plan. Individual substance abuse counseling must be based on evidence based therapy models such as cognitive behavioral therapy, reality therapy, rationale emotive therapy or promising practices demonstrated to be effective in substance abuse treatment.

2. Group substance abuse counseling or therapy, which is an assembly of youths with Substance-Related Disorder and a Licensed Qualified Professional who meet at least once a week for the purpose of promoting abstinence from all mood-altering Drugs and recovery from addiction.

a. Group counseling/therapy shall be a planned and structured face-to-face group counseling session designed to address the youths' symptoms and accomplish the goals and objectives in the youths' Initial or Individualized Substance Abuse Treatment Plan.

b. Group substance abuse counseling must be based on evidence based treatment models such as cognitive behavioral therapy, reality therapy, or rational emotive therapy or promising practices demonstrated to be effective in substance abuse treatment.

c. Group substance abuse counseling provided in DJJ residential commitment programs designated for Specialized Treatment Services must not exceed a group size of 15 youths with substance abuse diagnoses.

3. Family substance abuse counseling or therapy, which is an assembly of a youth with substance abuse impairment, members of his/her family and a Licensed Qualified Professional, for the purpose of involving the family in the youth's alcohol/Drug treatment. Family counseling or therapy must be based on effective treatment approaches such as family systems therapy, functional family therapy and multi-systemic therapy, or promising practices demonstrated to be effective in family substance abuse counseling.

4. Psychosocial Skills Training, which is a face-to-face therapeutic activity provided by a Licensed Qualified

Professional designed to address specific skills deficits or maladaptive behaviors and improve the social, emotional and behavioral functioning and life skills of the youth with Substance-Related Disorder. Psychosocial Skills Training must address the specific deficits or maladaptive behaviors identified in the youth's Initial or Individualized Substance Abuse Treatment Plan.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0083 Integrated Mental Health and Substance Abuse Treatment Services.

(1) Youths diagnosed with both Mental Disorder and Substance-Related Disorder shall receive Integrated Mental Health and Substance Abuse Treatment services in the DJJ facility or program when possible, or through community-based Mental Health Providers and Substance Abuse Service Providers.

(2) Mental health treatment services shall be provided by a Licensed Mental Health Professional or a Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional.

(3) Substance abuse treatment shall be provided by a Licensed Qualified Professional or by a Substance Abuse Clinical Staff Person who is an employee in facility licensed under Chapter 397 or an employee of a service provider licensed under Chapter 397, F.S.

(4) Integrated Mental Health and Substance Abuse Treatment shall consist of evidence based mental health and substance abuse treatment, and therapy models demonstrated effective in treatment of co-occurring Mental Disorder and Substance-Related Disorder.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0084 Documentation of Mental Health and Substance Abuse Treatment Services.

(1) Mental Health Treatment Services shall be documented in a progress note or treatment note in the youth's Active Mental Health/Substance Abuse Treatment File or mental health section of the youth's Individual Healthcare Record.

(a) Recording of progress notes/treatment notes shall be carried out either on the day the treatment service/activity is provided or on a weekly basis.

1. The daily note must be recorded on the Counseling/Therapy Progress Note Form (MHSA 018) or a form developed by the program which contains all the information required in form MHSA 018. The Counseling/Therapy Progress Note Form (MHSA 018, August

2006) is incorporated by reference and is available at “(HYPERLINK)”, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

2. If the progress notes/treatment notes are recorded weekly, the progress note/summary must include the following information:

a. Summary of the mental health treatment interventions delivered to the youth, based on the youth’s mental health treatment plan;

b. The youth’s response to the interventions and progress toward reaching individualized treatment goals;

c. Significant events occurring during the week and contact with family and other agencies.

d. Signature of the Mental Health Clinical Staff Person who provided the treatment, and the date note was signed.

(b) Documentation requirements for a facility or program designated for Medicaid behavioral health services are set forth by the Agency for Healthcare Administration (AHCA) in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.

(c) Documentation of Off-Site Mental Health Treatment which is provided to the facility or program must be filed in the youth’s Individual Healthcare Record or Active Mental Health and Substance Abuse Treatment File.

(2) Substance Abuse Treatment Services shall be documented a progress note/treatment note in the youth’s Active Mental Health/Substance Abuse Treatment File or substance abuse section of the youth’s Individual Healthcare Record.

(a) Rule 65D-30 F.A.C., establishes requirements for documentation of substance abuse treatment provided in a facility licensed under Chapter 397 or by a service provider licensed under Chapter 397, F.S.

(b) In facilities and programs where substance abuse services are provided by a Licensed Qualified Professional, substance abuse progress notes or treatment notes shall be recorded either on the day the treatment service/activity is provided or on a weekly basis.

1. The daily note must be recorded on the Counseling/Therapy Progress Note Form (MHSA 018) or a form developed by the program which contains all the information required in form MHSA 018.

2. If the progress notes/treatment notes are recorded weekly, the progress note/summary must include the following information:

a. Summary of the substance abuse treatment delivered to the youth, based on the youth’s substance abuse treatment plan;

b. The youth’s response to the interventions and progress toward reaching individualized treatment goals;

c. Significant events occurring during the week and contact with family and other agencies.

d. Signature of the Licensed Qualified Professional who provided the treatment and the date note was signed.

(c) Documentation requirements for a facility or program designated for Medicaid behavioral health services are set forth by the Agency for Healthcare Administration (AHCA) in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.

(d) Documentation of Off-Site Substance Abuse Treatment which is provided to facility or program must be permanently filed in the substance abuse section of the youth’s Individual Healthcare Record.

(3) Integrated Mental Health and Substance Abuse Treatment shall be documented as follows:

(a) Mental health treatment services shall be documented by the Licensed Mental Health Professional or Mental Health Clinical Staff Person who provided the service.

(b) Concurrent substance abuse treatment shall be documented by the Licensed Qualified Professional or Substance Abuse Clinical Staff Person who provided the service.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0085 Psychiatric Services.

(1) Each Detention Center and residential commitment program shall have available, either within the facility, or by written agreements or contracts with off-site providers, provision of Psychiatric Services for treatment of serious Mental Disorders.

(2) Psychiatric Services shall be provided by a Psychiatrist or by a licensed and certified psychiatric advanced registered nurse practitioner (ARNP) under Chapter 464, F.S., who works under the clinical supervision of a Psychiatrist as specified in the collaborative practice protocol with the supervising Psychiatrist filed with the Florida Department of Health.

(a) The Psychiatrist or psychiatric advanced registered nurse practitioner (ARNP) providing Psychiatric Services in a departmental facility or program must comply with Rules 63M-2.010 - 2.023 and 63M-2.025 - 2.027, F.A.C., provisions regarding medication management whenever a youth is considered for, prescribed or receiving Psychotropic Medication.

(b) The Psychiatrist or psychiatric advanced registered nurse practitioner (ARNP) shall only prescribe Psychotropic Medications, which address the youth’s specific diagnoses and target symptoms.

(c) If Psychotropic Medications are required, the lowest dose of medication necessary to achieve therapeutic effect shall be used bearing in mind potential benefits and risks.

(d) The use of more than one Psychotropic Medication as part of a mental health treatment regimen requires documented clinical justification for each Psychotropic Medication utilized by the Psychiatrist or psychiatric advanced registered nurse practitioner (ARNP).

(e) Psychotropic Medication shall be only one component of the therapeutic program. Additional treatment modalities such as individual, group and family therapy, behavioral therapy substance abuse counseling and psychosocial skills training shall be utilized in conjunction with the use of Psychotropic Medication.

(f) Psychotropic Medication shall not be used as punishment, for staff convenience, discipline, coercion, or retaliation, as a substitute for meaningful psychosocial, rehabilitative services or in quantities that lead to a loss of functional status.

(g) There shall be no pro re nata (PRN) or standing orders for Psychotropic Medications.

(h) There shall be no emergency treatment orders for use of Psychotropic Medication as a chemical restraint. Chemical restraint means a medication used to control behavior or restrict the youth's freedom of movement and is not a standard treatment for the youth's psychiatric condition.

(3) Each Detention Center's and residential commitment program's intake screening process must determine whether a youth is taking Psychotropic Medications. If so, the youth is to be referred for an Initial Diagnostic Psychiatric Interview to be conducted within fourteen days of the youth's admission. The Initial Diagnostic Psychiatric Interview must be identified as such and documented on the Clinical Psychotropic Progress Note (HS 006), or a form developed by the program which contains all the information required in form HS 006. The Clinical Psychotropic Progress Note (HS 006, August 2007) is incorporated by reference and is available at "(HYPERLINK)", or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(4) Each youth who is currently receiving Psychotropic Medications at the time of admission or is prescribed Psychotropic Medication subsequent to admission must receive a psychiatric evaluation or an updated psychiatric evaluation. Youths currently receiving Psychotropic Medications at the time of admission must receive psychiatric evaluation within 30 days of admission. Youths prescribed Psychotropic Medication subsequent to admission must receive psychiatric evaluation within 30 days of the initiation of Psychotropic Medication.

(a) The Psychiatric Evaluation must be identified as such and documented on the Clinical Psychotropic Progress Note Form (HS 006) or a form developed by the program which contains all the information required in form HS 006.

(b) If the youth's file contains a psychiatric evaluation which was completed within the past 6 months, the previous psychiatric evaluation may be utilized by the facility's Psychiatrist or psychiatric advanced registered nurse practitioner (ARNP) to conduct an updated psychiatric evaluation. The updated psychiatric evaluation must be identified as such and documented on the Clinical Psychotropic Progress Note Form (HS 006) or a form developed by the program which contains all the information required in form HS 006.

(5) Each youth who is receiving Psychotropic Medication shall be seen for medication review by the Psychiatrist or psychiatric advanced registered nurse practitioner (ARNP), at a minimum, every 30 days. Medication review shall include evaluating and monitoring medication effects and the need for continuing or changing the medication regimen.

(6) Psychotropic Medication that is prescribed or Significantly Changed shall be documented on page 3 of the Clinical Psychotropic Progress Note Form (HS 006). Psychotropic Medication that is continued without Significant Change shall be documented either on page 3 of form HS 006 or a form developed by the program that contains all the information required on page 3 of form HS 006.

(7) Whenever a new Psychotropic Medication is prescribed, Psychotropic Medication is discontinued, or the drug dosage is Significantly Changed, parent/guardian notification and consent must be obtained unless the youth is 18 years of age or older or is emancipated as provided in Section 743.01 or 743.015, F.S., and is responsible for authorizing his or her own health care, or a physician determines that immediate treatment is needed as set forth in Section 985.18(7), F.S.

(8) Parental/guardian consent for Psychotropic Medication shall be accomplished through the following action:

(a) The Psychiatrist or psychiatric advanced registered nurse practitioner (ARNP) must attempt to contact the parent or legal guardian by telephone to obtain his or her verbal consent for the Psychotropic Medication.

(b) The Psychiatrist or psychiatric advanced registered nurse practitioner (ARNP) must document the parent or guardian's verbal consent, when obtained, on page 3 of the Clinical Psychotropic Progress Note Form (HS 006), or a form developed by the program that contains all the information required on page 3 of form HS 006.

(c) A copy of the 3rd page of the Clinical Psychotropic Progress Note (HS 006) or a form developed by the program

that contains all the information required on page 3 of form HS 006, and the Acknowledgment of Receipt of CPPN Form or Practitioner Form (HS 001) shall be mailed to the parent/guardian. The Acknowledgment of Receipt of CPPN Form or Practitioner Form (HS 001, August 2007) is incorporated by reference and is available at “(HYPERLINK)”, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(d) The parent or legal guardian’s signature on the Acknowledgment of Receipt of CPPN Form or Practitioner Form (HS 001) provides written consent for the Psychotropic Medications as recorded on page 3 of the CPPN form HS 001 mailed to the parent or legal guardian.

(9) Consent requirements for provision of Psychotropic Medication for youths in foster care whose parent or legal guardian’s rights have been terminated, or the parent/legal guardian refuses to participate in the youth’s treatment or the parent/legal guardian’s location or identity is unknown is addressed in Chapter 65C-35, F.A.C.

(10) The Psychiatrist or psychiatric advanced registered nurse practitioner (ARNP) must brief the facility’s treatment team on the psychiatric status of each youth receiving Psychiatric Services who is scheduled for treatment team review. The briefing may be accomplished through face-to-face interaction or telephonic communication with a representative of the treatment team, or through a detailed progress note submitted by the Psychiatrist or psychiatric advanced registered nurse practitioner (ARNP) prior to the treatment team meeting.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.0086 Mental Health and Substance Abuse Transition/Discharge Planning.

(1) Mental Health Transition/Discharge Planning.

(a) During the final phase of mental health treatment, the Mental Health Clinical Staff Person, treatment team and youth shall establish a transition/discharge plan whereby improvements made during mental health treatment will be maintained upon the youth’s movement from one facility to another, or return to the community.

(b) A transition/discharge plan shall be documented on the Mental Health/Substance Abuse Treatment Discharge Plan Form (MHSA 011, August 2006) which is incorporated by reference and is available at “(HYPERLINK)”, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

1. The mental health information contained in the Mental Health/Substance Abuse Treatment Discharge Plan shall be

discussed with the youth, parent/legal guardian (when available) and Juvenile Probation Officer prior to the youth’s release from the facility or program.

2. A copy of the Mental Health/Substance Abuse Treatment Discharge Plan Form (MHSA 011) will be provided to the youth, the youth’s assigned Juvenile Probation Officer, and also to the parent/legal guardian when the youth’s written consent for release of substance abuse information to the parent/guardian has been obtained in accordance with consent provisions in Rule 63N-1.015, F.A.C.

(c) Transition planning for youths on Suicide Risk Alert/Suicide Precautions immediately prior to discharge to the community shall include notification of the youth’s parent/legal guardian and Juvenile Probation Officer in accordance with Rule 63N-1.0097, F.A.C.

(d) Transition planning for youths on Suicide Risk Alert/Suicide Precautions immediately prior to transfer to another DJJ facility or program shall include notification of the facility superintendent/program director where the youth is to be transferred in accordance with Rule 63N-1.0097, F.A.C.

(2) Substance Abuse Transition/Discharge Planning.

(a) During the final phase of substance abuse treatment, the Licensed Qualified Professional or Substance Abuse Clinical Staff Person the treatment team and youth shall establish a transition/discharge plan whereby improvements made during substance abuse treatment will be maintained upon the youth’s movement from one facility to another, or return to the community.

(b) The transition/discharge plan shall be documented on the Mental Health/Substance Abuse Treatment Discharge Plan (form MHSA 011).

1. The substance abuse information contained in the Mental Health/Substance Abuse Treatment Discharge Plan shall be discussed with the youth, parent/legal guardian (when available) and Juvenile Probation Officer prior to the youth’s release from the facility or program.

2. A copy of the Mental Health/Substance Abuse Treatment Discharge Plan Form (MHSA 011) will be provided to the youth, the youth’s assigned Juvenile Probation Officer and also to the parent/legal guardian when the youth’s written consent for release of substance abuse information to the parent/guardian has been obtained in accordance with consent provisions in Rule 63N-1.0097, F.A.C.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.009 Suicide Prevention.

(1) Each Detention Center, residential commitment program and day treatment program shall develop procedures

for implementing the facility's suicide prevention plan and Suicide Precautions.

(2) The facility superintendent or program director must assure that a youth identified with Suicide Risk Factors or determined to be a Potential Suicide Risk is placed on Suicide Precautions until he/she receives Assessment of Suicide Risk by a Licensed Mental Health Professional or Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0091 Suicide Prevention Plans.

(1) Each Detention Center, residential commitment program and day treatment program must have a written plan that details suicide prevention procedures. The suicide prevention plan must be reviewed annually.

(2) A facility/program's plan for suicide prevention must include the following elements:

(a) Youths identified through screening or alert processes as having Suicide Risk Factors must be classified as a Suicide Risk Alert on JJIS and referred for an Assessment of Suicide Risk. An exception is provided in residential commitment programs designated for Specialized Treatment Services where a Mental Health Clinical Staff person administers mental health screening at admission and immediately administers an Assessment of Suicide Risk as specified in Rule 63N-1.006, F.A.C.

(b) When Suicide Risk Factors or suicide tendencies are indicated by screening or staff observations, an Assessment of Suicide Risk must be conducted to determine the level of suicide risk.

(c) Each facility or program must provide at least 6 hours of staff training annually on suicide prevention and implementation of Suicide Precautions which shall include quarterly "mock drill" trainings (every shift) on response to a Suicide Attempt and/or incident of serious self-injury. The training provided in the facility or program must be documented and on file in either the employee's personnel file or staff training file.

(d) The areas of the facility designated for Precautionary Observation and Secure Observation.

(e) Use of levels of supervision in the following manner:

1. One-to-One Supervision. If the youth is in a Secure Observation Room, the staff member assigned to One-to-One Supervision of the youth must be stationed at the entrance to the room, no further than five feet from the door. One-to-One Supervision must be documented on the Suicide Precautions Observation Log (MHSA 006)

2. Constant Supervision. A staff member shall maintain continuous and uninterrupted observation of the youth. The staff member must have a clear and unobstructed view of the youth and unobstructed sound monitoring of the youth at all times. Constant Supervision shall not be accomplished through video/audio surveillance. If video/audio surveillance is utilized in the facility, it shall be used only to supplement physical observation by staff. Constant Supervision must be documented on form MHSA 006.

3. Close Supervision shall be used only as a step-down method of supervision of an At Risk youth who has received an Assessment of Suicide Risk, has been removed from Suicide Precautions, and is being transitioned back into a normal routine. Close Supervision is not an option for Precautionary Observation or Secure Observation. A staff member shall conduct visual checks of the youth's condition while in his/her room or sleeping area at intervals not to exceed five minutes. For example, the staff member will observe the youth's outward appearance, behavior and position in the room or area. Visual checks must be documented in writing at intervals not to exceed five minutes on the Close Supervision – Visual Checks Log (MHSA 020) or a visual checks form developed by the program which contains all the required information in form MHSA 020.

(f) The procedures for referring At Risk youths to mental health care providers or emergency facilities.

(g) Procedures for immediate and timely communication between Mental Health Clinical Staff and facility staff regarding the status of the youth to provide clear and current information and instructions. Procedures for communication with the youth's parent or legal guardian to obtain information regarding Suicide Risk Factors.

(h) Procedures for notifying the parent/legal guardian that suicide risk screening indicated possible suicide risk and need for further assessment if the youth is being released to the parent/legal guardian prior to administration of an Assessment of Suicide Risk.

(i) Procedures for both verbal and written notification of the superintendent or program director, supervisors, outside authorities, the Juvenile Probation Officer and the parent or legal guardian of the youth's Potential Suicide Risk, as indicated by an Assessment of Suicide Risk, or of a youth's attempted suicide in the facility or program, must also be in place.

(j) The procedures for documenting the identification, referral, monitoring, assessment and follow-up of a youth identified as a Potential Suicide Risk or who has attempted suicide. The forms or formats cited in this Rule and the facility log must be utilized for documentation of suicide prevention processes and procedures.

(k) The procedures for immediate staff response to a Suicide Attempt or incident of Serious Self-Inflicted Injury.

(l) The procedures for the Licensed Mental Health Professional's and facility superintendent or program director's review of suicide prevention procedures. The plan must also specify the facility's review process for every serious Suicide Attempt or Serious Self-Inflicted Injury requiring hospitalization or medical attention and mortality review process for a completed suicide.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0092 Screening for Suicide Risk.

(1) Suicide risk screening conducted by the JPO or in the JAC shall include a review of available youth records, review of the PACT Mental Health and Substance Abuse Screening Report and Referral Form suicide category, administration of the MAYSI-2 which contains a suicide ideation subscale and administration of the Suicide Risk Screening Instrument (SRSI) (MHSA 002) sections denoted for the JAC or JPO unit. If further assessment is indicated by the SRSI, MAYSI-2 suicide ideation subscale or the PACT Mental Health and Substance Abuse Screening Report and Referral Form suicide category, or information obtained at initial intake suggests the youth is a Potential Suicide Risk, the following action must be taken in these circumstances:

(a) If the youth is to remain in the custody of DJJ, a Suicide Risk Alert must be entered into JJIS and the youth placed on Constant Supervision until an Assessment of Suicide Risk is conducted.

(b) If the youth is to be released to the custody of the parent or guardian, the parent or guardian must be informed that Suicide Risk Factors were disclosed during screening and that an Assessment of Suicide Risk should be conducted by a Mental Health Provider in the community.

1. The parent or guardian must be provided the Suicide Risk Screening Parent/Guardian Notification Form (MHSA 003, August 2006) which is incorporated by reference and is available at "(HYPERLINK)", or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

2. The parent or guardian's signature is to be recorded on form MHSA 003.

3. A copy of form MHSA 003, signed by the parent or guardian, is to be permanently filed in the youth's case management record and Individual Healthcare Record.

(2) Suicide Risk Screening in Detention Centers.

(a) Suicide risk screening conducted in a Detention Center shall include the following:

1. Review of Alerts in JJIS and available youth records, including the MAYSI-2 suicide ideation subscale, PACT Mental Health and Substance Abuse Screening Report and Referral Form suicide category and SRSI sections administered in the JAC or JPO Unit prior to the youth's admission to the Detention Center.

2. Administration of the Suicide Risk Screening Instrument (SRSI) (MHSA 002) upon the youth's admission to the Detention Center.

(b) If further assessment is indicated by the Suicide Risk Screening Instrument (MHSA 002) administered by the detention officer, detention nurse or Mental Health Clinical Staff Person or by the screening conducted by the JAC or JPO Unit or other information obtained at intake suggests the youth may be a Potential Suicide Risk, the procedures specified in 63N-1.00921 shall be followed.

(3) Suicide Risk Screening in Residential Commitment Programs.

(a) Suicide risk screening conducted upon a youth's admission to a residential commitment programs shall include:

1. Review of each youth's commitment packet information; youth records and reports which document mental health or substance abuse problems, needs or risk factors; the PACT; MAYSI-2; and Alerts on JJIS.

2. Administration of the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2) or Clinical Mental Health/Substance Abuse Screening which includes administration of a validated and reliable suicide risk screening questionnaire.

(b) When Suicide Risk Factors are identified by the MAYSI-2 suicide ideation subscale, Clinical Mental Health/Substance Abuse Screening or other information obtained at intake or after admission to the residential commitment program, the procedures specified in Rule 63N-1.00921, F.A.C., shall be followed.

(4) Suicide Risk Screening in Day Treatment Programs.

(a) Suicide risk screening conducted upon a youth's admission to a day treatment programs shall include:

1. Review of available youth records and reports which document mental health or substance abuse problems, needs or risk factors, the PACT Mental Health and Substance Abuse Screening Report and Referral Form suicide category and Alerts on JJIS.

2. Administration of the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2).

(b) When Suicide Risk Factors are identified by the MAYSI-2 suicide ideation subscale or other information obtained at intake or after admission to the day treatment program, the procedures specified in Rule 63N-1.00921, F.A.C., shall be followed.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.00921 Suicide Risk Screening – General Requirements.

(1) If further assessment is indicated by suicide risk screening administered in the facility or program, or information obtained at intake or admission or staff observations identify Suicide Risk Factors or Potential Suicide Risk, the following must take place:

(a) A Suicide Risk Alert must be entered into JJIS and the youth must be placed on Suicide Precautions and at least Constant Supervision until an Assessment of Suicide Risk is conducted.

(b) The facility superintendent, program director or designee must be notified of the youth’s Suicide Risk Factors. The facility superintendent, program director or designee is responsible for contacting the Designated Mental Health Clinician Authority or the Licensed Mental Health Professional who is to conduct or supervise the Assessment of Suicide Risk to discuss the case and refer the youth for Assessment of Suicide Risk.

(c) The facility superintendent, program director or designee and the Designated Mental Health Clinician Authority or other Licensed Mental Health Professional responsible for mental health care in the facility/program, shall confer regarding cases where the circumstances are viewed as urgent and, if it is determined that an emergency exists, shall implement procedures for emergency mental health services in accordance with Rule 63N-1.011, F.A.C.

(d) The youth must be placed on Suicide Precautions in the facility or program until the youth receives an Assessment of Suicide Risk or is transported for emergency mental health services.

(2) If a youth identified with Suicide Risk Factors is released, transferred or discharged from the facility or program prior to an Assessment of Suicide Risk being conducted, notification of the youth’s suicide risk status and need for Assessment of Suicide Risk must be provided as set forth in Rule 63N-1.0097, F.A.C.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.0093 Assessment of Suicide Risk and Follow-Up Assessment of Suicide Risk Procedures.

(1) Assessment of Suicide Risk.

(a) An Assessment of Suicide Risk shall be conducted within 24 hours of referral, or immediately if the youth is in Crisis.

1. Any youth with current Suicide Ideation shall be immediately referred to a Mental Health Clinical Staff Person who will confer with a Licensed Mental Health Professional to determine whether an Assessment of Suicide Risk is to be conducted in the facility or program within 24 hours or immediately. If the youth is an imminent threat of suicide, the youth must be transported for emergency mental health services as set forth in Rule 63N-1.011, F.A.C.

2. Any youth who makes a Suicide Attempt or attempts Serious Self-Inflicted Injury shall receive an immediate Assessment of Suicide Risk in the facility or be transported for emergency mental health services.

(b) An Assessment of Suicide Risk shall be documented on the Assessment of Suicide Risk Form (MHSA 004, August 2006) which is incorporated by reference and is available at “(HYPERLINK)”, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

1. An Assessment of Suicide Risk conducted by a non-licensed Mental Health Clinical Staff Person must be reviewed by a licensed mental health professional within 24 hours of the referral.

2. If an Assessment of Suicide Risk conducted by a non-licensed Mental Health Clinical Staff Person indicates the youth is not a Potential Suicide Risk, documentation of the Licensed Mental Health Professional’s concurrence with the Assessment of Suicide Risk findings is required prior to the youth’s removal from Suicide Precautions.

(c) Youths determined to be a Potential Suicide Risk through an Assessment of Suicide Risk must be maintained on Suicide Precautions until a Follow-Up Assessment of Suicide Risk determines that the youth is not a Potential Suicide Risk.

(d) The Assessment of Suicide Risk Form (MHSA 004) must be filed in the Active Mental Health/Substance Abuse Treatment File until permanently filed in the youth’s Individual Healthcare Record.

(2) Follow-Up Assessment of Suicide Risk.

(a) When a youth has received an Assessment of Suicide Risk and has been determined to be a Potential Suicide Risk and is being maintained on Suicide Precautions, a Follow-Up Assessment of Suicide Risk must be conducted by a Mental Health Clinical Staff Person prior to a youth’s removal from Suicide Precautions.

(b) Documentation of Follow-Up Assessment of Suicide Risk shall be provided by the Mental Health Clinical Staff Person on the Follow-Up Assessment of Suicide Risk Form (MHSA 005, August 2006) which is incorporated by reference and is available at “(HYPERLINK)”, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

If a Follow-Up Assessment of Suicide Risk conducted by a non-licensed Mental Health Clinical Staff Person indicates the youth is not a Potential Suicide Risk, documentation of the Licensed Mental Health Professional's concurrence with Follow-Up Assessment of Suicide Risk findings is required prior to the youth's removal from Suicide Precautions and transition to normal routine.

(c) The Follow-Up Assessment of Suicide Risk Form (MHSA 005) must be filed in the Active Mental Health/Substance Abuse Treatment File until permanently filed in the youth's Individual Healthcare Record.

(3) Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk shall be conducted by a Licensed Mental Health Professional or a non-licensed Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional.

(a) A non-licensed Mental Health Clinical Staff Person conducting an Assessment of Suicide Risk or a Follow-Up Assessment of Suicide Risk shall meet the education and training requirements specified in Rule 63N-1.0031, F.A.C., and must have received at least 20 hours training and supervised experience in assessing suicide risk, Mental Health Crisis Intervention and emergency mental health services. The non-licensed Mental Health Clinical Staff Person's training hours must have included administration of five, individual one-to-one, Assessments of Suicide Risk or Crisis Assessments conducted on-site in the physical presence of a Licensed Mental Health Professional.

(b) The non-licensed Mental Health Clinical Staff Person's 20 hours of training and supervised experience shall be provided by a Licensed Mental Health Professional and shall be documented on the Documentation of Non-Licensed Mental Health Clinical Staff Person's Training in Assessment of Suicide Risk Form (MHSA 022) or a form developed by the program which contains all the information required in form MHSA 022. The Documentation of Non-Licensed Mental Health Clinical Staff Person's Training in Assessment of Suicide Risk Form (MHSA 022, October 2007) is incorporated by reference and is available at "(HYPERLINK)", or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(c) An Assessment of Suicide Risk and a Follow-Up Assessment of Suicide Risk must include the following:

1. Face-to-face interview of the youth;
2. Review of available collateral information;
3. Details of the information obtained by the assessment, including youth statements, behavioral observations, and collateral information;

(d) The Mental Health Clinical Staff Person conducting the Assessment of Suicide Risk or Follow-Up Assessment of

Suicide Risk shall notify the facility superintendent or program director or his/her designee of the assessment findings and any instructions or recommendations made by the Licensed Mental Health Professional.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.00931 Licensed Mental Health Professional's Off-Site Review of Assessment or Follow-Up Assessment of Suicide Risk.

In the circumstance where an Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk is conducted by a non-licensed Mental Health Clinical Staff Person within 24 hours of the referral but cannot be reviewed by a Licensed Mental Health Professional within 24 hours of the referral through face-to-face interaction, the Licensed Mental Health Professional shall accomplish a review of the Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk within 24 hours of the referral through one of the following methods:

(1) Verbal consultation through telephonic communication with the non-licensed Mental Health Clinical Staff Person detailing the Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk findings. The verbal consultation shall be documented and summarized in the Assessment of Suicide Risk Form (MHSA 004) or Follow-Up Assessment of Suicide Risk Form (MHSA 005) by the non-licensed Mental Health Clinical Staff Person, including any instructions or recommendations made by the Licensed Mental Health Professional. The form MHSA 004 or form MHSA 005 shall be reviewed and signed by the Licensed Mental Health Professional the next scheduled time he/she is on-site.

(2) Verbal consultation through telephonic communication and electronically transmitted communications such as e-mail between the non-licensed Mental Health Clinical Staff Person and Licensed Mental Health Professional detailing the Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk findings. The verbal consultation and e-mail communications shall be documented and summarized in the Assessment of Suicide Risk Form (MHSA 004) or Follow-Up Assessment of Suicide Risk Form (MHSA 005) by the non-licensed Mental Health Clinical Staff Person, including any instructions or recommendations made by the Licensed Mental Health Professional. The form MHSA 004 or form MHSA 005 and e-mail must be reviewed and signed by the Licensed Mental Health Professional the next scheduled time he/she is on-site.

(3) Verbal consultation through telephonic communication and off-site review of an electronically transmitted or faxed copy of the completed Assessment of Suicide Risk Form (MHSA 004) or Follow-Up Assessment of

Suicide Risk Form (MHSA 005). The Licensed Mental Health Professional shall fax or electronically transmit confirmation the Assessment of Suicide Risk Form (MHSA 004) or Follow-Up Assessment of Suicide Risk Form (MHSA 005) was reviewed and whether he or she concurs with the findings. The faxed or electronic transmission of form MHSA 004 or form MHSA 005 shall be placed in the youth's mental health file. The original form MHSA 004 or form MHSA 005 must be signed as reviewer by the Licensed Mental Health Professional the next scheduled time he/she is on-site.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0094 Assessment of Suicide Risk Performed Off-Site of the Facility or Program.

(1) When an Assessment of Suicide Risk is conducted off-site of the facility or program, documentation of the assessment shall be requested by the juvenile justice representative responsible for the youth during the off-site assessment.

(2) Upon the youth's return from an off-site Assessment of Suicide Risk, the youth must be placed on Constant Supervision until a Mental Health Clinical Staff Person reviews the off-site assessment document and determines the mental health status of the youth based on the off-site assessment findings and administration of a Mental Status Examination by the Mental Health Clinical Staff Person.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0095 Suicide Precaution Methods.

Detention Centers, residential commitment programs and day treatment programs must utilize either Precautionary Observation or Secure Observation as a Suicide Precaution method when a youth is identified as having Suicide Risk Factors, or determined to be a Potential Suicide Risk. The decision whether to use Secure Observation or Precautionary Observation as a Suicide Precaution method for a particular youth shall be made by the superintendent or program director and Designated Mental Health Clinician Authority or other Licensed Mental Health Professional.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.00951 Precautionary Observation.

(1) Precautionary Observation shall be utilized as a Suicide Precaution method in Detention Centers, residential commitment programs and day treatment programs.

(2) A youth shall be placed on Precautionary Observation if the youth is identified by intake screening or staff observations as having Suicide Risk Factors, or is determined to be a Potential Suicide Risk by an Assessment of Suicide Risk and the youth's Suicide Risk Behaviors indicates that his/her condition requires observation and monitoring beyond that which is normally provided, but is not in need of Secure Observation. Precautionary Observation shall not be used for youth who present an Imminent Threat of Suicide. Such youth shall be referred for emergency mental health services as set forth in Rule 63N-1.011, F.A.C.

(3) A youth on Precautionary Observation shall be limited to activities in the safe housing areas in the facility or program. The safe housing areas must meet the following specifications:

(a) The areas must be designed to eliminate or prohibit devices or materials which might aid in self-harm such as devices or materials which would enable a youth to hang him/herself, sharp objects which could be used to inflict physical damage to self or others or materials or substances which would enable the youth to burn or poison him/herself.

(b) The areas must be immediately accessible to the direct care staff maintaining Constant Supervision of the youth.

(c) The safe housing areas shall not limit the youth's activity to an individual cell, whether locked or unlocked, or a confinement room of any kind, nor shall it restrict a youth to his/her sleeping room as a suicide precaution.

(d) The safe housing areas of the facility shall be regularly inspected to ensure that the area is safe and secure. Documented daily safety/security checks of the facility will suffice as an inspection provided that the daily safety/security checks include the areas of the facility designated for Precautionary Observation.

(4) The At Risk youth shall be permitted to participate in selected activities with other youths in the DJJ facility/program while being maintained on Precautionary Observation.

(5) Youth Placement on Precautionary Observation.

(a) The superintendent/program director or designee shall confer with the facility's Designated Mental Health Clinician Authority or Licensed Mental Health Professional as to the whether Precautionary Observation is appropriate for a specific youth.

(b) When the decision has been made to place a youth on Precautionary Observation, the superintendent/program director or designee shall identify in writing the specific safe housing areas of the facility and activities which the youth will be allowed to utilize, based upon the individualized needs of the youth. The safe housing areas of the facility and activities will be documented on the Suicide Precautions Observation Log (MHSA 006, August 2006) which is incorporated by

reference and is available at “(HYPERLINK)”, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(6) Youths placed on Precautionary Observation shall receive Mental Health Supportive Services, based upon the individualized needs of the youth as determined by the Mental Health Clinical Staff Person. Mental Health Supportive Services shall be documented in the youth’s Active Mental Health/Substance Abuse File and reviewed and signed by a Licensed Mental Health Professional if provided by a non-licensed Mental Health Clinical Staff Person.

(7) Supervision Requirements for Precautionary Observation.

(a) The staff person assigned to monitor the youth in a Precautionary Observation area shall maintain One-to-One Supervision or Constant Supervision of the youth and document his/her observations of the youth’s behavior on the Suicide Precautions Observation Log (MHSA 006) at 30 minute intervals. The Suicide Precautions Observation Log (MHSA 006) is reviewed and signed by the shift supervisor each shift and by a Mental Health Clinical Staff Person daily.

(b) The shift supervisor is responsible for ensuring that a listing of youths currently placed on Precautionary Observation is passed on to the next shift, and that any concerns or observations regarding youths on Precautionary Observation shall be documented and communicated to the next shift.

(8) Discontinuation of Precautionary Observation.

(a) The Assessment of Suicide Risk findings and recommendations must be reviewed by the superintendent/program director or designee and Licensed Mental Health Professional. Based upon the Assessment of Suicide Risk findings, the Licensed Mental Health Professional and facility superintendent/program director or designee will determine whether Suicide Precautions are continued.

(b) If the Assessment of Suicide Risk findings and recommendations indicate the need for continued Suicide Precautions, the youth shall be maintained on Precautionary Observation until subsequent Follow-Up Assessment of Suicide Risk indicates Suicide Precautions may be discontinued and the facility superintendent, program director or and the Licensed Mental Health Professional concurs with the findings.

(c) If the Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk findings and recommendations indicate Suicide Precautions can be discontinued, and deemed appropriate by the Licensed Mental Health Professional and superintendent or program director or designee, the youth may be removed from Precautionary Observation and transitioned to normal routine as specified in 63N-1.00953.

(d) Discontinuation of Precautionary Observation and supervision upon removal from Precautionary Observation shall be documented by Mental Health Clinical Staff and superintendent/program director, or designee, on the Assessment of Suicide Risk Form (MHSA 004) or the Follow-Up Assessment of Suicide Risk Form (MHSA 005), as applicable.

(9) Youths removed from Precautionary Observation shall continue to be monitored during the transition back into the facility/program’s normal routine, until deemed stable by the facility’s Designated Mental Health Clinician Authority or Licensed Mental Health Professional. The procedures set forth in Rule 63N-1.00953, F.A.C., shall be followed.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.00952 Secure Observation.

(1) When less restrictive means of control are not effective, facilities and programs are authorized utilize a Secure Observation Room for observation of an At Risk or Potential Suicide Risk youth who manifests behavior which constitutes a strong potential threat to the youth’s safety or to the safety of others For example, the At Risk youth appears extremely restless, agitated, fearful, or his/her behavior appears unpredictable, volatile or highly impulsive.

(a) A Secure Observation Room shall be used for observation of At Risk youths only when other less restrictive means of control are not effective or appropriate.

(b) The Secure Observation Room shall not be used for youth who present an Imminent Threat of Suicide. Such youth shall be transported for emergency mental health services as set forth in Rule 63N-1.011, F.A.C.

(2) If a Potential Suicide Risk youth requires placement in an individual cell, whether locked or unlocked, due to potentially self-injurious behavior or behavior which threatens the safety of others, Secure Observation shall be implemented.

(3) When a youth on Precautionary Observation requires placement in behavioral confinement or controlled observation, the youth must be placed in a Secure Observation Room. When a youth already on Secure Observation requires placement in behavioral confinement due to misbehavior, the youth must remain in the Secure Observation Room during behavioral confinement.

(4) Procedures for Placement in a Secure Observation Room.

(a) The superintendent, program director or designee shall confer with the Designated Mental Health Clinician Authority or other Licensed Mental Health Professional as to whether Secure Observation is appropriate for a specific youth. The superintendent, program director or designee’s consultation

with the Licensed Mental Health Professional shall be documented on the Mental Health/Substance Abuse Referral Summary (MHSA 014) or a form developed by the program which contains all the information required in form MHSA 014.

(b) When the decision has been made to place a youth in a Secure Observation Room, the following shall occur:

1. The Secure Observation Room shall be inspected immediately prior to the youth's placement to ensure that it is safe and secure.

2. A staff member of the same sex will conduct a visual check of the youth to determine if there are any observable injuries that would make placement in the Secure Observation Room inappropriate.

a. The Health Status Checklist (MHSA 008, August 2006) which is incorporated by reference and is available at "HYPERLINK" shall be completed to document the youth's physical condition. The form MHSA 008 may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

b. If a physical injury is observed, the youth complains of injury or illness, or the youth has been observed to have experienced a fall, impact or blow to such an extent that injury would be expected, medical personnel shall be immediately notified for an assessment and treatment prior to placement in a Secure Observation Room.

3. The youth must be searched by a staff member of the same sex.

a. At the time of the search, all jewelry, pocket items, hair ties, and hair pins must be removed.

b. All clothing items which could be used for self-injury such as shoes, shoelaces, socks, and belt must be removed. However, the youth shall not be stripped.

c. The youth shall not to be required to dress in any garment or put on any covering that is sexually revealing.

(5) A youth shall not remain in a Secure Observation Room for more than eight hours unless a Licensed Mental Health Professional has been consulted and agrees to a limited time extension. A Licensed Mental Health Professional must provide written concurrence for a youth to remain in a Secure Observation Room beyond 24 hours for any reason, including behavioral confinement.

(6) Each youth placed in a Secure Observation Room due to At Risk or Suicide Risk Behaviors shall be immediately referred for an Assessment of Suicide Risk. The youth in Secure Observation must receive an Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk within 8 hours of the youth's placement in the Secure Observation Room for any reason, or if the youth is placed in the Secure Observation Room during the evening or night shift, the Follow-Up

Assessment of Suicide Risk shall be conducted the following morning shift.

(7) Structural Specifications of a Secure Observation Room. The structure of a Secure Observation Room shall meet the following specifications:

(a) Size: A minimum of 35 square feet of unencumbered space. Unencumbered space is usable space that is not encumbered by any furnishing or fixture. At least one dimension of the unencumbered space is no less than 7 feet.

(b) Doors: Solid core hardwood or metal that has a shatter-resistant observation window or metal frame with wire mesh (holes no larger than 3/16 inch). The door observation window must permit constant visual and sound monitoring of the youth. A door with bars or expanded metal door is acceptable if small wire mesh or lexan shields the bars from the inside.

(c) Floors/Walls: Solid, smooth and high impact resistant without protrusions.

(d) Ceilings: Solid, single piece ceiling which is out of the youth's reach and has no appendages that can be grasped or tied onto with cloth or other materials.

(e) Vents: Must be covered with small mesh or a metal plate (holes no larger than 3/16 inch). Vents must be unreachable to the youth. Edges of wire mesh or metal covering must not be exposed. Vents should not be immediately accessible from the toilet, sink or bed.

(f) Lighting: Light fixtures should be recessed and covered with shatter-resistant material such as lexan.

(g) Windows: Must be made of shatter-resistant material or glass windows that are not shatter resistant must be covered with security-rated screens or other materials that prevent access to the glass.

(h) Toilet/Sink: Fixtures must be smooth and devoid of handles or parts that cloth or other material could be tied to or hung from. Must be mounted against the wall with water shut off valve outside of room.

(i) Electrical Switches/Outlets: Electrical outlets are not permitted and switches must be located outside the room.

(j) Beds: Must provide a security-rated plastic mattress suitable for floor use or suicide resistant bed. The bed must be anchored to the floor or secured to the wall, be of one piece construction (no springs) must be no higher than 18 inches from the floor and have a plastic fire retardant mattress.

(8) Mental Health Supportive Services shall be provided to the youth being maintained on Secure Observation, based upon the individualized needs of the youth as determined by Mental Health Clinical Staff.

(9) Youths placed in a Secure Observation Room shall be maintained on One-to-One Supervision while in the Secure Observation Room.

(a) The staff person assigned to observe the youth in Secure Observation must record observations of the youth's behavior in the Secure Observation Room on the Suicide Precautions Observation Log (MHSA 006). The Suicide Precautions Observation Log (MHSA 006) is reviewed and signed by the shift supervisor each shift and by a Mental Health Clinical Staff Person daily.

(b) The shift supervisor shall be responsible for ensuring that a listing of youths currently placed on Secure Observation is passed on to the next shift, and that any concerns or observations regarding youths on Secure Observation have been documented and communicated to the next shift.

(c) When it is necessary to temporarily remove the youth from the Secure Observation Room for any reason, the youth shall be searched again before being placed back into the Secure Observation Room.

(10) Discontinuation/Termination of Secure Observation.

(a) The At Risk youth shall be maintained on Secure Observation until he or she has received an Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk by, or under the direct supervision of, a Licensed Mental Health Professional.

(b) The Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk findings and recommendations shall be reviewed by the superintendent/program director or designee. Based upon the Assessment of Suicide Risk findings, the Licensed Mental Health Professional and facility superintendent/program director or designee will determine whether Secure Observation is to be continued.

(c) When Assessment of Suicide Risk findings/recommendations indicate the need for continued Suicide Precautions, the following shall occur:

1. Documentation that the Licensed Mental Health Professional concurs with the Assessment of Suicide Risk findings/recommendations and that continued Suicide Precautions through either a limited time extension of placement in Secure Observation or placement of the youth on Precautionary Observation is required.

2. Unless there is a specific recommendation in the Assessment of Suicide Risk that the youth shall remain in Secure Observation, the youth shall be removed from the Secure Observation Room and Suicide Precautions continued by placing the youth on Precautionary Observation.

3. The youth shall remain on Secure Observation or Precautionary Observation until subsequent Follow-Up Assessment of Suicide risk conducted by, or under the direct supervision of a licensed mental health indicates Suicide Precautions may be discontinued.

(d) The discontinuation of Secure Observation and initiation of Precautionary Observation shall be documented by the superintendent or program director or designee on the

Suicide Precautions Observation Log (MHSA 006) and in the facility log, and must be documented in the youth's Active Mental Health/Substance Abuse File by the Mental Health Clinical Staff.

(e) If an At Risk youth in Secure Observation due to behavioral confinement receives a Follow-Up Assessment of Suicide Risk which indicates that the youth is no longer a suicide risk, he/she may be removed from the Secure Observation Room and transitioned to a normal routine. However, if the youth cannot be transitioned to a normal routine because he/she must continue behavioral confinement, then the youth must remain in Secure Observation and on Suicide Precautions until behavioral confinement is concluded.

1. A Licensed Mental Health Professional shall provide written concurrence for a youth to remain in a Secure Observation Room beyond 24 hours for any reason, including behavioral confinement.

2. If the youth is in Secure Observation due to behavioral confinement and the Licensed Mental Health Professional does not concur with a youth's continued placement in Secure Observation due his/her deteriorating mental health status, the Licensed Mental Health Professional shall immediately notify the facility superintendent or designee of his/her recommendation that Secure Observation and behavioral confinement be discontinued, and the youth must either be placed on Precautionary Observation with One-to-One Supervision or transported for emergency mental health services.

(f) When deemed appropriate by the Licensed Mental Health Professional and superintendent/program director or designee, the youth shall be removed from Suicide Precautions (Secure Observation and/or Precautionary Observation).

1. Documentation of the Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk findings which indicate Suicide Precautions may be discontinued shall be reviewed by a Licensed Mental Health Professional prior to the youth's removal from Suicide Precautions.

2. Documentation that the Licensed Mental Health Professional concurs with the removal of Suicide Precautions (Secure Observation or Precautionary Observation) and the superintendent/program director or designee's written authorization is required for removal of a youth from Suicide Precautions.

(g) Discontinuation of Secure Observation and step-down to Close Supervision must be documented on the Assessment of Suicide Risk Form (MHSA 004) or Follow-Up Assessment of Suicide Risk Form (MHSA 005).

(11) The youth being removed from Secure Observation shall be placed on Close Supervision during transition back into the facility/program's normal routine, until deemed stable

by the Designated Mental Health Clinician Authority or a Licensed Mental Health Professional. The procedures set forth in Rule 63N-1.00953, F.A.C., shall be followed.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.00953 Monitoring of Youth Upon Removal from Precautionary Observation or Secure Observation – General Requirements.

(1) Transition to Standard Supervision. The youth placed on Precautionary Observation prior to an Assessment of Suicide Risk who receives an Assessment of Suicide Risk and is not found to be a Potential Suicide Risk may be transitioned directly to standard supervision.

(2) Step-Down to Close Supervision and Normal Routine.

(a) Close Supervision shall be initiated for any youth who had been placed or maintained on Precautionary Observation following an Assessment of Suicide Risk which identified the youth as a Potential Suicide Risk.

(b) Close Supervision shall be initiated for any youth being removed from Secure Observation or who was in a Secure Observation Room at any time during Suicide Precautions.

(c) Close Supervision shall be maintained until determined no longer necessary by the Designated Mental Health Clinician Authority or other Licensed Mental Health Professional in the facility or program.

(d) The facility or program’s Mental Health Clinical Staff shall maintain regular contact with the youth for support and to determine changes in his or her status during Close Supervision.

(3) Discontinuation of Close Supervision shall be documented in the youth’s Active Mental Health/Substance Abuse File or mental health section of the Individual Healthcare Record by a Mental Health Clinical Staff Person and reviewed and signed by a Licensed Mental Health Professional if documented by a non-licensed Mental Health Clinical Staff Person. The superintendent or program director or designee shall document discontinuation of Close Supervision in the facility log.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.00954 Administrative and Clinical Review of Suicide Precautions.

(1) The superintendent/program director or assistant superintendent/assistant program director and a Licensed Mental Health Professional must review the Suicide Precautions Observation Log (MHSA 006) to determine

whether the use of Suicide Precautions was appropriate in each instance.

(2) If the use of Precautionary Observation or Secure Observation is determined to have been inappropriate or not in compliance with this rule, the superintendent or program director shall initiate corrective action to address any deficiencies in implementation of Suicide Precautions.

(3) Each facility must maintain a monthly log which tracks each incident of the use of Secure Observation. This log must contain the name of each youth placed in the Secure Observation Room and the date and time of the youth’s placement in and release from the Secure Observation Room.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.0096 Immediate Response to a Suicide Attempt or Incident of Serious Self-Inflicted Injury.

(1) Each facility’s quarterly mock drills of a Suicide Attempt or Incident of Serious Self-Inflicted Injury must include action to be taken by staff in such circumstances as follows:

(a) Methods for contacting other facility staff by radio or call for backup support, medical personnel and emergency medical services (911);

(b) Provision of life saving measures such as cardiopulmonary resuscitation (CPR) and use of the Suicide Response Kit per established protocol;

(2) Facilities and programs shall maintain a Suicide Response Kit as follows:

(a) In facilities with a control station/office, each control station/office must contain a Suicide Response Kit.

(b) In facilities with subcontrol stations/offices, each subcontrol station/office must contain a Suicide Response Kit.

(c) In small facilities with only a check-in station/office, the check-in station/office must contain a Suicide Response Kit.

(d) The Suicide Response Kit shall be properly safeguarded and maintained as follows:

1. Each Suicide Response Kit shall contain emergency rescue tools: “Suicide Rescue Tool”, wire cutters, and needle nose pliers. The Suicide Response Kit shall also contain first aid items such as a one-way CPR mask, microshield or face shield, non-latex gloves and first aid supplies.

2. The Suicide Response Kit shall be sealed when not in use. Once the seal is broken, the Suicide Response Kit shall be inventoried, each emergency rescue tool recovered, and any missing first aid items recovered or replenished and then re-sealed.

3. All staff who come into contact with youths must know the location of the Suicide Response Kit and be trained in its use.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0097 Notifications When a Youth on Suicide Precautions is Released, Transferred or Discharged

For youths on Suicide Risk Alert or Suicide Precautions immediately prior to release, transfer or discharge from a Detention Center, residential commitment program or day treatment program, verbal and written notification of the youth's suicide risk status and need for Assessment of Suicide Risk must be provided and documented as follows:

(1) Youth is to be released or transferred from a Detention Center.

(a) If the youth is being released to the parent or guardian, the parent or guardian must be provided the Detention Suicide Risk Parent/Guardian Notification Form (MHSA 009) and the parent or guardian must sign the form. The Detention Suicide Risk Parent/Guardian Notification Form (MHSA 009, October 2007) is incorporated by reference and is available at "(HYPERLINK)", or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. A copy of form MHSA 009, signed by the parent or guardian, is to be permanently filed in the youth's case management record and Individual Healthcare Record.

(b) If the youth is to be transferred to another DJJ facility, a jail or hospital, the facility superintendent or program director where the youth is to be transferred must be notified verbally and by e-mail of the youth's suicide risk status prior to discharge from the Detention Center. The notification of suicide risk must be documented and permanently filed in the youth's Individual Healthcare Record.

(2) Youth is being released or transferred from a residential commitment program.

(a) If the youth is to be released to the parent or guardian, the parent or guardian must be verbally informed and provided written notification of the youth's suicide risk status prior to discharge from the residential commitment program. The notification of suicide risk must be documented and permanently filed in the youth's Individual Healthcare Record.

(b) If the youth is to be transferred to another DJJ facility, a jail or hospital, the facility superintendent or program director where the youth is to be transferred must be notified verbally and by e-mail of the youth's suicide risk status prior to discharge from the Detention Center. The notification of suicide risk must be documented and permanently filed in the youth's Individual Healthcare Record.

(3) Youth is being released from a day treatment program.

(a) If the youth is released to the physical custody of the parent or guardian, the parent or guardian must be informed that suicide risk findings were disclosed during screening and that an Assessment of Suicide Risk should be conducted by a Mental Health Provider within 24 hours.

1. The parent or guardian must be provided the Suicide Risk Screening Parent/Guardian Notification Form (MHSA 003) and the parent or guardian must sign the form.

2. A copy of form MHSA 003, signed by the parent or guardian, is to be permanently filed in the youth's case management record and Individual Healthcare Record.

(b) If the parent/guardian is responsible for obtaining an off-site Assessment of Suicide Risk for the youth, the following action must be taken upon the youth's return to the day treatment program:

1. The parent/guardian must either provide a copy of the off-site assessment documentation to the day treatment program, or sign consent for release of the assessment documentation to the program.

2. When the parent/guardian provides an off-site Assessment of Suicide Risk, the off-site assessment must be reviewed by Mental Health Clinical Staff to determine if there are any recommendations regarding increased supervision or service delivery for the youth while he/she is in the program.

3. When the parent/guardian provides written consent for release of the off-site Assessment of Suicide Risk, the program must obtain a copy of the off-site assessment as soon as possible, and provide it to Mental Health Clinical Staff for review.

4. If the parent/guardian has not obtained an off-site Assessment of Suicide Risk for the youth, the youth must be placed on Suicide Precautions and referred to the facility's Mental Health Provider for administration of an Assessment of Suicide Risk in accordance with Rule 63N-1.0093, F.A.C. Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.0098 Serious Suicide Attempt or Serious Self-Inflicted Injury Review and Mortality Review.

(1) The facility superintendent or program director shall establish a review process for every Suicide Attempt or Serious Self-Inflicted Injury requiring hospitalization or medical attention and a mortality review for a completed suicide.

(2) The serious Suicide Attempt or Serious Self-Inflicted Injury review process and mortality review process shall be multidisciplinary, involving administrative, direct care, mental health and medical personnel and include a critical inquiry of the following:

- (a) The circumstances surrounding the incident;
 - (b) Facility procedures relevant to the incident;
 - (c) All relevant training received by involved staff;
 - (d) Pertinent medical and mental health services involving the victim;
 - (e) Possible precipitating factors leading to the Suicide Attempt, Serious Self-Inflicted Injury or completed suicide;
 - (f) Recommendations, if any, for changes in policy, training, physical plant, medical or mental health services and/or operational procedures shall be made in writing.
- Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____;

63N-1.010 Mental Health Crisis Intervention Services.

(1) Each Detention Center, residential commitment program and day treatment program must have a written crisis intervention plan which includes the following:

(a) Verbal de-escalation and Protective Action Response as defined and set forth in Chapter 63H-1, F.A.C. Physical intervention techniques and restraining devices that are not authorized under DJJ Chapter 63H-1, F.A.C., shall not be used.

(b) Notification of the facility superintendent, program director or designee and Mental Health Clinical Staff of a youth's Acute Emotional or Psychological Distress which may pose a safety/security risk through the facility's alert process in accordance with Rule 63N-1.006, F.A.C. Notification procedures must also be in place to inform the youth's parent/legal guardian and Juvenile Probation Officer of the youth's Crisis.

(c) The procedures for referring youths whose Acute Emotional or Psychological Distress does not respond to ordinary crisis intervention to on-site or off-site Licensed Mental Health Professionals, Mental Health Providers or mental health facilities.

1. Referrals for Mental Health Crisis Intervention may be made by facility/program staff or by youth self-referral.

2. Youths identified as having Acute Emotional or Psychological Distress which may pose a safety/security risk must be immediately referred to a Mental Health Clinical Staff Person.

3. Youths experiencing an emotional Crisis to such a degree that he/she perceives the need for urgent professional assistance shall be permitted to request Mental Health Crisis Intervention.

4. Referrals for Mental Health Crisis Intervention, including youth self-referrals, shall be recorded on the Mental Health/Substance Abuse Referral Summary Form (MHSA 014), or a form developed by the program containing, all the information required in form MHSA 014.

(d) Procedures for communication between direct care staff, supervisory staff, administrative staff and Mental Health Clinical Staff regarding the status of the youth must exist to provide clear and current information and instructions and urgent care, as needed.

(e) For youths in Crisis placed on Mental Health Alert, the crisis intervention plan must reflect supervision levels provided in Rule 63N-1.006, F.A.C.

(f) Procedures for documenting the Crisis situation or event, staff response to the Crisis, referral to and consultation with a Mental Health Clinical Staff Person, and instructions of the Licensed Mental Health Professional, the Crisis Assessment, and mental health support services.

(g) The crisis intervention plan must specify the procedures for administrative and clinical review of crises which require mental health intervention.

(2) Integrated Mental Health Crisis Intervention and Emergency Mental Health/Substance Abuse Plan. The facility/program may develop an integrated Mental Health Crisis Intervention and emergency mental health and substance abuse services plan which contain and meet all of the elements listed in this section and Rule 63N-1.011, F.A.C. Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____;

63N-1.0101 Mental Health Crisis Assessment.

(1) The superintendent/program director or designee is responsible for consulting the Designated Mental Health Clinician Authority or Licensed Mental Health Professional who conducts or supervises mental health evaluations at the facility to discuss the youth's Crisis and associated behaviors.

(a) The superintendent/program director or designee and Designated Mental Health Clinician Authority or other Licensed Mental Health Professional shall confer on those cases viewed as urgent and if it is determined that a mental health emergency exists, the youth shall be transported for emergency mental health services as set forth in Rule 63N-1.011, F.A.C.

(b) The superintendent/program director or designee must document consultation with the Designated Mental Health Clinician Authority or other Licensed Mental Health Professional and referral for Crisis Assessment on form MHSA 014 or a form developed by the program containing all the information required in form MHSA 014.

(c) A Crisis Assessment is utilized only when the youth's Acute Emotional or Psychological Distress or Crisis is not associated with Suicide Risk Factors or Suicide Risk Behaviors. If the youth's behavior or statements indicate possible suicide risk, the youth must receive an Assessment of Suicide Risk instead of a Crisis Assessment.

(2) The Crisis Assessment must be documented on the Crisis Assessment Form (MHSA 023) or a form developed by the program which contains all the information required in form MHSA 023. The Crisis Assessment Form (MHSA 023, September 2010) is incorporated by reference and available at “(HYPERLINK)”, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(a) The Crisis Assessment must include a face-to-face interview of the youth and review of available collateral information. The Crisis Assessment shall provide details of the information obtained by the assessment (i.e., youth statements, behavioral observations, collateral information).

(b) The Crisis Assessment must be conducted by a Licensed Mental Health Professional or a non-licensed Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional.

(c) A Crisis Assessment conducted by a non-licensed Mental Health Clinical Staff Person must be reviewed by a Licensed Mental Health Professional within 24 hours of the referral.

(d) In the circumstance where the Crisis Assessment is conducted by a non-licensed Mental Health Clinical Staff Person but cannot be reviewed by a Licensed Mental Health Professional within 24 hours through face-to-face interaction, the Licensed Mental Health Professional may accomplish a review of the Crisis Assessment within 24 hours of the referral through in-person, telephonic or electronic consultation.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.0102 Crisis Intervention Services and Mental Health Alerts.

(1) When a youth has received a Crisis Assessment and has been determined to exhibit behaviors which pose a potential safety or security risk in the facility or program, the following must occur:

(a) The youth must be maintained or continue to be coded as a “Mental Health Alert” and Mental Health Supportive Services provided.

(b) A youth determined through Crisis Assessment to exhibit behaviors which pose a potential safety or security risk must remain on “Mental Health Alert” status until a subsequent Mental Status Examination determines that the youth’s mental health Crisis is resolved and no longer poses a potential safety or security risk.

(2) Follow-up Mental Status Examination of the youth must be conducted by a Licensed Mental Health Professional or a Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional.

(a) The Follow-up Mental Status Examination must be documented in the youth’s Crisis Assessment Form (MHSA 023) or a form developed by the program which contains all the information required in form MHSA 023.

(b) The follow-up Mental Status Examination, if conducted by a non-licensed Mental Health Clinical Staff Person must be reviewed and signed as reviewer by a Licensed Mental Health Professional.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.0103 Off-Site Crisis Assessments.

(1) When a Crisis Assessment is conducted outside of the facility, documentation of the assessment shall be requested by the juvenile justice representative responsible for the youth during the off-site assessment.

(2) Upon the youth’s return from an off-site Crisis Assessment, the youth must be placed on Constant Supervision until a Mental Health Clinical Staff Person reviews the off-site assessment documents and determines the mental health status of the youth based on the off-site assessment findings and administration of a follow-up Mental Status Examination to the youth.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History–New _____.

63N-1.011 Emergency Mental Health and Substance Abuse Services.

Each Detention Center, residential commitment program and day treatment program must have a written mental health and substance abuse emergency response plan which includes the following components:

(1) Direct care staff and other facility staff shall be trained to immediately respond to mental health or substance abuse emergencies. Training shall include:

(a) Recognition of signs and symptoms of a mental health or substance abuse emergency;

(b) Methods of obtaining back-up security and/or medical assistance in the facility;

(c) Methods for contacting emergency medical services (EMS) and/or law enforcement;

(d) Administration of first aid and cardiopulmonary resuscitation.

(e) Staff access and use of the Suicide Response Kit and cut down tools as specified in Rule 63N-1.0096, F.A.C.

(2) Procedures for notification of on-site facility personnel of the mental health or substance abuse emergency and to notify the superintendent or program director and Designated Mental Health Clinician Authority if he/she is off-site at the time of the emergency. The youth’s parent/legal

guardian and Juvenile Probation Officer (JPO) must also be notified of the youth's mental health or substance abuse emergency. Documentation of parent/legal guardian and JPO notification of the youth's emergency and attempts to contact the parent/legal guardian or JPO must be filed in the youth's Individual Healthcare Record.

(3) Procedures for communication between facility staff and Mental Health Clinical Staff or Substance Abuse Clinical Staff and/or medical staff regarding the status of the youth must exist to provide clear and current information and instructions.

(4) One-to-One Supervision of the youth shall be maintained while the youth is in the DJJ facility or program until authorized release to emergency personnel.

(5) Staff shall immediately contact emergency medical services (911) in the event of a mental health or substance abuse emergency that requires emergency medical treatment.

(6) Procedures must be in place for contacting the designated law enforcement agency and arranging for transportation of a youth believed to be mentally ill from the facility to a mental health receiving facility as specified in Section 394.462, Florida Statutes.

(7) Procedures for transporting a youth who is believed to be substance abuse impaired for emergency admission to a hospital, licensed detoxification facility or addictions receiving facility as specified in Sections 397.675 and 397.677, F.S.

(8) Procedures for documenting the mental health or substance abuse emergency, staff response to the mental health or substance abuse emergency, instructions of Mental Health Clinical Staff, Substance Abuse Clinical Staff and/or medical staff, and authorization for transfer.

(9) All staff who work with youths must be trained in emergency response procedures. Each facility or program must provide semi-annual training on emergency response procedures which include "mock" training in emergency response to a Suicide Attempt or incident of Serious Self-Inflicted Injury.

(10) Procedures for administrative review and a Licensed Mental Health Professional's review of mental health and substance abuse emergency procedures and critical incidents.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.012 Off-Site Emergency Evaluations.

(1) Off-Site Emergency Mental Health Evaluations. Upon the youth's return from an off-site mental health receiving facility, the youth must be placed on Constant Supervision until a Mental Health Clinical Staff Person, working under the direct supervision of a Licensed Mental Health Professional,

reviews the off-site mental health evaluation or discharge summary and provides a follow-up Mental Status Examination of the youth.

(2) Off-Site Emergency Substance Abuse Evaluations. Upon the youth's return from a hospital, licensed detoxification facility or addictions receiving facility, the youth must be placed on Constant Supervision until a Qualified Professional reviews the off-site substance abuse evaluation or discharge summary and determines the substance abuse status and needs of the youth based on the off-site assessment documents.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.013 Services for Youths with Developmental Disability.

(1) Facility staff shall be trained to recognize signs and symptoms of Developmental Disability. Examples of information and behaviors which suggests Developmental Disability include:

(a) Psychological testing or mental health evaluation indicate an Intelligence Quotient (IQ) below 70.

(b) School exceptional education classification of "Intellectual Disabilities" or "Autism Spectrum Disorder" as specified in Rule 6A-6.03011, F.A.C., and Rule 6A-6.03023, F.A.C.

(c) DSM diagnosis of "mental retardation" or "intellectual disability".

(d) The youth has difficulty understanding and answering age appropriate questions;

(e) The youth has difficulty understanding and following age appropriate directions; or

(f) The youth's abilities appear far below other youths his/her age.

(2) Youths identified as possibly having a Developmental Disability must be placed on Constant Supervision until assessed by Mental Health Clinical Staff. Youths determined by Mental Health Clinical Staff to have Developmental Disability based on review of intelligence testing or administration of intelligence testing who are placed in a Detention Center or residential commitment program must be referred to the facility/program treatment team for development of an Individualized Mental Health Treatment Plan with behavior oriented goals.

(3) Determination of Developmental Disability.

(a) Assessment findings and recommendations regarding Developmental Disability shall be based upon administration or review of intelligence testing which includes the current edition of the Wechsler Intelligence Scale for Children (WISC), Wechsler Adult Intelligence Scale (WAIS) or

Stanford-Binet Intelligence Scale (SB), and administration or review of adaptive behavior functioning testing. Accepted tests for adaptive behavior functioning include: Vineland Adaptive Behavior Scales, Adaptive Behavior Scale, Adaptive Behavior Assessment System, Adaptive Behavior Evaluation Scale, or Scales of Independent Behavior.

1. An exception is provided in the circumstance where a Licensed Mental Health Professional authorized to administer intelligence tests as specified in paragraph (b) below determines that administration of the current edition of the Wechsler Intelligence Scale for Children (WISC), Wechsler Adult Intelligence Scale (WAIS) or Stanford-Binet Intelligence Scale (SB) is not appropriate due to the youth's condition or impairment. An alternative standardized intelligence test, administered and interpreted in conformance with instructions provided by the producer of the test, may be used. The results of the alternative standardized intelligence test must include reference to published validity and reliability data for the specified test, and justification for use of the alternative test for the youth. Examples of alternative standardized intelligence tests include the Leiter International Performance Scale and Comprehensive Test of Non-Verbal Intelligence.

2. If an alternative standardized intelligence test is utilized, an adaptive behavior functioning test must also be administered as set forth in paragraph (a) above.

(b) Intelligence testing and adaptive behavior functioning tests shall be administered by a Licensed Mental Health Professional who is qualified by training, education and experience to render such evaluations and is authorized under their licensing board to provide such evaluations.

(c) Concurrent significant deficits in intellectual and adaptive behavior functioning must be present in the intelligence testing and adaptive behavior functioning testing in paragraph (a) above for findings of Developmental Disability.

(4) Treatment Services for Youth with Developmental Disability.

(a) Youths who are placed in a residential commitment program designated for Developmental Disability treatment services shall be referred to the facility's multidisciplinary treatment team for development of a Developmental Treatment Plan and Developmental Disability Clinical Treatment Services as specified in this section:

(b) Behavior Analysis Services shall be provided by a person who is a Board Certified Behavior Analyst, a Certified Behavior Analyst, a Psychologist licensed under Chapter 490, F.S., or a Licensed Clinical Social Worker, Licensed Mental Health Counselor or Licensed Marriage and Family Therapist licensed under Chapter 491, F.S., with more than three years experience post certification or licensure.

(c) Therapy to promote social skills and life skills of youths with Developmental Disability. For example, therapy focusing on improved coping skills or interpersonal problem solving skills or anger replacement therapy shall be provided by a Licensed Mental Health Professional or a non-licensed Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional.

(d) Mental health services for youths with Developmental Disability and Mental Disorder shall be provided by a Licensed Mental Health Professional or a non-licensed Mental Health Clinical Staff Person working under the direct supervision of a Licensed Mental Health Professional as specified in Rules 63N-1.0033 and 63N-1.0081, F.A.C.

(e) Substance abuse services for youths with Developmental Disability and Substance-Related Disorder shall be provided by a Licensed Qualified Professional or a Substance Abuse Clinical Staff Person as specified in Rules 63N-1.0034 and 63N-1.0082, F.A.C.

(f) Developmental Disability Clinical Treatment Services shall be documented in a progress note/treatment note written by the clinician who provided the service.

(5) Treatment Planning and Discharge Planning.

(a) An Individualized Developmental Treatment Plan is required when a youth enters Developmental Disability treatment.

(b) The Individualized Developmental Treatment Plan shall be developed by a multidisciplinary treatment team, including a Board Certified Behavior Analyst, Certified Behavior Analyst, or person licensed under Chapter 490 or 491, F.S., and the youth. Development of an Individualized Developmental Treatment Plan must include the youth's parent or legal guardian, unless there is documentation of a reason for the parent or legal guardian's non-involvement in treatment planning.

(c) The Individualized Developmental Treatment Plan must be completed within 30 days of the youth's admission to the program.

(d) The Individualized Developmental Treatment Plan must contain the following elements:

1. The specific developmental, behavioral, and life skills needs that will be the focus of treatment

2. Developmental Disability Clinical Treatment goals and objectives, written in achievable and measurable terms, which are responsive to the youth's Developmental Disorder and address specific behaviors, symptoms, skill deficits, strengths and needs of the youth.

3. The Developmental Disability interventions/strategies to be provided and target dates for completion.

4. The youth's functional strengths/abilities and needs which may affect his/her success in treatment.

5. The plan must contain the signature of the youth, the multidisciplinary treatment team members who participated in the development of the plan and a Board Certified Behavior Analyst, Certified Behavior Analyst, a Psychologist licensed under Chapter 490, F.S., or a Licensed Clinical Social Worker, Licensed Mental Health Counselor or Licensed Marriage and Family Therapist licensed under Chapter 491, F.S.

a. When a youth in a residential commitment program is identified as an Agency for Persons with Disabilities (APD) client, the residential commitment program shall request and encourage the APD waiver support coordinator to participate in the youth's multidisciplinary treatment team meetings.

b. When a youth in a residential commitment program has a current behavior support plan or case plan through the Agency for Persons with Disabilities (APD), the program shall coordinate the youth's Individualized Developmental Treatment Plan with the youth's APD plan for related issues.

(6) Integrated Developmental and Mental Health/Substance Abuse Treatment Plans. Youths diagnosed with Developmental Disability and Mental Disorder and/or Substance-Related Disorder shall receive integrated treatment services based upon an integrated developmental and mental health/substance abuse treatment plan.

(a) The integrated developmental and mental health/substance abuse treatment plan shall be developed with the input of Developmental Disability and Mental Health Clinical Staff and/or Substance Abuse Clinical Staff.

(b) The integrated developmental and mental health/substance abuse treatment plan shall include the elements described in paragraph (d) above and Rule 63N-1.007, F.A.C.

(7) A review of the Individualized Developmental Treatment Plan must be conducted by the multi-disciplinary treatment team every 30 days as set forth in Rule 63N-1.007, F.A.C.

(8) During the final phase of Developmental Disability treatment, the multidisciplinary treatment team and youth shall establish a discharge plan whereby improvements made during treatment will be maintained upon the youth's movement from one facility to another, or return to his/her community.

(a) The discharge plan shall document the focus and course of the youth's Developmental Disability treatment, and recommendations for services upon the youth's movement out of the facility.

(b) The discharge plan shall be discussed with the youth, parent/legal guardian (when available) and Juvenile Probation Officer prior to the youth's release from the facility or program. For committed youths served by the Agency for Persons with Disabilities (APD) or the Department of Children and Families (DCF), the residential commitment program shall invite representatives from APD or DCF to the

youth's transition and exit conferences in accordance with subparagraphs 63E-7.010(10)(a)1., and 63E-7.010(10)(b)1., F.A.C.

(c) A copy of the discharge plan will be provided to the youth, the youth's assigned Juvenile Probation Officer and to the parent/legal guardian, unless there is documentation of a reason for the parent or legal guardian's non-involvement in treatment planning.

(9) Suicide Prevention, Mental Health Crisis Intervention and Emergency Mental Health and Substance Abuse Services provisions in this rule apply to the provision of Developmental Disability services.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.014 Consent Requirements Applicable to Mental Health Services and Psychotropic Medication.

(1) The Authority for Evaluation and Treatment (AET) Form (HS 002) incorporated in Rule 63M-2.0051, F.A.C., is the means by which the department obtains the consent of the parent or legal guardian for routine health and mental health evaluation and treatment.

(2) The AET (HS 002) authorizes the department to provide physical health and mental health information to healthcare providers that are or will be treating a youth. It also authorizes healthcare providers to release physical health and mental health records to the department. The AET procedures provided in Rule 63M-2.0051, F.A.C., must be followed to obtain the parent or legal guardian's consent for release of physical health and mental health information and records.

(a) The AET authorizes the department to arrange for, make available and facilitate mental health assessments and treatment with licensed Mental Health Providers or mental health facilities, including diagnostic assessment, psychological testing, and individual, group, and family therapy and/or counseling.

(b) The AET shall not authorize the commitment of a child to a residential facility licensed under Chapter 393, F.S. or Chapter 394, F.S., but is acknowledging commitment under Chapter 985, F.S.

(3) Unless revoked or modified by a youth's parent or guardian or superseded by a court order addressing the provision of routine mental healthcare, an AET (HS 002) remains current and valid while the youth remains under the department's supervision or custody or for one year after it is signed, whichever comes later. However, if a youth reaches 18 years of age while in the program and is not incapacitated, or is otherwise emancipated as provided in Section 743.01 or 743.015, F.S., the youth is responsible for authorizing his/her

health care and authorizing release of his/her healthcare records.

(a) Except in the case of an incapacitated youth for whom the court has appointed a parent as the guardian, the facility or program shall not release any health or mental health information to a parent of a youth who is 18 years of age or older, or is otherwise emancipated as provided in Section 743.01 or 743.015, F.S., without the youth's written consent.

(b) The program shall request the youth who is 18 years of age or older, or is otherwise emancipated as provided in Section 743.01 or 743.015, F.S., provide written consent for his or her parent or legal guardian to be contacted in the event of an emergency. If the youth does not provide consent for the parent or legal guardian to be contacted, the program shall request the youth designate in writing the person or persons who are to be contacted in the event of an emergency.

(4) The AET (HS 002) provides the parent/legal guardian's authorization to continue administration of only those Psychotropic Medications for which the youth has a bona fide prescription at the time of his/her entry into the physical custody of the department, as long as there are no changes in the Psychotropic Medication dosage or route of administration.

(5) Whenever a new Psychotropic Medication is prescribed, Psychotropic Medication is discontinued, or the drug dosage is significantly changed, parental/legal guardian verbal consent for Psychotropic Medication is documented through the CPPN (form HS 006) at page 3 or a form containing all the information require in HS 006 at page 3, and written consent is documented on the Acknowledgment of Receipt of CPPN Form or Practitioner Form (HS 001) in accordance with Rule 63N-1.0085, F.A.C.

(6) Consent requirements for provision of Psychotropic Medication for youths in foster care whose parent or legal guardian's rights have been terminated are addressed in Chapter 65C-35, F.A.C.

(7) The department's Office of the General Counsel shall be notified in the following circumstances:

(a) The parent or legal guardian declines to sign the Authority for Evaluation and Treatment, or the parent or legal guardian's location or identity is unknown;

(b) The parent or legal guardian verbally revokes the Authority for Evaluation and Treatment and is unwilling, unable or unavailable to provide written revocation.

(c) The parent or legal guardian declines to authorize the provision of Psychotropic Medication or withdraws consent for provision of Psychotropic Medication which the Psychiatrist determines is medically necessary for a youth.

(d) The youth requests the discontinuation of Psychotropic Medication or refuses Psychotropic Medication

which the Psychiatrist determines is medically necessary for a youth.

(8) A copy of any court order authorizing mental health treatment or provision of Psychotropic Medication must be placed in the youth's Individual Healthcare Record.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

63N-1.015 Special Consent Requirements For Substance Abuse Evaluation and Treatment.

(1) Youth Consent for Substance Abuse Evaluation and Treatment

(a) A youth must consent to substance abuse evaluation and treatment unless such treatment is ordered by the court.

(b) Youth consent for substance abuse evaluation and treatment shall be obtained through the Youth Consent for Substance Abuse Treatment Form (MHSA 012) or through a form developed by the program which contains all the information required in form MHSA 012. The Youth Consent for Substance Abuse Treatment Form (MHSA 012, August 2006) is incorporated by reference and is available at "(HYPERLINK)", or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(c) If a youth refuses to provide consent for substance abuse evaluation and treatment, the department shall determine the need for a court order for the provision of such services.

(2) Youth Consent for Release of Substance Abuse Records

(a) Substance abuse records of service providers pertaining to the identity, diagnosis, and prognosis of and service provision to a youth may not be disclosed without the written consent of the youth to whom they pertain. However, appropriate disclosure may be made without written consent as specified in Section 397.501(7), F.S.

(b) Any written consent for disclosure may be given only by the youth. This restriction on disclosure includes any disclosure of youth identifying information to the parent, legal guardian or custodian for the purpose of obtaining financial reimbursement.

(c) Youth consent for release of substance abuse records shall be provided on the Youth Consent for Release of Substance Abuse Treatment Records Form (MHSA 013) or on a form developed by the program which contains all the information required in form MHSA 013. The Youth Consent for Release of Substance Abuse Treatment Records Form (MHSA 013, August 2006) is incorporated by reference and is available at "(HYPERLINK)", or may be obtained by

contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(3) A copy of any court order authorizing substance abuse treatment must be placed in the youth's Individual Healthcare Record.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.601(3)(a), 985.14(3)(a), 985.145(1), 985.18, 985.48(4), 985.64(2) FS. History—New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Gayla Sumner, DJJ Interim Chief Medical Director
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Wansley Walters, Secretary
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 19, 2013
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: October 29, 2010

Section III Notice of Changes, Corrections and Withdrawals

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

RULE NOS.:	RULE TITLES:
61-31.101	License Requirements
61-31.402	Discretionary Hardship Reinstatement of Null or Void Licenses
61-31.505	Approval of Continuing Education Courses

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. 39, No. 99, May 21, 2013 issue of the Florida Administrative Register.

61-31.101 License Requirements.

(1) No change.

(2) (a) through (c) No change.

(d) Submits a complete set of electronic fingerprints through the following procedure:

1. through 2. No change.

3. Applicants must provide accurate demographic information at the time the fingerprints are taken. The department will not be able to process a submission that does not include a Social Security number (except for AB&T customers that are not citizens of the United States).

a. No change.

4. No change.

(3) through (6) No change.

Form DBPR MRS 0701, Application for Licensure, is modified as follows:

The requirement that the applicant submit “evidence of” projects performed has been clarified to state that the applicant will submit “a list of” projects performed. Instructions, section I(d)(iii), no longer requires the applicant to “[p]rovide one experience log per year of experience.” Application, section IV(b), no longer requires the applicant to submit invoices or an Experience Log per year of experience. “EXPERIENCE LOG” has been changed to “EXPERIENCE LIST.”

61-31.402 Discretionary Hardship Reinstatement of Void Licenses.

(1) No change.

(2) Complete the application DBPR MRS 0701 form, effective April 2013, as adopted in Rule 61-31.101, F.A.C. ~~The form may be obtained by contacting the department at the following address: Mold Related Services Licensing Unit, 1940 N. Monroe Street, Tallahassee, Florida 32399 0783 or at _____.~~ The application shall include a letter requesting reinstatement under this rule and documentation to establish illness or economic hardship including the nature and duration.

(3) No change.

61-31.505 Approval of Continuing Education Courses.

Form DBPR MRS 0704, Application for Continuing Education Course Approval or Renewal, is modified as follows: the “Instructions Regarding Report Writing” course component was removed from section III of the application.

Section IV Emergency Rules

DEPARTMENT OF THE LOTTERY

RULE NO.: RULE TITLE:

53ER13-77 Replacement of Obsolete Emergency Rule

SUMMARY: This emergency rule is replacing another emergency rule that has been determined to be obsolete or unnecessary by the Department of the Lottery.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER13-77 Replacement of Obsolete Emergency Rule.

The following Department of the Lottery emergency rule relating to the Florida Lottery's Performance Management Program ("Program") is being replaced because the permanent rules for the Program have been adopted and the emergency rule is no longer necessary. This rule shall replace 53ER13-65 F.A.C.

Rulemaking Authority - 24.109(1) FS. Law Implemented - 24.109(1), 120.74(1)(c) FS. History--New 11-26-13, Replaces 53ER13-65.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: November 26, 2013

DEPARTMENT OF THE LOTTERY

RULE NO.: RULE TITLE:

53ER13-78 Ultimate Tailgate Party Drawing

SUMMARY: This emergency rule describes the Ultimate Tailgate Party drawing that will be held on February 11, 2014, in which players will have the chance to win a Pro Football Hall of Fame 50th Anniversary VIP Experience prize.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER13-78 Ultimate Tailgate Party Drawing.

(1) Beginning Tuesday, December 3, 2013, through Sunday, February 9, 2014, players who purchase a single POWERBALL® or POWERBALL with Power Play® ticket of \$10 or more will receive an entry voucher with a unique number that can be entered into the Ultimate Tailgate Party drawing on the Florida Lottery's website for a chance to win a Pro Football Hall of Fame 50th Anniversary VIP Experience prize.

(2) Qualifying POWERBALL ticket purchases will produce entry vouchers beginning on December 3, 2013, through 10:00 p.m. on February 9, 2014.

(3) Vouchers. The entry voucher will be attached to the bottom of the POWERBALL ticket. To enter an entry voucher number in the drawing, players must enter on the Lottery's website at www.flalottery.com. On the home page of the Lottery's website, players can click on the Ultimate Tailgate Party drawing banner and follow the directions. The entry voucher number is located at the bottom on the front of the entry voucher. Players are to enter the first 13-digits of the 19-digit entry voucher number. A player will be able to enter his or her entry voucher numbers beginning at the top of the hour after the POWERBALL ticket is purchased. A player entering

an entry voucher number prior to the top of the hour after purchase will be directed to return at a later time to enter his or her entry voucher number in the drawing. The POWERBALL ticket number cannot be used for entry in the drawing. The odds of winning are dependent upon the number of entries received. Entry vouchers should not be mailed to the Lottery unless players are contacted by the Florida Lottery and requested to do so. Entry vouchers or tickets received in the mail by the Florida Lottery will not be entered into the drawing and will not be returned.

(4) Drawing. One computerized drawing will be held on Tuesday, February 11, 2014. Forty-eight (48) winners will be randomly selected from entries submitted during the entry period and will each win a Pro Football Hall of Fame 50th Anniversary VIP Experience ("or VIP Experience") prize. A total of forty-eight (48) prizes will be awarded in the drawing. Players may enter as many times as they wish during the contest period. However, each valid voucher number may only be used one time, for one entry into the drawing. The entry submission deadline is midnight ET on Sunday, February 9, 2014. In the drawing, the first through the forty-eighth valid entries drawn will win a VIP Experience prize. Twelve additional alternate entries will be drawn and will be used in the order in which they are drawn to select an alternate prizewinner in the event a VIP Experience prize cannot be awarded. All entries are subject to validation by the Florida Lottery and may be disqualified if eligibility requirements are not met.

(5) Notification. The Florida Lottery will attempt to notify each prize winner in the Ultimate Tailgate Party drawing by telephone, U.S. mail or email using the contact information provided in the winner's registration data no later than twenty-four hours after the winners are posted on the Florida Lottery's website.

(a) If the Florida Lottery is unable to have personal contact with a prizewinner within three business days of the date the winners are posted on the website, the winner will forfeit his or her right to claim the prize and the Florida Lottery will award the prize to an alternate winner as set forth in subsection (4) above. If the Florida Lottery is unable to have personal contact with the first available alternate winner within three business days of the date of award of the prize, the first alternate winner will forfeit his or her right to claim the prize and the Florida Lottery will award the prize to the second available alternate. If the Florida Lottery is unable to have personal contact with the second alternate winner within three business days of the date of the award of prize, the second alternate winner will forfeit his or her right to claim the prize and the prize will not be awarded.

(b) In the event a prizewinner does not return the required forms within the timeframe set forth in subsection (6) below,

the Florida Lottery will attempt to notify an alternate winner as described in paragraph (5)(a) above, except that only one notification attempt will be made. If the Florida Lottery is unable to have personal contact with an alternate winner within three business days of the date of award, the alternate winner will forfeit his or her right to claim the prize and the prize will not be awarded.

(c) The Florida Lottery will notify each alternate in the Ultimate Tailgate Party drawing by email using the contact information provided in the alternate's registration data no later than twenty-four hours after the drawing. The email notification will notify the alternate of his or her alternate status and instruct the alternate to retain the original valid entry voucher that is required to claim a prize, until further notified by the Florida Lottery that he or she is an alternate winner of a prize or that the prizes have been fulfilled and the original valid entry voucher may be discarded.

(6) How to Claim a Prize. To claim a prize in the Ultimate Tailgate Party drawing, the winner must submit to the Florida Lottery the original valid entry voucher bearing the unique number selected in the drawing. Without such voucher, the winner will forfeit his or her right to claim a prize. Winners must submit the valid entry voucher along with a completed Winner Claim Form DOL-173-2, revised 02/11, or DOL-173-2S, revised 02/11, and a copy of acceptable identification. A prize winner must also submit a notarized Florida Lottery Release and Authorization form DOL-474, revised 8/13, or Spanish Florida Lottery Release and authorization Form DOL-474S, effective 8/13. Forms DOL-173-2, DOL-173-2S, DOL-474 and DOL-474S are hereby incorporated by reference and can be obtained from any Lottery office, from the Lottery's website, www.flalottery.com, or by writing to: Florida Lottery, Customer Service, 250 Marriott Drive, Tallahassee, Florida 32399-4016. The required forms must be received by the Florida Lottery no later than five business days after the winner is notified by the Florida Lottery that he or she is a winner. If the Florida Lottery has not received the required forms by the fifth business day after notification, the winner will forfeit his or her right to claim the prize and the Florida Lottery will award the prize to an alternate winner as described in subsections (4) and (5) above. If the Florida Lottery has not received an alternate winner's required forms by the earlier of the fifth business day after notification or March 4, 2014, the winner will forfeit his or her right to claim the prize and the prize will not be awarded.

(7) Pro Football Hall of Fame 50th Anniversary VIP Experience Prizes.

A Pro Football Hall of Fame 50th Anniversary VIP Experience prize consists of the following:

1. Roundtrip coach class airfare for up to four persons from a U.S. international airport to Cleveland Hopkins

International Airport, or \$1,000 per prizewinner, if the prizewinner and guests elect for self-transportation;

2. Up to two double occupancy rooms (room and room tax only) at a deluxe accommodations hotel in Cleveland, Ohio for four nights;

3. All ground transfers between the destination airport and the assigned hotel and, if applicable and necessary, to and from Scientific Games International, Inc. ("SGI") events;

4. Admission to the Ultimate Tailgate Party and Cash Event ("Cash Event") for the prizewinner and up to three guests as further described in subsection (19) below;

5. Admission for the prizewinner and up to three guests to the Pro Football Hall of Fame Fan Festival, Pro Football Hall of Fame and Rock N' Roll Hall of Fame; and

6. \$500.

The value of the prize, including the cash portion, is \$11,250. The Florida Lottery will pay applicable federal income tax withholding on the value of the prize. The reportable taxable value of the prize includes the value of the prize and the value of the federal income tax withholding paid by the Lottery. The reportable taxable value of the prize for a U.S. citizen is \$15,000.

(8) The VIP Experience prize does not include: mileage, insurance, gratuities, meals (other than those provided without charge at any event), parking fees, baggage fees, alcoholic beverages (other than those served without charge at any reception and/or party), any items not expressly specified and personal expenses such as telephone calls, valet service, laundry, incidentals and the like, as well as revision or cancellation fees which may be charged by the airlines, hotel or other supplier.

(9) VIP Experience Prize Fulfillment. Upon receipt of a prizewinner's required documentation, the Florida Lottery will award a VIP Experience prize and will provide the winner a certificate describing the VIP Experience prize and fulfillment process. The prizewinner's information will be provided to the fulfillment company, MDI Entertainment, LLC ("MDI"). MDI will contact the prizewinner within ten business days from the date of receipt of the prizewinner's information to make trip arrangements and shall mail the prizewinner a check for \$500 approximately two weeks prior to the scheduled trip departure date. MDI will provide the prizewinner the appropriate IRS tax form.

(10) If a prizewinner's guest is traveling via air from a location that is different than the prizewinner's location and the cost of the guest's airfare is in excess of the prizewinner's airfare, the guest shall be responsible for the difference between the two airfares. Additionally, the cost of the guest's ground transfers shall be the responsibility of the guest.

(11) In the event that a prizewinner does not use one or more portions of the VIP Experience prize, the unused portion

or portions of the prize shall be forfeited with the exception of the \$500 cash, and the entire value of the prize shall remain taxable income to the prizewinner.

(12) A VIP Experience prize is not transferable or assignable without the express written consent of the Lottery. If the prizewinner advises the Lottery in advance of travel arrangements being made that he or she is unable to take the trip portion of the VIP Experience prize, the prize winner will receive the \$500 cash portion of the VIP Experience prize and may designate a proxy to use the trip portion in his or her stead and participate in the Cash Event. In such event, the prizewinner shall receive any prize won by the proxy, less applicable taxes, and the VIP Experience prize and all prizes won by the proxy in the Cash Event will be taxable to the prizewinner. If the prizewinner advises the Lottery after travel arrangements have been made that he or she is unable to take the trip portion of the VIP Experience prize, the prizewinner may designate a proxy to use the trip portion of the VIP Experience prize and participate in the Cash Event; however, the prizewinner shall be responsible for any revision, rebooking, transfer or cancellation fees that may be charged by the airline or other supplier.

(13) If a prizewinner is traveling via air and fails to appear at the designated time and place of departure, the balance of his or her VIP Experience prize shall be forfeited with the exception of the \$500 cash prize; however, the value of the prize shall remain taxable income to the prizewinner.

(14) If a prizewinner fails to check in to the hotel when he or she arrives in Cleveland, the balance of his or her VIP Experience prize shall be forfeited with the exception of the \$500 cash prize; however, the value of the prize shall remain taxable income to the prizewinner.

(15) A prizewinner or MDI may designate a proxy to attend the Cash Event, if the winner is unable to attend. If a proxy is designated, the winner forfeits the right to personally play for cash prizes; however, the proxy shall play in the prizewinner's place and all prizes won by the proxy shall be awarded to the prizewinner, less applicable taxes, and shall remain taxable to the prizewinner.

(16) A prizewinner is solely responsible for the actions of the guests who accompany the prizewinner to the event. If a prizewinner's guest is a minor, the prizewinner must either be the parent or legal guardian of such guest, or must present a notarized, written consent from the minor's parent or legal guardian for the minor guest to accompany the prizewinner.

(17) The prizewinners, designee(s), or guest(s) must have a valid credit card or shall be required to post cash deposit for incidentals to check in to the hotel.

(18) No cash option is available in lieu of the non-cash portion of a Pro Football Hall of Fame 50th Anniversary VIP Experience prize.

(19) Ultimate Tailgate Party and Cash Event. The VIP Experience prize includes admission to a private tailgate party event for the prizewinner and up to three guests to be held on or about May 2, 2014, at the International Exposition in Cleveland, Ohio. The Ultimate Tailgate Party will be attended by approximately 100 inducted members of the Pro Football Hall of Fame (each an "HOF Member") and a total of 200 prizewinners and their guests from 18 state lotteries. The prizewinner and his or her guests will dine with one of the HOF Members and have the opportunity to play a series of tournament games with another HOF member. Prior to the Ultimate Tailgate Party, the prizewinner will have the opportunity to play a game of chance to win a cash prize of \$25,000. The odds of winning a \$25,000 prize are 1 in 50. If the prizewinner does not win a \$25,000 prize, the prizewinner will be awarded a \$1,000 prize. If the prizewinner wins a \$25,000 prize, the prizewinner will have the opportunity to play a game of chance during the Ultimate Tailgate Party to win an additional \$1,000,000 prize. The odds of winning the \$1,000,000 prize are 1 in 1,000. MDI shall mail the prizewinner a check for the total cash prize amount won at the Cash Event, less applicable Ohio state tax and federal income tax withholding, within fifteen business days after the prizewinner departs from Cleveland and shall provide each prizewinner the appropriate IRS tax form. Ohio state taxes may be recoverable from the State of Ohio. Any State Owed Debt owed by the prizewinner shall also be collected as set forth in subsection (20) below.

(20) The prizewinner will be analyzed twice for State Owed Debt. The first analysis will occur at the time the VIP Experience prize is claimed. If the winner of a grand prize is identified as owing an outstanding debt to a state agency or child support collected through a court, the debt will be collected in accordance with Section 24.115, Florida Statutes. If the debt is an amount of less than the cash portion of the VIP Experience prize (\$500), the non-cash portion of the prize and the cash portion of the prize less the amount owed shall be awarded. If the winner is identified as owing such a debt in an amount greater than the cash portion of the prize, the winner's entire cash portion of the prize will be applied toward the outstanding debt as provided in section 24.115, Florida Statutes, and the winner will receive the remaining non-cash portion of the prize. The second analysis will occur after the prizewinner has participated in the Cash Event and the total cash won has been determined. If the winner is identified as owing an outstanding debt to a state agency or child support collected through a court, the debt will be collected in accordance with section 24.115, Florida Statutes.

(21) Except as specifically mentioned herein, all federal, state and/or local taxes or other fees on VIP Experience prizes and Cash Event prizes will be the responsibility of the winner.

(22) The prizewinners in the drawing will be posted on www.flalottery.com, on the day of the drawing.

(23) The right to claim a prize cannot be assigned to another person or entity.

(24) All prizes are subject to the provisions of Chapter 24, Florida Statutes, and rules promulgated thereunder. Prizes will be paid in accordance with the rule of the Florida Lottery governing payment of prizes. Copies of the current prize payment rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

(25) Players must be at least 18 years of age. Persons prohibited by Section 24.116, Florida Statutes, from purchasing a Florida Lottery ticket are not eligible to play.

(26) A player entering the Ultimate Tailgate Party drawing is deemed to have granted permission for the Florida Lottery to photograph and/or videotape and record the prizewinner with or without prior notification and to use the name, photograph, videotape, and/or recording of the prizewinner for advertising or publicity purposes without additional compensation.

(27) The Ultimate Tailgate Party drawing shall be public, held in Tallahassee, Florida, and witnessed by an accountant employed by an independent certified public accounting firm. Rulemaking Authority 24.105(9), 24.109(1) FS. Law Implemented 24.105(9), 24.115(1) FS. History—New 11-26-13.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.
EFFECTIVE DATE: November 26, 2013

DEPARTMENT OF THE LOTTERY

RULE NO.: RULE TITLE:
53ER13-79: Instant Game Number 1214, TIC TAC SNOW TRIPLER

SUMMARY: This emergency rule describes Instant Game Number 1214, "TIC TAC SNOW TRIPLER" for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:


53ER13-79 Instant Game Number 1214, TIC TAC SNOW TRIPLER.

(1) Name of Game. Instant Game Number 1214, "TIC TAC SNOW TRIPLER."

(2) Price. TIC TAC SNOW TRIPLER lottery tickets sell for \$1.00 per ticket.

(3) TIC TAC SNOW TRIPLER lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning TIC TAC SNOW TRIPLER lottery ticket, the ticket must meet the applicable requirements of Rule 53ER13-31, F.A.C.

(4) The play symbols and play symbol captions are as follows:

1	2	4	5	6	7	8	9	
ONE	TWO	FOUR	FIVE	SIX	SEVEN	EIGHT	NINE	SNOWMAN

(5) The bonus play symbols and play symbol captions are as follows:

TRY AGAIN	NO BONUS	TRY AGAIN	NO BONUS	3X
NO BONUS	TRY AGAIN	NO BONUS	TRY AGAIN	TRIPLE


(6) The prize symbols and prize symbol captions are as follows:

\$1.00	\$2.00	\$3.00	\$5.00	\$6.00	\$10.00	\$15.00
ONE	TWO	THREE	FIVE	SIX	TEN	FIFTEEN
\$25.00	\$30.00	\$45.00	\$75.00	\$100	\$300	\$3,000
THY FIVE	THIRTY	FRTY FIVE	SVTY FIVE	ONE HUN	THR HUN	THR THOU

(7) The legends are as follows:

PRIZE BONUS

(8) Determination of Prizewinners.

(a) A ticket having three " " symbols and corresponding captions in any one row, column or diagonal line shall entitle the claimant to the corresponding prize shown in the "PRIZE BOX." A ticket having a "**3X**" symbol and corresponding caption in the "BONUS BOX" shall entitle the claimant to three times the prize shown in the "PRIZE BOX."

(b) The prizes are: \$1.00, \$2.00, \$3.00, \$5.00, \$6.00, \$10.00, \$15.00, \$25.00, \$30.00, \$45.00, \$75.00, \$100, \$300 and \$3,000.

(9) The estimated odds of winning, value, and number of prizes in Instant Game Number 1214 are as follows:

GAME PLAY	WIN	ESTIMATED	NUMBER OF
		ODDS OF	WINNERS IN
		1 IN	34 POOLS OF
			240,000 TICKETS
		PER POOL	
\$1	\$1	10.00	816,000
\$1 (3X)	\$3	21.43	380,800
\$3	\$3	21.43	380,800
\$2 (3X)	\$6	300.00	27,200
\$6	\$6	300.00	27,200
\$10	\$10	300.00	27,200

\$5 (3X)	\$15	500.00	16,320
\$15	\$15	750.00	10,880
\$25	\$25	600.00	13,600
\$10 (3X)	\$30	4,800.00	1,700
\$30	\$30	4,800.00	1,700
\$15 (3X)	\$45	5,333.33	1,530
\$45	\$45	6,000.00	1,360
\$25 (3X)	\$75	12,000.00	680
\$75	\$75	12,000.00	680
\$100	\$100	4,800.00	1,700
\$100 (3X)	\$300	80,000.00	102
\$300	\$300	120,000.00	68
\$3,000	\$3,000	240,000.00	34

(10) The estimated overall odds of winning some prize in Instant Game Number 1214 are 1 in 4.77. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(11) For reorders of Instant Game Number 1214, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(12) Payment of prizes for TIC TAC SNOW TRIPLER lottery tickets shall be made in accordance with the rule of the Florida Lottery governing payment of prizes.

A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

Rulemaking Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History—New 11-26-13.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.
EFFECTIVE DATE: November 26, 2013

DEPARTMENT OF THE LOTTERY

RULE NO.: 53ER13-80
RULE TITLE: Instant Game Number 1215, CHOCOLATE COVERED 7’S

SUMMARY: This emergency rule describes Instant Game Number 1215, “CHOCOLATE COVERED 7’S” for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst,

Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER13-80 Instant Game Number 1215, CHOCOLATE COVERED 7’S.

(1) Name of Game. Instant Game Number 1215, “CHOCOLATE COVERED 7’S.”

(2) Price. CHOCOLATE COVERED 7’S lottery tickets sell for \$2.00 per ticket.

(3) CHOCOLATE COVERED 7’S lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning CHOCOLATE COVERED 7’S lottery ticket, the ticket must meet the applicable requirements of Rule 53ER13-31, F.A.C.

(4) The “YOUR NUMBERS” play symbols and play symbol captions are as follows:

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX	8 EIGHT	9 NINE	10 TEN	7 WIN	♥ DOUBLE
11 ELEVEN	12 TWELVE	13 THIRTEEN	14 FOURTEEN	15 FIFTEEN	16 SIXTEEN	18 EIGHTEEN	19 NINETEEN	20 TWENTY		

(5) The “WINNING NUMBERS” play symbols and play symbol captions are as follows:

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX	8 EIGHT	9 NINE	10 TEN
11 ELEVEN	12 TWELVE	13 THIRTEEN	14 FOURTEEN	15 FIFTEEN	16 SIXTEEN	18 EIGHTEEN	19 NINETEEN	20 TWENTY

(6) The prize play symbols and play symbol captions are as follows:

\$1.00 ONE	\$2.00 TWO	\$4.00 FOUR	\$5.00 FIVE	\$10.00 TEN	\$15.00 FIFTEEN	\$20.00 TWENTY	
\$30.00 THIRTY	\$40.00 FORTY	\$100 ONE HUN	\$200 TWO HUN	\$400 FOUR HUN	\$1,000 ONE THOU	\$5,000 FIVE THOU	\$30,000 THIRTY THOU

(7) The legends are as follows:

YOUR NUMBERS WINNING NUMBERS

(8) Determination of Prizewinners.

(a) A ticket having a play symbol and corresponding play symbol caption in the “YOUR NUMBERS” play area that matches either play symbol and corresponding play symbol caption in the “WINNING NUMBERS” play area shall entitle the claimant to the corresponding prize shown for that symbol.

A ticket having a “7 WIN” symbol and corresponding caption in the “YOUR NUMBERS” play area shall entitle the claimant

to the prize shown for that symbol. A ticket having a “DOUBLE” symbol and corresponding caption in the “YOUR NUMBERS” play area shall entitle the claimant to double the prize shown for that symbol.

(b) The prizes are: \$1.00, \$2.00, \$4.00, \$5.00, \$10.00, \$15.00, \$20.00, \$30.00, \$40.00, \$100, \$200, \$400, \$1,000, \$5,000 and \$30,000.

(9) The estimated odds of winning, value and number of prizes in Instant Game Number 1215 are as follows:

GAME PLAY	WIN	ESTIMATED ODDS OF 1 IN	NUMBER OF WINNERS IN 84 POOLS OF 180,000 TICKETS PER POOL
\$1 (HEART)	\$2	37.50	403,200
\$1 x 2	\$2	37.50	403,200
\$2	\$2	21.43	705,600
\$1 x 4	\$4	75.00	201,600
(\$1 x 2) + \$2	\$4	75.00	201,600
\$2 (HEART)	\$4	37.50	403,200
\$2 x 2	\$4	75.00	201,600
\$4	\$4	75.00	201,600
\$1 x 5	\$5	375.00	40,320
(\$1 x 3) + \$2	\$5	375.00	40,320
\$2 (HEART) + \$1	\$5	375.00	40,320
\$1 + \$4	\$5	375.00	40,320
\$5	\$5	375.00	40,320
\$1 x 10	\$10	250.00	60,480
\$2 x 5	\$10	250.00	60,480
\$5 (HEART)	\$10	250.00	60,480
\$5 x 2	\$10	250.00	60,480
\$10	\$10	250.00	60,480
\$5 + (\$2 x 5)	\$15	750.00	20,160
\$5 + \$5 (HEART)	\$15	750.00	20,160
\$2 + (\$4 x 2) + \$5	\$15	750.00	20,160
\$5 + \$10	\$15	750.00	20,160
\$15	\$15	750.00	20,160
\$2 x 10	\$20	750.00	20,160
\$4 x 5	\$20	750.00	20,160
\$10 (HEART)	\$20	750.00	20,160
\$10 x 2	\$20	750.00	20,160
\$20	\$20	750.00	20,160
\$4 x 10	\$40	4,500.00	3,360
\$5 x 8	\$40	4,500.00	3,360
\$10 x 4	\$40	4,500.00	3,360
\$20 (HEART)	\$40	3,000.00	5,040
\$40	\$40	4,500.00	3,360
\$10 x 10	\$100	4,500.00	3,360
(\$10 x 4) + (\$30 x 2)	\$100	4,500.00	3,360
\$20 x 5	\$100	4,500.00	3,360
\$20 + \$20 (HEART) + \$40	\$100	4,500.00	3,360
\$20 + (\$40 x 2)	\$100	4,500.00	3,360
\$100	\$100	4,500.00	3,360
\$20 x 10	\$200	18,000.00	840
\$20 + (\$30 x 6)	\$200	18,000.00	840
\$40 x 5	\$200	18,000.00	840
\$100 (HEART)	\$200	18,000.00	840
\$200	\$200	18,000.00	840
\$40 x 10	\$400	45,000.00	336
\$100 x 4	\$400	45,000.00	336
\$200 x 2	\$400	45,000.00	336

\$200 (HEART)	\$400	45,000.00	336
\$400	\$400	45,000.00	336
\$100 x 10	\$1,000	180,000.00	84
\$200 x 5	\$1,000	180,000.00	84
\$200 + \$200 (HEART) + \$400	\$1,000	180,000.00	84
\$200 + (\$400 x 2)	\$1,000	180,000.00	84
\$1,000	\$1,000	180,000.00	84
\$5,000	\$5,000	180,000.00	84
\$30,000	\$30,000	945,000.00	16

(10) The estimated overall odds of winning some prize in Instant Game Number 1215 are 1 in 4.35. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(11) For reorders of Instant Game Number 1215, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(12) Payment of prizes for CHOCOLATE COVERED 7'S lottery tickets shall be made in accordance with the rule of the Florida Lottery governing payment of prizes.

A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

Rulemaking Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History—New 11-26-13.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: November 26, 2013

DEPARTMENT OF THE LOTTERY

RULE NO.: 53ER13-81
 RULE TITLE: Instant Game Number 5006, BEJEWELED™ DIAMOND PAYOUT.

SUMMARY: This emergency rule describes Instant Game Number 5006, "BEJEWELED™ DIAMOND PAYOUT" for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER13-81 Instant Game Number 5006, BEJEWELED™ DIAMOND PAYOUT.

(1) Name of Game. Instant Game Number 5006, “BEJEWELED™ DIAMOND PAYOUT.”

(2) Price. BEJEWELED™ DIAMOND PAYOUT lottery tickets sell for \$3.00 per ticket.

(3) BEJEWELED™ DIAMOND PAYOUT lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning BEJEWELED™ DIAMOND PAYOUT lottery ticket, the ticket must meet the applicable requirements of Rule 53ER13-31, F.A.C.

(4) The Game 1 play symbols and play symbol captions are as follows:



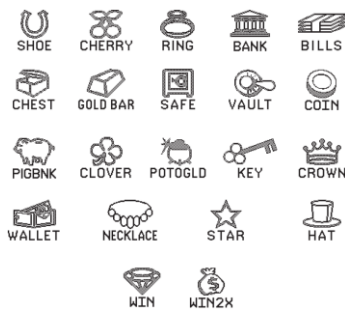
(5) The Game 2 play symbols and play symbol captions are as follows:



(6) The Game 1 and Game 2 gem symbols and gem symbol captions are as follows:



(7) The Game 3 play symbols and play symbol captions are as follows:



(8) The prize symbols and prize symbol captions are as follows:



(9) The legends are as follows:


**GAME
ROW 1 ROW 2 ROW 3 GAME 1 2 GAME 3
JEWELER'S GEMS YOUR GEMS PRIZE**


(10) Determination of Prizewinners.

There are three games on a ticket. Each game is played separately. Players may win in one or more games per ticket.

(a) Game 1. There are three horizontal rows in Game 1. A ticket having three identical gem symbols and corresponding gem symbol captions in one row shall entitle the claimant to the corresponding prize shown for that row.

(b) Game 2. A ticket having a gem symbol and corresponding gem symbol caption in the “YOUR GEMS” play area that matches a gem symbol and corresponding gem symbol caption in the “JEWELER’S GEMS” play area shall entitle the claimant to the corresponding prize shown for that symbol.

(c) Game 3. A ticket having a “ ” play symbol and corresponding play symbol caption in the play area shall entitle the claimant to the corresponding prize shown. A ticket

having a “ ” play symbol and corresponding play symbol caption in the play area shall entitle the claimant to double the corresponding prize shown.

(d) The prizes are: \$3.00, \$5.00, \$10.00, \$15.00, \$20.00, \$30.00, \$50.00, \$60.00, \$75.00, \$100, \$500, \$1,000, and \$50,000.

(11) The estimated odds of winning, value, and number of prizes in Instant Game Number 5006 are as follows:

GAME PLAY	WIN	ESTIMATED ODDS OF 1 IN	NUMBER OF 126 POOLS OF 120,000 TICKETS PER POOL
\$3	\$3	10	1,512,000
\$5	\$5	11	1,360,800
\$10	\$10	100	151,200
\$5 (DBL)	\$10	100	151,200
\$15	\$15	250	60,480
\$10 + \$5	\$15	250	60,480
\$5 x 3	\$15	500	30,240
\$20	\$20	500	30,240
\$10 (DBL)	\$20	500	30,240
\$5 x 4	\$20	250	60,480
\$15 + \$5	\$20	500	30,240
\$30	\$30	400	37,800
\$10 (DBL) + \$5 x 2	\$30	400	37,800
\$5 x 6	\$30	400	37,800
\$3 x 10	\$30	400	37,800

\$50	\$50	1,091	13,860
\$5 x 10	\$50	1,200	12,600
\$10 (DBL) + \$10 x 3	\$50	1,200	12,600
\$60	\$60	6,000	2,520
\$5 x 12	\$60	2,400	6,300
\$75	\$75	6,000	2,520
\$5 x 5 + \$10 x 2 + \$15 x 2	\$75	3,000	5,040
\$100	\$100	6,000	2,520
\$50 (DBL)	\$100	12,000	1,260
\$10 x 9 + \$5 x 2	\$100	6,000	2,520
\$500	\$500	12,000	1,260
\$50 x 8 + \$30 x 3 + \$10	\$500	12,000	1,260
\$1,000	\$1,000	20,000	756
\$100 x 8 + \$50 x 4	\$1,000	24,000	630
\$50,000	\$50,000	756,000	20

(12) The estimated overall odds of winning some prize in Instant Game Number 5006 are 1 in 4.09. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(13) For reorders of Instant Game Number 5006, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(14) Payment of prizes for BEJEWELED™ DIAMOND PAYOUT lottery tickets shall be made in accordance with the rule of the Florida Lottery governing payment of prizes.

A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

Rulemaking Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History—New 11-26-13.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.
EFFECTIVE DATE: November 26, 2013

DEPARTMENT OF THE LOTTERY

RULE NO.: 53ER13-82
RULE TITLE: Instant Game Number 1217, LUCKY LOOT
SUMMARY: This emergency rule describes Instant Game Number 1217, "LUCKY LOOT," for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners;

estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER13-82 Instant Game Number 1217, LUCKY LOOT.

(1) Name of Game. Instant Game Number 1217, "LUCKY LOOT."

(2) Price. LUCKY LOOT lottery tickets sell for \$5.00 per ticket.

(3) LUCKY LOOT lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning LUCKY LOOT lottery ticket, the ticket must meet the applicable requirements of Rule 53ER13-31, F.A.C.

(4) The "YOUR NUMBERS" play symbols and play symbol captions are as follows:

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX	7 SEVEN	8 EIGHT	9 NINE	10 TEN	11 ELEVEN
12 TWELVE	13 THIRTEEN	14 FOURTEEN	15 FIFTEEN	16 SIXTEEN	17 SEVENTEEN	18 EIGHTEEN	19 NINETEEN	20 TWENTY	21 TWENTYONE	22 TWENTYTWO
23 TWENTYTHREE	24 TWENTYFOUR	25 TWENTYFIVE	26 TWENTYSIX	27 TWENTYSEVEN	28 TWENTYEIGHT	29 TWENTYNINE	30 THIRTY	31 THIRTYONE	32 THIRTYTWO	33 THIRTYTHREE
34 THIRTYFOUR	WIN	DOUBLE	TOTEMES	MINALL						

(5) The "WINNING NUMBERS" play symbols and play symbol captions are as follows:

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX	7 SEVEN	8 EIGHT	9 NINE	10 TEN	11 ELEVEN
12 TWELVE	13 THIRTEEN	14 FOURTEEN	15 FIFTEEN	16 SIXTEEN	17 SEVENTEEN	18 EIGHTEEN	19 NINETEEN	20 TWENTY	21 TWENTYONE	22 TWENTYTWO
23 TWENTYTHREE	24 TWENTYFOUR	25 TWENTYFIVE	26 TWENTYSIX	27 TWENTYSEVEN	28 TWENTYEIGHT	29 TWENTYNINE	30 THIRTY	31 THIRTYONE	32 THIRTYTWO	33 THIRTYTHREE
34 THIRTYFOUR	35 THIRTYFIVE	36 THIRTYSIX	37 THIRTYSEVEN	38 THIRTYEIGHT	39 THIRTYNINE	40 FORTY	41 FORTYONE	42 FORTYTWO	43 FORTYTHREE	44 FORTYFOUR

(6) The prize play symbols and play symbol captions are as follows:



\$2.00 TWO	\$5.00 FIVE	\$10.00 TEN	\$15.00 FIFTEEN	\$20.00 TWENTY	\$25.00 THIRTY FIVE	\$30.00 THIRTY
\$50.00 FIFTY	\$100 ONE HUN	\$500 FIVE HUN	\$1,000 ONE THOU	\$5,000 FIVE THOU	\$10,000 TEN THOU	\$250,000 THORUNFTY THOU

(7) The legends are as follows:

WINNING NUMBERS YOUR NUMBERS

(8) Determination of Prizewinners.

(a) A ticket having a play symbol and corresponding play symbol caption in the "YOUR NUMBERS" play area that matches a play symbol and corresponding play symbol caption in the "WINNING NUMBERS" play area shall entitle the claimant to the corresponding prize shown for that symbol. A ticket having a "WIN" symbol and corresponding caption in the "YOUR NUMBERS" play area shall entitle the claimant to the prize shown for that symbol. A ticket having a "DOUBLE" symbol and corresponding caption in the "YOUR NUMBERS" play area shall entitle the claimant to double the

prize shown for that symbol. A ticket having a “” symbol and corresponding caption in the “YOUR NUMBERS” play area shall entitle the claimant to ten times the prize shown for that symbol. A ticket having a “” symbol and corresponding caption in the “YOUR NUMBERS” play area shall entitle the claimant to all twelve prizes shown.

(b) The prizes are: \$2.00, \$5.00, \$10.00, \$15.00, \$20.00, \$25.00, \$30.00, \$50.00, \$100, \$500, \$1,000, \$5,000, \$10,000 and \$250,000.

(9) The estimated odds of winning, value and number of prizes in Instant Game Number 1217 are as follows:

GAME PLAY	WIN	ESTIMATED ODDS OF 1 IN	NUMBER OF WINNERS IN 126 POOLS OF 120,000 TICKETS PER POOL
\$5	\$5	10.00	1,512,000
\$2 x 5	\$10	30.00	504,000
\$5 x 2	\$10	60.00	252,000
\$5 (SHAMROCK)	\$10	30.00	504,000
\$10	\$10	60.00	252,000
\$5 x 3	\$15	300.00	50,400
\$5 + \$5 (SHAMROCK)	\$15	150.00	100,800
\$5 + \$10	\$15	300.00	50,400
\$15	\$15	300.00	50,400
\$2 x 10	\$20	300.00	50,400
\$2 (10X COIN)	\$20	300.00	50,400
\$5 x 4	\$20	300.00	50,400
\$10 (SHAMROCK)	\$20	300.00	50,400
\$20	\$20	300.00	50,400
\$2 (10X COIN) + \$5	\$25	1,200.00	12,600
\$5 x 5	\$25	1,200.00	12,600
\$5 + (\$10 x 2)	\$25	2,000.00	7,560
\$5 + \$10 (SHAMROCK)	\$25	1,200.00	12,600
\$25	\$25	2,000.00	7,560
(\$2 x 10) + (\$5 x 2)	\$30	1,200.00	12,600
\$2 (10X COIN) + \$10	\$30	1,500.00	10,080
\$10 x 3	\$30	1,600.00	9,450
\$15 (SHAMROCK)	\$30	1,500.00	10,080
\$30	\$30	1,600.00	9,450
(\$2 x 5) + (\$5 x 6) + \$10 (POT OF GOLD)	\$50	1,200.00	12,600
\$5 x 10	\$50	1,500.00	10,080
\$5 (10X COIN)	\$50	1,500.00	10,080
\$25 (SHAMROCK)	\$50	1,500.00	10,080
\$50	\$50	2,000.00	7,560
(\$5 x 10) + (\$25 x 2) (POT OF GOLD)	\$100	1,200.00	12,600

\$10 x 10	\$100	2,000.00	7,560
\$10 (10X COIN)	\$100	1,200.00	12,600
\$10 + (\$30 x 3)	\$100	2,000.00	7,560
\$50 (SHAMROCK)	\$100	2,000.00	7,560
\$100	\$100	2,000.00	7,560
(\$25 x 4) + (\$50 x 8) (POT OF GOLD)	\$500	8,000.00	1,890
\$50 x 10	\$500	15,000.00	1,008
\$50 (10X COIN)	\$500	15,000.00	1,008
\$100 x 5	\$500	15,000.00	1,008
(\$100 x 3) + \$100 (SHAMROCK)	\$500	15,000.00	1,008
\$500	\$500	15,000.00	1,008
(\$50 x 4) + (\$100 x 8) (POT OF GOLD)	\$1,000	40,000.00	378
\$100 x 10	\$1,000	40,000.00	378
\$100 (10X COIN)	\$1,000	40,000.00	378
\$500 (SHAMROCK)	\$1,000	40,000.00	378
\$1,000	\$1,000	40,000.00	378
\$500 x 10	\$5,000	120,000.00	126
\$5,000	\$5,000	120,000.00	126
\$10,000	\$10,000	120,000.00	126
\$250,000	\$250,000	1,260,000.00	12

(10) The estimated overall odds of winning some prize in Instant Game Number 1217 are 1 in 4.03. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(11) For reorders of Instant Game Number 1217, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(12) Payment of prizes for LUCKY LOOT lottery tickets shall be made in accordance with the rule of the Florida Lottery governing payment of prizes.

A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

Rulemaking Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History—New 11-26-13.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: November 26, 2013

Section V
Petitions and Dispositions Regarding Rule
Variance or Waiver

NONE

Section VI
Notice of Meetings, Workshops and Public
Hearings

DEPARTMENT OF STATE
Division of Historical Resources

The Bureau of Historic Preservation, Florida Folklife Council announces a telephone conference call to which all persons are invited.

DATE AND TIME: December 11, 2013, 9:00 a.m. until conclusion

PLACE: R.A. Gray Building, Room 404, 500 South Bronough Street, Tallahassee, Florida 32399-0250

GENERAL SUBJECT MATTER TO BE CONSIDERED: To review applications for the Florida Historical Marker Program. A copy of the agenda may be obtained by contacting: Michael Zimny, 1(800)847-7278 or via email: Michael.Zimny@dos.myflorida.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Michael Zimny, 1(800)847-7278 or via email: Michael.Zimny@dos.myflorida.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Michael Zimny, 1(800)847-7278 or via email: Michael.Zimny@dos.myflorida.com.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

The Florida State Fair Authority, Marketing Committee announces a public meeting to which all persons are invited.

DATE AND TIME: December 16, 2013, 10:30 a.m.

PLACE: Florida State Fairgrounds

GENERAL SUBJECT MATTER TO BE CONSIDERED: Old and New Business.

A copy of the agenda may be obtained by contacting Sonia Velez at (813)627-4221.

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 Sonia Velez at (813)627-4221. 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 Sonia Velez at (813)627-4221.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

The Florida State Fair Authority Board announces a public meeting to which all persons are invited.

DATE AND TIME: December 16, 2013, 11:00 a.m.

PLACE: Florida State Fairgrounds

GENERAL SUBJECT MATTER TO BE CONSIDERED: Old and New Business.

A copy of the agenda may be obtained by contacting Sonia Velez at (813)627-4221.

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 Sonia Velez at (813)627-4221. 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 Sonia Velez at (813)627-4221.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Administration

The Florida Agricultural Museum Executive Committee announces a telephone conference call to which all persons are invited.

DATE AND TIME: Wednesday, December 4, 2013, 9:00 a.m.

PLACE: Call-in Number: 1(888)670-3525, Conference Code: 351-171-6520

GENERAL SUBJECT MATTER TO BE CONSIDERED: This is a meeting of the Executive Committee to discuss board business.

A copy of the agenda may be obtained by contacting: Bruce Piatek, (386)446-7630.

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: Bruce Piatek, (386)446-7630. 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 Office of Early Learning announces a public meeting to which all persons are invited.

DATE AND TIME: December 5, 2013, 9:00 a.m.

PLACE: Office of Early Learning, 250 Marriott Drive, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Work group meeting on the development of a school readiness funding formula.

Webinar Information: to start or join the online meeting go to: <https://suncom.webex.com/suncom/j.php?ED=45822858&UID=492523952&PW=NMWUXNTVKMTY3&RT=MIMxMQ%3D%3D>

Call-in Number: 1(888)670-3525; Participant Code 836 086 9955

A copy of the agenda may be obtained by contacting: Harriet.Moore@OEL.MyFlorida.com.

DEPARTMENT OF REVENUE

RULE NO.: RULE TITLE:

12-24.023 Recordkeeping Requirements – General

The Florida Department of Revenue announces a public meeting to which all persons are invited.

DATE AND TIME: December 10, 2013, 9:00 a.m. during a regular meeting of the Governor and Cabinet

PLACE: Cabinet Meeting Room, Lower Level, The Capitol, Tallahassee, Florida

Please refer to the Cabinet Agenda posted to the Department’s Internet site at <http://dor.myflorida.com/dor/rules> prior to attending a meeting.

GENERAL SUBJECT MATTER TO BE CONSIDERED: Approval of the proposed rules listed below. These proposed rules were noticed in the October 21, 2013 (Vol. 39, No. 205, pp. 5238-5276), Florida Administrative Register:

Rule Chapter 12-24, F.A.C. – Payment of Taxes and Submission of Returns by Electronic Means; Taxpayer Recordkeeping and Retention Requirements (Rule 12-24.023, F.A.C.)

Rule Chapter 12-28, F.A.C. – Remittance Requirements for Clerks of the court, Municipalities, and Counties (Rule 12-28.008, F.A.C.)

Rule Chapter 12A-1, F.A.C. – Sales and Use Tax (Rules 12A-1.059, 12A-1.0641, and 12A-1.097, F.A.C.)

A Notice of Change to Rule 12A-1.059, F.A.C. (Fuels), published in the November 4, 2013 (Vol. 39, No. 215, p. 5481), and November 22, 2013 (Vol. 39, No. 228, p. 5765), issue of the Florida Administrative Register. A Notice of Change to Rule 12A-1.0641, F.A.C. (Sales of Vessels Used in Interstate or Foreign Commerce or for Commercial Fishing Purposes), published in the November 22, 2013 (Vol. 39, No. 228, pp. 5765 - 5766), issue of the Florida Administrative Register.

Rule Chapter 12A-16, F.A.C. – Rental Car Surcharge (Rule 12A-16.008, F.A.C.)

Rule Chapter 12A-19, F.A.C. – Communications Services Tax (Rules 12A-19.071, and 12A-19.100, F.A.C.)

Rule Chapter 12B-5, F.A.C. – Fuels and Pollutants Tax (Rules 12B-5.020, 12B-5.060, 12B-5.080, 12B-5.090, 12B-5.130, 12B-5.140, 12B-5.150, 12B-5.200, 12B-5.300, and 12B-5.500, F.A.C.)

Rule Chapter 12B-8, F.A.C. – Insurance Premium Tax (Rules 12B-8.0016, and 12B-8.003, F.A.C.)

A Notice of Change to Rule 12B-8.003, F.A.C. (Tax Statement; Overpayments), published in the November 22, 2013 (Vol. 39, No. 228, p. 5766), issue of the Florida Administrative Register.

Rule Chapter 12C-1, F.A.C. – Corporate Income Tax (Rule 12C-1.051, F.A.C.)

Rule Chapter 12C-2, F.A.C. - Intangible Personal Property Tax (Rule 12C-2.0115, F.A.C.)

Rule Chapter 12C-3, F.A.C. – Estate Tax (Rules 12C-3.0015, 12C-3.0025, 12C-3.0035, 12C-3.0045, 12C-3.0055, 12C-3.008, 12C-3.010, 12C-3.011, and 12C-3.012, F.A.C.)

A copy of the agenda may be obtained by contacting: Kim Hancock at (850)617-8346 or by going to the Department’s Internet site at <http://dor.myflorida.com/dor/rules>.

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: Kim Hancock at (850)617-8346. 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 REVENUE

Corporate, Estate and Intangible Tax

RULE NOS.:RULE TITLES:

12C-1.0196 Research and Development Tax Credit

12C-1.051 Forms

The Florida Department of Revenue announces a public meeting to which all persons are invited.

DATE AND TIME: December 10, 2013, 9:00 a.m., during a regular meeting of the Governor and Cabinet

PLACE: Cabinet Meeting Room, Lower Level, The Capitol, Tallahassee, Florida

Please refer to the Cabinet Agenda posted to the Department's Internet site at <http://dor.myflorida.com/dor/rules> prior to attending a meeting.

GENERAL SUBJECT MATTER TO BE CONSIDERED: Approval to publish a Notice of Proposed Rule for the following rule sections:

Rule 12C-1.0196, F.A.C. – Research and Development Tax Credit

Rule 12C-1.051, F.A.C. – Forms

A copy of the agenda may be obtained by contacting: Kim Hancock at (850)617-8346 or by going to the Department's Internet site at <http://dor.myflorida.com/dor/rules>.

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 days before the workshop/meeting by contacting: Kim Hancock at (850)617-8346. 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 REVENUE

Property Tax Oversight Program

The Department of Revenue announces a public meeting to which all persons are invited.

DATE AND TIME: December 10, 2013, 9:00 a.m., during a regular meeting of the Governor and Cabinet

PLACE: Cabinet Meeting Room, Lower Level, the Capitol, Tallahassee, Florida. Please refer to the Cabinet Agenda posted to the Department's Internet site at <http://dor.myflorida.com/dor/rules/> before attending a meeting.

GENERAL SUBJECT MATTER TO BE CONSIDERED: Adoption of and approval to file and certify the following proposed rules with the Secretary of State under Chapter 120, Florida Statutes. The Department held rule development workshops on August 14, 2012 and September 19, 2012 at which the public offered comments and suggestions. The August workshop was noticed in the July 27, 2012 (Vol. 38, No. 30, pp. 3073 - 3076), Florida Administrative Register. The September workshop was noticed in the August 31, 2012 (Vol. 38, No. 35, pp. 3561-3564), F.A.R. In addition, the Department published four Notices of Rule Development on July 29, 2013 (Vol. 39, No. 146, pp. 3736-3738). There were no requests from the public to hold a workshop on any of these rules. On September 24, 2013, the Governor and Cabinet authorized the Department to publish Notices of Proposed Rule for the rules listed below. Notices of Proposed Rule were

published in the September 25, 2013 edition of the F.A.R. (Vol. 39, No. 187, pp. 4821-4841). A public hearing was subsequently held on October 17, 2013.

These rules are the subject of this meeting: 12D-1.002, F.A.C. (Definitions); 12D-1.009, F.A.C. (Mapping Requirements); 12D-1.010, F.A.C. (Reconciliation of Interim Tax Rolls – Form of Notification); 12D-1.011, F.A.C. (Notification to Property Appraiser of Land Development Restriction); 12D-6.006, F.A.C. (Fee Timeshare Real Property); 12D-7.0025, F.A.C. (Application for Certain Exemptions Before Receiving Statutorily Required Documentation); 12D-7.0143, F.A.C. (Additional Homestead Exemptions for Persons 65 and Older Whose Household Income Does Not Exceed \$20,000 Per Year); 12D-8.0065, F.A.C. (Transfer of Homestead Assessment Difference; "Portability"; Sworn Statement Required; Denials; Late Applications); 12D-9.001, F.A.C. (Taxpayer Rights in Value Adjustment Board Proceedings); 12D-9.019, F.A.C. (Scheduling and Notice of a Hearing); 12D-9.020, F.A.C. (Exchange of Evidence); and, 12D-16.002, F.A.C. (Index to Forms).

A copy of the agenda may be obtained by contacting: the Department's Internet site at <http://dor.myflorida.com/dor/rules/>.

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: Larry Green at (850)617-8871 or GreenLar@dor.state.fl.us. 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: Copies of these proposed rules, forms, and supporting documents may be obtained by going to PTO's web page at: <http://dor.myflorida.com/dor/property/vab/workshops.html> or, by contacting: Larry Green, Tax Law Specialist, Property Tax Oversight Program, Department of Revenue, P. O. Box 3000, Tallahassee, Florida 32315-3000, (850)617-8871, GreenLar@dor.state.fl.us.

DEPARTMENT OF TRANSPORTATION

The Florida Department of Transportation District 2 announces hearings to which all persons are invited.

DATES AND TIMES: Lake City Meeting: Thursday, December 5, 2013, 2:00 p.m. – 6:00 p.m.; Jacksonville Hearing: Monday, December 9, 2013, 5:30 p.m.

PLACE: Lake City Meeting: FDOT District Two Office, Madison Room, 1109 S. Marion Avenue, Lake City, FL. Jacksonville Hearing: FDOT District Two Urban Office, Training Facility, 2198 Edison Avenue, Jacksonville, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Transportation (FDOT) will conduct a public workshop and hearing pursuant to Section 339.135(4)(c), Florida Statutes, to consider the Department's (District Two and Florida's Turnpike Enterprise) Tentative Five-Year Work Program for Fiscal Years 2014/2015 through 2018/2019, and to consider the necessity of making any changes to the Work Program. All persons are invited to attend and be heard.

Written comments will be received by the Department at the meeting or hearing and until December 31, 2013. Comments should be addressed to: Mr. Greg Evans, FDOT District Two Secretary, 1109 S. Marion Avenue, Mail Station 2000, Lake City, FL 32025-5874 or 1(800)749-2967, ext. 7800 or Greg.Evans@dot.state.fl.us.

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

A copy of the agenda may be obtained by contacting: Mr. Bill Henderson, District Planning and Environmental Manager, Florida Department of Transportation District 2, 1109 S. Marion Avenue, MS 2007, Lake City, Florida 32025-5874.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Mr. Bill Henderson, District Planning and Environmental Manager, Florida Department of Transportation District 2, 1109 S. Marion Avenue, MS 2007, Lake City, Florida 32025-5874, (386)961-7873 or 1(800)749-2967, extension 7873. 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 TRANSPORTATION

The Florida Transportation Commission announces public meetings to which all persons are invited.

DATES AND TIMES: December 11, 2013, 10:00 a.m. until conclusion of business: Workshop; December 12, 2013, 8:30 a.m. until conclusion of business: Meeting

PLACES: December 11th FTC Workshop: Goodwood Museum & Gardens, Jubilee Cottage, 1600 Miccosukee Road, Tallahassee, FL 32308. December 12th FTC Meeting: FDOT Burns Auditorium, 605 Suwannee Street, Tallahassee, FL 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: December 11th: FTC Workshop. December 12th: FTC Meeting.

A copy of the agenda may be obtained by contacting: Lisa O. Stone, (850)414-4105.

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: Lisa O. Stone, (850)414-4105. 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: Florida Transportation Commission, 605 Suwannee Street, MS #9, Tallahassee, FL 32399 or phone: (850)414-4105.

WATER MANAGEMENT DISTRICTS

St. Johns River Water Management District

The St. Johns River Water Management District, Projects and Land Committee announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, December 9, 2013, 9:30 a.m., Projects and Land Committee site visit

PLACE: Starting location: Julington Durbin Preserve, 13200 Bartram Park Boulevard, Jacksonville FL 32258. The location of the site visit may be changed due to inclement weather or other unforeseen circumstances. Notice of such change will be available by contacting: St. Johns River Water Management District, Attention: Julie Green, 4049 Reid Street, Palatka, FL 32177, via email at jgreen@sjrwmd.com or by phone at (386)329-4240.

GENERAL SUBJECT MATTER TO BE CONSIDERED: Discussion of challenges and successes of managing conservation lands in the urban interface, restoring sandhills after having sand pine plantations, and controlling invasive plants.

A copy of the agenda may be obtained by contacting: St. Johns River Water Management District, Attention Missy McDermont, 4049 Reid Street, Palatka, FL 32177, (386)329-4214.

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: Julie Green, 4049 Reid Street, Palatka, FL 32177, via email at jgreen@sjrwmd.com or by phone at (386)329-4240. 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).

WATER MANAGEMENT DISTRICTS

South Florida Water Management District

The South Florida Water Management District announces a public meeting to which all persons are invited.

DATE AND TIME: December 10, 2013, 10:00 a.m. – 12:00 Noon, Lower West Coast Modeling Project Meeting

PLACE: City Hall Council Chambers, City of Bonita Springs, 9101 Bonita Beach Road, Bonita Springs, FL 34135

GENERAL SUBJECT MATTER TO BE CONSIDERED: Hydrostratigraphy and Modeling Data Update for the Lower West Coast Surficial and Intermediate Aquifer System.

A copy of the agenda may be obtained by contacting: Laura Kuebler, (561)682-2815, lkuebler@sfwmd.gov.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: The District Clerk, (561)682-2087. 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: Laura Kuebler, (561)682-2815, lkuebler@sfwmd.gov.

COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

The Commission for the Transportation Disadvantaged announces a workshop to which all persons are invited.

DATE AND TIME: December 10, 2013, 10:00 a.m.

PLACE: Polk County Board of County Commission Chambers, 330 West Church Street, Bartow, FL 33830, Dial-in Number:1(888)670-3525, Conference Code: 7993168355

GENERAL SUBJECT MATTER TO BE CONSIDERED: Non-Emergency Medical Transportation (NEMT) transition to Managed Medical Assistance.

A copy of the agenda may be obtained by contacting: Vicki Scheffer, 605 Suwannee St., MS 49, Tallahassee, FL 32399, (850)410-5700 or 1(800)983-2435.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Vicki Scheffer, 605 Suwannee St., MS 49, Tallahassee, FL 32399, (850)410-5700 or 1(800)983-2435. 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).

REGIONAL UTILITY AUTHORITIES

Tampa Bay Water – A Regional Water Supply Authority

The Tampa Bay Water announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, December 16, 2013, 9:00 a.m.

PLACE: 2575 Enterprise Road, Clearwater, FL 33763

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular Board Meeting.

A copy of the agenda may be obtained by contacting: Records Department, (727)796-2355.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to

participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Records Department, (727)796-2355. 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: Records Department, (727)796-2355.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Building Commission

The Department of Business and Professional Regulation, The Florida Building Commission, “THE COMMISSION”, announces a public meeting to which all persons are invited.

DATE AND TIME: December 13, 2013, 8:30 a.m.

PLACE: TradeWinds Hotel, 5500 Gulf Blvd., St. Pete Beach

GENERAL SUBJECT MATTER TO BE CONSIDERED:

The Florida Building Commission will review and decide on Accessibility Waiver Applications, review and decide on requests for Declaratory Statements; and take up and consider such other matters that appear on the Commission’s agenda. Specifically, the Commission will address:

Accessibility Waiver Applications:

- a. The Alamo Hotel – 4121 Indian Creek, Miami Beach
- b. South Beach 18 LLC, 125 18 Street, Miami Beach
- c. AXIS, 1437-1439 Washington Avenue, Miami Beach
- d. One Story Retail Building, 7350 Biscayne Boulevard, Miami
- e. 2501 Riverside Avenue Renovation, 2501 Riverside Avenue, Jacksonville
- f. Emotions AP LLC – Hotel/Rooming House, 927 Jefferson Avenue, Miami Beach
- g. Space D, 1471 Capital Circle, Tallahassee
- h. Dewey’s Indoor Golf and Sports Grill, 7720 Turkey Lake Road, Orlando

Petitions for Declaratory Statement:

- a. DS 2013-046 by Sal Delfino of Petersen Aluminum Corp. (Deferred from the October meeting)
- b. DS 2013-089 by Timothy Krebs of T.A. Krebs, LLC
- c. DS 2013-092 by Scott Greenberg
- d. DS 2013-103 by James Scott of J. Scott Drafting, Inc.
- e. DS 2013-104 by Mark Fairchild, P.E. of Milton Engineering Consultants, P.A.

Rules:

- a. 61G20-3, Product Approval

b. 61G20-6, Building Code Training Program

A copy of the agenda may be obtained by contacting: Mr. Jim Richmond or Marlita Peters, Building Codes and Standards Office, Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, Florida 32399-0772 or call (850)487-1824, refer to http://www.floridabuilding.org/fbc/meetings/1_meetings.htm.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 10 days before the workshop/meeting by contacting: Ms. Barbara Bryant, Building Codes and Standards Office, Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, Florida 32399-0772, (850)487-1824 or fax: (850)414-8436. 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: Mr. Jim Richmond or Marlita Peters, Building Codes and Standards Office, Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, Florida 32399-0772 or call (850)487-1824, refer to http://www.floridabuilding.org/fbc/meetings/1_meetings.htm.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

The Department of Environmental Protection announces a public meeting to which all persons are invited.

DATE AND TIME: December 6, 2013, 9:30 a.m.

PLACE: Conference Center, University of Florida IFAS Extension, Plant Science Research and Education Unit, 2556 West Highway 318, Citra, FL 32113

GENERAL SUBJECT MATTER TO BE CONSIDERED: This is the ninth technical meeting to discuss the Silver Springs Basin Management Action Plan (BMAP). DEP will present revisions made to the nitrogen loading inventory presented at the October meeting. Staff with the IFAS Extension Plant Science Research and Education Unit will give a tour of current agriculture best management practices research being conducted at the facility.

A copy of the agenda may be obtained by contacting: Ms. Mary Paulic, Department of Environmental Protection, 2600 Blair Stone Road, MS 3565, Tallahassee, Florida 32399-2400 or by calling her at (850)245-8560.

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 Ms. Mary Paulic at (850)245-8560. 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 HEALTH

Board of Medicine

The Board of Medicine - Probable Cause Panel South announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, December 13, 2013, 2:00 p.m.

PLACE: 1(888)670-3525, participation code: 125-528-7056

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a public meeting to reconsider disciplinary cases with prior findings of probable cause.

A copy of the agenda may be obtained by contacting: Sheila Autrey at (850)245-4444, ext. 8210 or email her at sheila_autrey@doh.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 10 days before the workshop/meeting by contacting: Sheila Autrey at (850)245-4444, ext. 8210 or email her at sheila_autrey@doh.state.fl.us. 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: Sheila Autrey at (850)245-4444, ext. 8210, or email her at sheila_autrey@doh.state.fl.us.

DEPARTMENT OF HEALTH

Board of Medicine

The Board of Medicine – Probable Cause Panel North announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, December 19, 2013, 2:00 p.m.

PLACE: (888)670-3525, participation code: 125-528-7056

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a public meeting to reconsider disciplinary cases with prior findings of probable cause.

A copy of the agenda may be obtained by contacting: Susan Chase at (850)245-4444, ext. 8145 or email her at susan_chase@doh.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the

agency at least 10 days before the workshop/meeting by contacting: Susan Chase at (850)245-4444, ext. 8145 or email her at susan_chase@doh.state.fl.us. 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: Susan Chase at (850)245-4444, ext. 8145, or email her at susan_chase@doh.state.fl.us.

DEPARTMENT OF HEALTH

Board of Pharmacy

The Board of Pharmacy Probable Cause Panel announces a telephone conference call to which all persons are invited.

DATE AND TIME: Thursday, December 12, 2013, 10:00 a.m. (updated from notice ID #13809519, published November 13, 2013, in Vol. 39, No. 221, F.A.R.)

PLACE: 1(888)670-3525, Conference Code: 5134896685

GENERAL SUBJECT MATTER TO BE CONSIDERED: To review those cases on which a determination of existence of probable cause has already been made.

A copy of the agenda may be obtained by contacting: The Florida Board of Pharmacy at (850)245-4292.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 10 days before the workshop/meeting by contacting: The Florida Board of Pharmacy at (850)245-4292. 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: The Florida Board of Pharmacy at (850)245-4292.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES Refugee Services

The Miami-Dade Refugee Task Force announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, December 13, 2013, 10:00 a.m. – 12:00 Noon

PLACE: Miami-Dade College, Wolfson Campus, 500 NE 2nd Avenue, Room 3208-9, Miami, FL 33132

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose of the Miami-Dade Refugee Task Force meeting is to increase awareness of the refugee populations, share best practices, spot trends in refugee populations, build collaborations between agencies, help create good communication among service providers, get informed about upcoming community events, and discuss refugee program service needs and possible solutions to meeting those needs.

A copy of the agenda may be obtained by contacting: Adria Dilme-Bejel at (786)257-5171 or Lourdes Dysna-Leconte at (786)257-5173.

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: Adria Dilme-Bejel at (786)257-5171 or Lourdes Dysna-Leconte at (786)257-5173. 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: Adria Dilme-Bejel at (786)257-5171 or Lourdes Dysna-Leconte at (786)257-5173.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES Refugee Services

The Orlando Area Refugee Task Force announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, December 11, 2013, 10:00 a.m. – 12:00 Noon

PLACE: TBD

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose of the Orlando Area Refugee Task Force meeting is to increase awareness of the refugee populations, share best practices, spot trends in refugee populations, build collaborations between agencies, help create good communication among service providers, get informed about upcoming community events, and discuss refugee program service needs and possible solutions to meeting those needs.

A copy of the agenda may be obtained by contacting: Pedro Padua at (407)317-7336 or Taddese Fessehayee at (407)317-7335.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Pedro Padua at (407)317-7336 or Taddese Fessehayee at (407)317-7335. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Pedro Padua at (407)317-7336 or Taddese Fessehayee at (407)317-7335.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Refugee Services

The Tallahassee Area Refugee Task Force announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, December 10, 2013, 10:30 a.m. – 12:30 p.m.

PLACE: TBD

GENERAL SUBJECT MATTER TO BE CONSIDERED:

The purpose of the Tallahassee Area Refugee Task Force meeting is to increase awareness of the refugee populations, share best practices, spot trends in refugee populations, build collaborations between agencies, help create good communication among service providers, get informed about upcoming community events, and discuss refugee program service needs and possible solutions to meeting those needs.

A copy of the agenda may be obtained by contacting: Theresa Leslie at (850)921-7944 or Taddese Fessehaye at (407)317-7335.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Theresa Leslie at (850)921-7944 or Taddese Fessehaye at (407)317-7335. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Theresa Leslie at (850)921-7944 or Taddese Fessehaye at (407)317-7335.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Refugee Services

The Department of Children and Families, Refugee Services announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, December 17, 2013, 1:00 p.m.

PLACE: Florida Department of Children and Families, 1317 Winewood Blvd., Bldg. 6, Conference Room A, Tallahassee, FL 32399-0700

GENERAL SUBJECT MATTER TO BE CONSIDERED:

Title: Organizational Meeting #2 of Negotiation Team for the Employment Services for Refugees and Entrants in Miami-Dade County (ITN# SNR14K02).

Description: As provided for in Sections 2.5 and 5.3 of this ITN which was published to the Vendor Bid System (VBS) on September 12, 2013. The VBS can be accessed at:

http://www.myflorida.com/apps/vbs/vbs_www.main_menu.

The purpose of the Organizational Meeting of Negotiation Team is to enable the Department to establish the principal terms and conditions needing to be negotiated with Vendors and create successful strategies that will be used during the negotiation process.

A copy of the agenda may be obtained by contacting: David_Draper@dcf.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Pamela Thornton, email: Pamela_Thornton@dcf.state.fl.us or (850)717-4567. 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: David_Draper@dcf.state.fl.us.

FLORIDA HOUSING FINANCE CORPORATION

The Florida Housing Finance Corporation announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesdays, January 8, 2014 – December 17, 2014, 2:00 p.m.

PLACE: Florida Housing Finance Corporation, 227 N. Bronough Street, 5th Floor, Formal or Executive Director's Conference Room, Suite 5000, Tallahassee, FL 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct meetings of the Corporation's State Housing Initiatives Partnership (SHIP) Program Review Committee. The purpose of these Review Committee Meetings is to consider SHIP related matters and approve New and Amended Local Housing Assistance Plans submitted by counties or entitlement municipalities participating in the SHIP Program.

A copy of the agenda may be obtained by contacting: Robert Dearduff, (850)488-4197 or robert.dearduff@floridahousing.org.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Robert Dearduff, (850)488-4197 or robert.dearduff@floridahousing.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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

FISH AND WILDLIFE CONSERVATION COMMISSION

Freshwater Fish and Wildlife

The Florida Fish and Wildlife Conservation Commission announces a public meeting to which all persons are invited.

DATE AND TIME: December 5, 2013, 7:00 p.m.

PLACE: Charlotte Harbor Event and Conference Center, Myakka River Room AB, 75 Taylor St., Punta Gorda, FL 33950

GENERAL SUBJECT MATTER TO BE CONSIDERED:
Purpose: to receive public comment regarding considerations for FWC's ten-year Management Plan for the FWC Lead Managed Portions of Babcock Webb Wildlife Management Area (BWWMA).

This hearing is being held exclusively for discussion of the draft Babcock Webb WMA Management Plan. This meeting is not being held to discuss area hunting or fishing regulations. For more information on the process for FWC rule and regulation development go online to: myfwc.com/about/rules-regulations/rule-changes/ or call (850)487-1764.

A Management Prospectus for Babcock Webb WMA and copy of the agenda is available upon request from the Florida Fish and Wildlife Conservation Commission, Land Conservation and Planning Group, 620 South Meridian Street, Tallahassee, Florida 32399-1600, Telephone: (850)487-9982 or (850)487-7063, email: Julie.Kilgore@myfwc.com.

DEPARTMENT OF FINANCIAL SERVICES

The Florida Department of Financial Services, Division of Information Systems announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, December 6, 2013, 10:30 a.m.

PLACE: Building, 200 E. Gaines St., Room 116, Tallahassee, Florida 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED:
This is the fourth meeting of the User Experience Task Force created in Section 2, Chapter No. 2013-054, Laws of Florida. The purpose of the meeting is to discuss the User Experience Task Force Work Plan Schedule and deliverables.

A copy of the agenda may be obtained by contacting: Angela Burroughs, Florida Department of Financial Services, Division of Information Systems, 200 E. Gaines St., Tallahassee, Florida 32399, (850)413-3184.

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: Angela Burroughs, Florida Department of Financial Services, Division of Information Systems, 200 E. Gaines St., Tallahassee, Florida 32399, (850)413-3184. 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: Angela Burroughs, Florida Department of Financial Services, Division of Information Systems, 200 E. Gaines St., Tallahassee, Florida 32399, (850)413-3184.

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 4, 2013, 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 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.

NORTH FLORIDA BROADBAND AUTHORITY

The North Florida Broadband Authority announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, December 11, 2013, 10:00 a.m.

PLACE: Lake City, City Hall, 205 NE Marion Street, Lake City, FL 32055

GENERAL SUBJECT MATTER TO BE CONSIDERED:
The North Florida Broadband Authority (NFBA) Board of Directors announces that a regular monthly meeting will be held on Wednesday, December 11, 2013, and all interested persons are invited. The NFBA is a public body created by Interlocal Agreement pursuant to Section 163.01, Florida Statutes. The meeting will be held at 10:00 a.m. at 205 NE Marion Street, Lake City, FL 32055. The Board will address general policy and operational matters of the NFBA.

A copy of the agenda may be obtained by contacting Springfield Law, P.A. at (352)371-9909.

In accordance with the Americans with Disabilities Act, persons needing special accommodations or an interpreter to

participate in this meeting should contact Springfield Law, P.A. at (352)371-9909 at least two business days prior to the date of the meeting. 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).

CITIZENS PROPERTY INSURANCE CORPORATION

The Audit Committee of Citizens Property Insurance announces a public meeting to which all persons are invited.

DATE AND TIME: December 12, 2013, 1.30 p.m.

PLACE: The Alford Inn, 300 East New England Avenue, Winter Park, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: As per the agenda.

A copy of the agenda may be obtained by contacting: Betty Veal at (904)407-0440 or on the website: www.citizensfla.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: Betty Veal. 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: Betty Veal.

VISIT FLORIDA

The VISIT FLORIDA Board of Directors Meeting announces a public meeting to which all persons are invited.

DATE AND TIME: January 15, 2014, 9:00 a.m.

PLACE: The Breakers, One South County Road, Palm Beach, FL 33480

GENERAL SUBJECT MATTER TO BE CONSIDERED: Discussion of programs, issues and other matters pertaining to the VISIT FLORIDA Board of Directors.

A copy of the agenda may be obtained by contacting: Becca VanLandingham.

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: Becca VanLandingham. 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: Becca VanLandingham.

JACKSONVILLE TRANSPORTATION AUTHORITY

The Jacksonville Transportation Authority announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, December 12, 2013, 5:00 p.m. – 7:00 p.m.

PLACE: Florida State College at Jacksonville South Campus, Nathan H. Wilson Center for the Arts (Lakeside Conference Room), 11901 Beach Boulevard, Jacksonville, FL 32246

GENERAL SUBJECT MATTER TO BE CONSIDERED: Bus Rapid Transit (BRT) East Corridor Study Scoping/Kick Off.

JTA, in cooperation with the Federal Transit Administration (FTA), is conducting an East Corridor Environmental Assessment (EA) study for the proposed implementation of a BRT system, connecting the Downtown area with Jacksonville Beach.

The purpose of the meeting is to kick off the corridor study, provide project information, and seek public comments about the project's features, station alternatives, and potential impacts. The meeting will be conducted as an open house. Please visit the Future Plans section on www.jtafla.com to preview the East Corridor Scoping Booklet.

A copy of the agenda may be obtained by contacting: Winova Hart-Mayer, Jacksonville Transportation Authority, 100 North Myrtle Avenue, Jacksonville, FL 32204 or email: whart@jtafla.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 7 days before the workshop/meeting by contacting: Winova Hart-Mayer, Jacksonville Transportation Authority, 100 North Myrtle Avenue, Jacksonville, FL 32204 or email: whart@jtafla.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: Winova Hart-Mayer, Jacksonville Transportation Authority, 100 North Myrtle Avenue, Jacksonville, FL 32204 or email: whart@jtafla.com.

ATKINS – TAMPA

The Florida Department of Transportation (FDOT), District Seven, announces a hearing to which all persons are invited.

DATE AND TIME: Thursday, December 5, 2013, 10:30 a.m. – 11:30 a.m.

PLACE: Online at: <https://www2.gotomeeting.com/register/795913602> or one of the following viewing locations:

Sun City Center Community Hall, 1910 Pebble Beach Boulevard South, Sun City Center, FL or FDOT, District Seven, Pelican Conference Room, 11201 N. McKinley Drive, Tampa, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: A Virtual Public Hearing (VPH) for the State Road (S.R.) 674 (Sun City Center Boulevard) proposed median changes at the following locations: El Rancho Drive/Stoneham Drive, and

East Del Webb Boulevard, Financial Project Number: 254677-2, Hillsborough County, Florida.

You may participate in the VPH in the following ways: 1) From any computer with an Internet connection by registering at: <https://www2.gotomeeting.com/register/795913602>, or 2) Attend in person at one of the locations listed above. If you plan to participate over the Internet, advance registration is required. Once registered, you will receive a confirmation email containing information about joining the VPH. The VPH will open at 10:30 a.m., and the project presentation will start promptly at 10:45 a.m. Please allow adequate time for login. After the PowerPoint presentation has concluded, there will be an opportunity for participants at both viewing locations, and those online, to provide verbal comments to be included in the official VPH record. After the verbal portion of the VPH has concluded, the project PowerPoint presentation will run continuously for the duration of the VPH.

This VPH is conducted to afford affected property and business owners, interested persons, local governments and organizations the opportunity to provide comments to FDOT District Seven regarding the potential effects of proposed median changes on S.R. 674 (Sun City Center Boulevard) at the following locations:

- Proposed modification of the existing full median opening at East Del Webb Boulevard. The existing median opening will become directional providing S.R. 674 eastbound traffic access to East Del Webb Boulevard by a left turn lane in the median. Motorists on East Del Webb Boulevard will no longer be able to directly access eastbound S.R. 674.

- The existing full median opening at El Rancho Drive/Stoneham Drive will become a signalized intersection.

Other improvements include extending the existing S.R. 674 westbound left turn lane at El Rancho Drive/Stoneham Drive; extending the existing sidewalks at East Del Webb Boulevard to the intersection; pedestrian sidewalk enhancements including pedestrian crosswalks; and upgrading curbs to Americans with Disabilities (ADA) standards.

This VPH is held pursuant to Chapters 120, 335.18, and 335.199, Florida Statutes. FDOT District Seven will receive verbal and written comments online and at each VPH location. Written comments not received at the hearing can be emailed to roadwork@dot.state.fl.us, attn.: VPH # S.R. 674 or mailed to Sandra Gonzalez, P.E., Project Manager, FDOT, District Seven, 11201 N. McKinley Drive, MS 7-1300, Tampa, FL 33612. All comments must be emailed or postmarked by December 16, 2013 to become part of the official VPH record. Participation via webinar is also considered part of the official VPH record.

A copy of the agenda may be obtained by contacting: Sandra Gonzalez, P.E., Project Manager at the address above, or at

1(800)226-7220, (813)975-6250 or by email: sandra.gonzalez@dot.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Sandra Gonzalez, P.E., Project Manager at above referenced addresses. 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: See above.

CH2M HILL

The Florida Department of Transportation (FDOT), District Four announces a workshop to which all persons are invited.

DATE AND TIMES: Thursday, December 5, 2013, 6:00 p.m. – 8:00 p.m.; Open house, 6:00 p.m. – 8:00 p.m.; a brief informational presentation will be available for viewing during the open house.

PLACE: Center for Creative Education, 425 24th Street, West Palm Beach, FL 33407

GENERAL SUBJECT MATTER TO BE CONSIDERED:

The Public Workshop is being conducted to give interested persons an opportunity to express their views concerning the proposed rail improvements between the South Florida Rail Corridor and the FEC Railway within the Northwood area of West Palm Beach in Palm Beach County, Florida. The proposed improvements include Rehabilitation of the Existing Northwood Connection (Financial Management Number 434948-1) and a New Northwood Connection alignment (Financial Management Number 434948-2).

A copy of the agenda may be obtained by contacting: Robert Bostian, Jr., P.E., Project Manager, Florida Department of Transportation, District Four, 3400 West Commercial Boulevard, Fort Lauderdale, FL 33309, by telephone at (954)777-4427 or toll free at 1(866)336-8435, extension 4427 or by email at Robert.Bostian@dot.state.fl.us. Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Robert Bostian, Jr., P.E. by telephone at (954)777-4427, toll free at 1(866)336-8435, extension 4427 or by email at Robert.Bostian@dot.state.fl.us. 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: Robert Bostian, Jr., P.E., FDOT Project Manager at the contact information above.

Section VII
Notice of Petitions and Dispositions
Regarding Declaratory Statements

DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION

Division of Florida Condominiums, Timeshares and Mobile
Homes

NOTICE IS HEREBY GIVEN that the Division of Florida
Condominiums, Timeshares, and Mobile Homes, Department
of Business and Professional Regulation, State of Florida, has
issued an order disposing of the petition for declaratory
statement filed by Richard D. & Genna W. Herbert, Docket
No. 2013037045, on September 6, 2013, and by James M.
Kosmas, Esq., Docket No. 2013038413, on September 13,
2013, In Re: Sea Coast Management, Inc. The following is a
summary of the agency’s disposition of the petition:

The books and records of Sea Coast Rentals, Inc. are not part
of the “official records” of Sea Coast Management, Inc.
Therefore, the books and records of Sea Coast Rentals, Inc.
are not subject to inspection by members of Sea Coast
Management, Inc. under Section 718.111(12), Florida
Statutes. The statement was filed with the Agency Clerk on
November 7, 2013.

A copy of the Order Disposing of the Petition for Declaratory
Statement may be obtained by contacting: Danny Brown,
Administrative Assistant II, at Department of Business and
Professional Regulation, Division of Florida Condominiums,
Timeshares, and Mobile Homes, 1940 North Monroe Street,
Tallahassee, Florida 32399-2217, (850)717-1486,
danny.brown@myfloridalicense.com.

DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION

Division of Florida Condominiums, Timeshares and Mobile
Homes

NOTICE IS HEREBY GIVEN that the Division of Florida
Condominiums, Timeshares, and Mobile Homes, Department
of Business and Professional Regulation, State of Florida, has
declined to rule on the petition for declaratory statement, In
Re: Venetia Condominium Association, Inc., filed by Steven
Bagenski, Docket No. 2013043360, on October 17, 2013, and
by Helio De La Torre, Esq. and Stephanie M. Chaissan, Esq.
on behalf of Calipolis Corp., Docket No. 2013045738, on
November 4, 2013. The following is a summary of the
agency’s declination of the petition:

The Division declined to issue a Declaratory Statement

because it may not issue a statement where the parties raise a
constitutional issue. The order was filed with the Agency
Clerk on November 20, 2013.

A copy of the Order Declining of the Petition for Declaratory
Statement may be obtained by contacting: Danny Brown,
Administrative Assistant II, at Department of Business and
Professional Regulation, Division of Florida Condominiums,
Timeshares, and Mobile Homes, 1940 North Monroe Street,
Tallahassee, Florida 32399-2217, (850)717-1486,
Daniel.Brown@myfloridalicense.com.

DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION

Division of Florida Condominiums, Timeshares and Mobile
Homes

NOTICE IS HEREBY GIVEN that the Division of Florida
Condominiums, Timeshares, and Mobile Homes, Department
of Business and Professional Regulation, State of Florida, has
issued an order disposing of the petition for declaratory
statement filed by Karl M. Scheuerman, Esq. and Peter S.
Sachs, Esq., In Re: Kings Point Recreation Corporation, Inc.,
Docket No. 2013021709, on May 17, 2013. The following is a
summary of the agency’s disposition of the petition:

Kings Point Recreation Corporation, Inc. is not an association
as defined by section 718.103(2), Florida Statutes. The
statement was filed with the Agency Clerk on November 15,
2013.

A copy of the Order Disposing of the Petition for Declaratory
Statement may be obtained by contacting: Danny Brown,
Administrative Assistant II, at Department of Business and
Professional Regulation, Division of Florida Condominiums,
Timeshares, and Mobile Homes, 1940 North Monroe Street,
Tallahassee, Florida 32399-2217, (850)717-1486,
Daniel.Brown@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 EDUCATION
University of Central Florida

Health Center Addition

NOTICE TO ARCHITECTS/ENGINEERS

The University of Central Florida, on behalf of its Board of Trustees, announces that services in the disciplines of architecture/engineering will be required for the project listed below:

Project No. UCF-#TBD Health Center Addition
Project and Location: Health Center Addition, University of Central Florida, Main Campus, Orlando, Florida
The project consists of a vertical addition to the existing Health Center, adding 10,000 GSF total with 5,000 GSF per floor. The addition is intended to include room for a Travel Clinic, Immunizations, and International Health Care. This level will include a waiting room area with separate clinical areas. The clinical areas will include classroom space for group presentations or immunization events. The other level will house Psychiatry & Substance Abuse departments that have a waiting area, check-in area, offices, and a small classroom. Design should maximize confidentiality while exuding a welcoming and hospitable environment.

The total project cost will be approximately \$2.1 million. This project is subject to the availability of funding.

FORM OF PROPOSALS

The selected Architectural/Engineering firm will provide program verification, design, construction documents, and administration for the project. Blanket professional liability insurance for the architect will be required for this project in the amount of \$2,000,000 and will be provided as a part of Basic Services.

The selection committee members have elected not to meet with proposed firms prior to the shortlist meeting.

INSTRUCTIONS FOR ARCHITECT AND CONSTRUCTION MANAGEMENT

Architectural/Engineering firms desiring to apply for consideration must include a letter of application and attach:

1. The most recent version of the Florida Board of Education "Professional Qualifications Supplement" (PQS) dated 7/03, completed by the applicant. Do not alter the PQS form.
2. A copy of the firm's current Professional Registration Certificates from the appropriate governing board. An applicant must be properly registered at the time of application to practice its profession in the State of Florida. If the applicant is a corporation, it must be chartered by the Florida Department of State to operate in Florida.

Application materials will not be returned.

Selection of finalists for interviews will be made on the basis of the architect/engineer qualifications. Firms will be evaluated in the following areas: experience and ability; past experience; cost estimating; qualifications of the firm's personnel, staff and consultants; and ability to include minority business enterprise participation and SDVOSB, as well as these specified criteria listed in the Project Fact Sheet. Proposals should address all of the selection criteria.

The Selection Committee may reject all proposals and stop the selection process at any time.

The plans and specifications for Florida Board of Education projects are subject to reuse. As required by University of Central Florida Regulations 7.102.22, a consultant/contractor may not submit a proposal for this project if it is on the convicted vendor list for a public entity crime committed within the past 36 months. The selected consultant/contractor must warrant that it will neither utilize the services of, nor contract with, any supplier, subcontractor, or consultant in excess of \$15,000.00 in connection with this project for a period of 36 months from the date of their being placed on the convicted vendor list.

Firms should carefully review the relevant UCF Architect/Engineer contract and the General Conditions documents. Submitting a proposal for this project constitutes complete agreement with and acceptance of the terms and conditions contained within these documents. These documents can be found on our website at www.fp.ucf.edu with the advertisement.

BADGING and Identification

Criminal background checks, E-verification, and drug testing verification will be provided for all employees and subcontractors. Picture ID cards will be worn at all times workers are on the job.

The Project Fact Sheet, Professional Qualifications Supplement forms and descriptive project information, may be obtained by contacting: Ms. Gina Seabrook, University of Central Florida, phone: (407)823-2166, fax: (407)823-5141, email: gina.seabrook@ucf.edu or on the Facilities Planning Website: www.fp.ucf.edu, under the heading, "Advertisements".

Four (4) bound copies of the required proposal data shall be submitted to: Mrs. Gina Seabrook, University of Central Florida, Office of Facilities Planning, 3528 North Perseus Loop, Orlando, FL 32816-3020. Submittals must be received by 5:00 p.m. local time, on January 3rd, 2014. Facsimile (FAX) submittals are not acceptable and will not be considered. Late submissions will not be accepted.

DEPARTMENT OF EDUCATION

Florida International University

6C8-5.009 Use of University Facilities

RULE NO.: RULE TITLE:

6C8-5.009 Use of University Facilities (Repealed)

The Florida International University Board of Trustees announces that services in the discipline of Architecture/Engineering are required for the project identified below:

Project Name and Number: Recreation Center Expansion, BT-903

Project Location: Modesto A. Maidique Campus (MMC), Miami, Florida

Project Description: This project is an expansion of the FIU Recreation Center at MMC that opened in August of 2005. The expansion will include additions constructed in one or more phases as well as alterations to the existing 50,000 gross square foot building in one or more phases.

Based on currently available funding, the Recreation Center Expansion plans to add the following spaces/square feet:

Basketball/Volleyball Gymnasium – 10,700 SF

Cardio Fitness Area – 2,600 SF

Weight Training Area – 3,200 SF

Locker Room Addition – 2,000 SF

Fitness Spinning Room – 1,400 SF

Fitness Matted Room – 1,400 SF

Fitness Assessment Room – 300 SF

General Storage Room – 300 SF

Collaborative Workspace – 300 SF

The goal for completion of construction for this project is April 2016. The design work for this project includes planning for anticipated further expansion of the Recreation Center. Based on the scope of work described above, the total building construction cost is approximately \$6,625,413 and the total project cost is approximately \$8,595,233. The University is committed to producing buildings that comply with

sustainable energy conservation strategies and standards (minimum LEED Silver Certification).

The project scope may be increased by the University, in its sole discretion, to include additional recreational spaces/square feet should a funding source for such scope increases be identified prior to project completion. These other spaces/square footage components may include a climbing wall, racquetball courts, a game room, an additional gymnasium, an indoor running track and swimming facilities. The total building construction cost and the total project cost may increase, in the University's sole discretion, by as much as fifty (50) percent.

Applicants are hereby notified that that in the event the University is unable to secure full funding necessary for either or the initial project components or added components, the University intends to proceed only with design and construction of fully funded project components and phase(s), if any.

INSTRUCTIONS:

Firms desiring to apply for consideration shall submit a letter of application. The letter of application should have attached:

1. A completed "Florida International University Professional Qualifications Supplement (FIUPQS)." The official FIUPQS forms must be downloaded from the FIU web site at <http://facilities.fiu.edu/projects/BT-903.htm>. Applications on any other form will not be considered.

2. A copy of the applicant's current Professional Registration Certificate from the appropriate Governing board. An applicant must be properly registered at the time of application to practice its profession in the State of Florida. If the applicant is a corporation, it must be properly chartered by the Florida Department of State to operate in Florida.

Submit eight (8) bound copies of the required proposal data and one electronic copy in Adobe Acrobat PDF format of the requested qualifications to: Selection Committee, Florida International University, Facilities Planning, Campus Support Complex, 11555 S.W. 17th St., Room CSC142, Modesto A. Maidique Campus, Miami, Florida 33199. Applications that do not comply with the above instructions will not be considered. Application material will not be returned. The University reserves the right to suspend or discontinue the selection process at any time and to return or reject any or all submissions of qualifications without obligation to the respondent. The award of this contract is subject to availability of funds.

The plans and specifications prepared by the A/E are subject to reuse in accordance with the provisions of Section 287.055, Florida Statutes. As required by Section 287.133, Florida Statutes, a consultant may not submit a proposal for this project if it is on the convicted vendor list for a public entity crime committed within the past 36 months. The selected

consultant must warrant that it will neither utilize the services of, nor contract with, any supplier, subcontractor, or consultant in excess of \$15,000.00 in connection with this project for a period of 36 months from the date of their being placed on the convicted vendor list.

FIU HAS CREATED STANDARD CONTRACT FORMS AND STANDARD INSURANCE REQUIREMENTS APPLICABLE TO A/E'S FOR A/E AND OTHER LICENSED PROFESSIONAL SERVICES TO PROVIDE FOR AN EFFICIENT AND EFFECTIVE PROCESS. THESE FORMS ARE AVAILABLE FOR REVIEW AND CAN BE FOUND AT <http://facilities.fiu.edu/formsandstandards.htm>.

ALL APPLICANTS SHOULD REVIEW THE APPLICABLE FIU CONTRACT FORM AND STANDARD INSURANCE REQUIREMENTS CAREFULLY PRIOR TO MAKING A DECISION AS TO WHETHER OR NOT TO RESPOND TO THIS ADVERTISEMENT.

The Project Fact Sheet, which describes the selection process schedule for this Project and additional information regarding the Project scope, may be obtained from the web-site: <http://facilities.fiu.edu/projects/BT-903.htm>. Requests for meetings by individual firms will not be granted. Once the firm acquires the required forms, questions may be directed to Facilities Planning at (305)348-4090 or via email to griffith@fiu.edu, cc: mazorras@fiu.edu.

Submittals must be received between 8:30 a.m. and 12:30 p.m. or 1:30 p.m. and 4:00 p.m. local time, Friday, January 3rd, 2014. Submittals will not be accepted before or after the times and date stated above. Facsimile (FAX) submittals are not acceptable and will not be considered.

**Section XII
Miscellaneous**

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motor Vehicles

Indian Motorcycle of Pompano Beach, LLC, for the establishment of Victory motorcycles

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that Polaris Sales and Service, Inc., intends to allow the establishment of Indian Motorcycle of Pompano Beach, LLC, as a dealership for the sale of motorcycles manufactured by Victory (line-make VICO) at 5111 North Federal Highway, Pompano Beach, (Broward County), Florida 33064, on or after December 27, 2013.

The name and address of the dealer operator(s) and principal investor(s) of Indian Motorcycle of Pompano Beach, LLC, are dealer operator(s): Christian Berian, 2541 Northeast 32nd Court, Lighthouse Point, Florida 33064; principal investor(s): Christian Berian, 2541 Northeast 32nd Court, Lighthouse Point, Florida 33064.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS 65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Michael W. Malone, Polaris Sales and Service, Inc., 2100 Highway 55, Medina, Minnesota 55340.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motor Vehicles

KM Powersports 2, LLC, for the establishment of BASH motorcycles

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that Peace Power Sports, Inc., intends to allow the establishment of KM Powersports 2, LLC, as a dealership for the sale of motorcycles manufactured by Chongqing Astronautical Bashan Motorcycle Manufacturer Co., Ltd. (line-make BASH) at 1402 Highway 92 West, Auburndale, (Polk County), Florida 33823, on or after December 27, 2013.

The name and address of the dealer operator(s) and principal investor(s) of Km Powersports 2, LLC, are dealer operator(s): Amber L. Moran, 1402 Highway 92 West, Auburndale, Florida 33823; principal investor(s): Amber L. Moran, 1402 Highway 92 West, Auburndale, Florida 33823.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS 65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Fang Liu, Peace Power Sports, Inc., 2533 Royal Lane, Suite 505, Dallas, Texas 75229.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motor Vehicles

Suncoast Motors, Inc. for the establishment of DAIX motorcycles

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that Pacific Rim International West, Inc., intends to allow the establishment of Suncoast Motors, Inc., as a dealership for the sale of motorcycles manufactured by Huzhou Daixi Zhenhua Technology Trade Co. Ltd. (DAIX) at 853 US 41 Bypass South, Venice, (Sarasota County), Florida 34285, on or after December 27, 2013.

The name and address of the dealer operator(s) and principal investor(s) of Suncoast Motors, Inc., are dealer operator(s): Robert Shapiro, 853 US Highway 41 Bypass South, Venice, Florida 34285; principal investor(s): Robert Shapiro, 853 US Highway 41 Bypass South, Venice, Florida 34285.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312 MS 65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Wendy Yu, Pacific Rim International West, Inc., 2181 East Francis Street, Ontario, California 91761.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

Santa Rosa Medical Center emergency service exemption

The Agency for Health Care Administration has received an application for an emergency service exemption from Santa Rosa Medical Center located at 6002 Berryhill Rd., Milton, FL 32570 pursuant to Section 395.1041(3), Florida Statutes, and Rule 59A-3.255, Florida Administrative Code. The hospital is requesting an emergency service exemption for Gastroenterology, Neurology, Pulmonary Medicine. Comments received within 15 days of publication will be considered by the Agency prior to making a determination of exemption status.

Additional information may be obtained by writing to the Agency for Health Care Administration, Attention: Julie Young, 2727 Mahan Drive, MS 31, Tallahassee, Florida 32308, by phone at (850)412-4549 or by email at Julie.Young@ahca.myflorida.com.

DEPARTMENT OF FINANCIAL SERVICES

FSC – Financial Institution Regulation

2011 Rule Review - Final Report

69U-120.730: Bank and Trust Company Assessments

69U-140.020: Semiannual Assessment

The Financial Services Commission, Office of Financial Regulation, has published the Final Report for its Group 2 rules, pursuant to Section 120.745, F.S. The Report was first published on the Office's website on November 26, 2013, and may be accessed at http://www.flofr.com/2011_Rule_Review.

Interested parties may contact Jo Morris, Office of Financial Regulation, 200 E. Gaines St., Suite 118, Tallahassee, FL 32399, fax: (850)410-9748, email: Jo.Morris@flofr.com.

DEPARTMENT OF ECONOMIC OPPORTUNITY

Division of Community Development

Final Order, DEO-13-125

NOTICE IS HEREBY GIVEN that the Florida Department of Economic Opportunity issued Final Order No. DEO-13-125 on November 25, 2013, in response to an application submitted by Montgomery Square Homeowners Association, Inc., for covenant revitalization under Chapter 720, Part III, Florida Statutes.

The Department determined that the application did not meet the statutory requirements for covenant revitalization because the application was submitted after the 60 day deadline contained in Section 720.406(1), Florida Statutes. Accordingly, the Department's Final Order denied the application 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 James.Bellflower@deo.myflorida.com.

Section XIII

**Index to Rules Filed During Preceding
Week**

NOTE: The above section will be published on Tuesday beginning October 2, 2012, unless Monday is a holiday, then it will be published on Wednesday of that week.
