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Aspen State Regulation Set: A 1.16 ASSISTED LIVING FACILITY

ST - A0000 - INITIAL COMMENTS

Title INITIAL COMMENTS

Rule

Type Memo Tag

Regulation Definition

Interpretive Guideline

ST - A0001 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

Interpretive Guideline

The facility is licensed to provide services at this location.

429.07(1), F.S.

The licensed location may consist of more than one building, an entire building, or a portion of a building or floor(s).

Entity named on the license owns/leases the facility.

The right of entry and inspection shall also extend to any premises which the Agency has reason to believe is being operated or maintained as a facility without a license. No such entry or inspection of any premises may be made without the permission of the owner or person in charge thereof, unless a warrant is first obtained from the circuit court authorizing such entry.

ST - A0002 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

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Regulation Definition

The license is displayed inside the ALF in a conspicuous place.

429.07(6), F.S.

Interpretive Guideline

The current license should be posted/hung in an area residents and visitors have access to (bulletin board, wall, etc.). Access can be limited to a reception area, waiting room or office as long as resident/visitor can access the area. Access is to be allowed at least during normal awake/business hours, 9-9, seven days a week. The license must show no signs of alteration.

If a license is lost or misplaced, the Agency may charge a fee to replace the license. The fee is equal to the cost of reprinting plus postage.

ST - A0003 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

It is unlawful to own, operate, or maintain an ALF without obtaining a license.

429.08(1)(a), F.S.

Interpretive Guideline

Any unlicensed facility that continues to operate after Agency notification is subject to a \$1,000 fine per day pursuant to 429.19(6), F.S.

ST - A0004 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

When a licensee has an interest in more than one assisted living facility and fails to license any one of these facilities, the Agency may revoke the license, impose a moratorium, or impose a fine on any or all of the licensed facilities until such time as the unlicensed facility is licensed or ceases operation.

Interpretive Guideline

Any licensed facility whose owner or administrator concurrently operates an unlicensed facility shall be subject to an administrative fine of \$5,000 per day pursuant to 429.19(7), F.S.

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429.08(1)(f), F.S.

ST - A0005 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

A license shall be valid only in the possession of the individual, firm, partnership, association, or corporation to which it is issued and shall not be subject to sale, assignment, or other transfer, voluntary or involuntary; nor shall a license be valid for any premises other than that for which originally issued.

429.07(7), F.S.

429.19(9), F.S.

58A-5.014(2)(e), F.A.C.

Interpretive Guideline

The license is being used by the individual, firm, association, corporation or partnership to which it was issued.

Failure to apply for a change of ownership of a licensed facility as required by s.429.12, F.S., shall result in a fine set and levied by the Agency.

This also applies to individual owners who incorporate and do not report this to the Agency sixty days in advance.

Possible closure for operating unlicensed.

ST - A0006 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

The transferor shall be responsible and liable for, the lawful operation of the facility and the welfare of the residents domiciled in the facility until the date the transferee is licensed by the agency.

429.12(3)(a)

Interpretive Guideline

The process may require a survey be conducted prior to recommending a provisional license if the facility has not been surveyed within the past 18 months or longer or has a history of poor performance.

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58A-5.014(2)(f)

ST - A0007 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

Any facility certified under chapter 651, or a retirement community is required to be licensed as an ALF if residential units are used by:

- a. Residents who receive personal services and the owner has not obtained a home health license to provide such services or
- b. Residents receive personal services and require supervision beyond that which is available while such services are being rendered.

429.04(2)(g), F.S.

Interpretive Guideline

Chapter 651, F.S., governs continuing care retirement communities and is administered by the Department of Insurance. A continuing care retirement community can have an independent living section and an assisted living section or nursing home section or both. The graduated levels of care allow the resident to age in place.

This applies to any building or distinct part of a building on the campus that is designated for residents who require staff supervision for the portion of the day when personal services are not being provided or to any facility that does not have a home health license and has residents who require personal services.

A retirement community consists of a licensed ALF, nursing home or independent apartments designed for independent living located on the same campus.

ST - A0008 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

The number of residents at the facility does not exceed the licensed capacity.

429.07(3), F.S.

429.19, F.S.

Interpretive Guideline

Exceeding the licensed capacity is prohibited, except during the time of a state of emergency as identified in 58A-5.026(5), F.A.C. For example, a facility's licensed capacity is six ALF residents with appropriate room/facilities for ten day care participants. If the surveyor finds 17 total clients being served, the facility should be cited for being over capacity by one.

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58A-5.0181(2)(g), F.A.C.

Residents accepted for temporary emergency shelter and services are counted in the facility census . A facility shall not exceed its licensed capacity in order to accept a temporary emergency shelter and services resident.

ST - A0009 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.019(4)(e)

If the ALF is co-located with a nursing home, nursing personnel assigned to the nursing home may respond to emergencies in the ALF provided that the nursing home exceeds the staffing standards prescribed by 59A-4, F.A.C., and the ALF or nursing home maintains a log of the time and date of each emergency call and a description of the problem and service rendered.

58A-5.019(10), F.A.C.

Interpretive Guideline

"Co-located" means the nursing home is on the same grounds as the ALF.

ST - A0010 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

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Regulation Definition

Any residential unit for independent living which is located within a facility certified under chapter 651, or any residential unit which is colocated with a nursing home licensed under part II or colocated with a facility licensed under this part in which services are provided through an outpatient clinic or a nursing home on an outpatient basis is exempt from licensure under this part.

429.04(2)(h), F.S.

Interpretive Guideline

ALFs co-located with a nursing home may continue to render nursing services to residents of independent apartments in the clinic, but only on an outpatient basis.

The clinic nurse may provide services in residential units occupied by ALF residents, but only to the extent that these services are authorized by law and rule for the particular facility license in effect (i.e., standard ALF license, limited nursing license). Once the service is rendered outside of the clinic, general ALF law and rules apply.

"Co-located" means the nursing home is on the same grounds as the ALF.

Clinic services are delivered in the clinic, not in the resident's apartment.

ST - A0011 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

The license is valid for the type of care provided.

An ALF may not hold itself out to the public as providing any service other than a service for which it is licensed to provide.

429.07(3), F.S.

429.47(1), F.S.

58A-5.033(5)(a)2., F.A.C.

Interpretive Guideline

The license is valid for the type of care provided.

A Standard, Extended Congregate Care (ECC), Limited Nursing Services (LNS), or Limited Mental Health (LMH) license allows for the provision of one or more personal services including administration of medications.

ADLs include ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks. These services are included with the issuance of an ALF license, and the facility must provide at least one and can provide all listed services. The facility contract with the resident should list the services provided to each resident. Services may differ from resident to resident.

In a standard ALF, s.429.255, F.S., allows individuals who are licensed according to Chapter 464, F.S. to take resident's vital signs, manage pill organizers for residents who self administer medication and give prepackaged enemas ordered by a physician. CNAs may take residents' vital signs as directed by a nurse or physician.

A facility cannot provide ECC, LNS, or LMH without first obtaining the appropriate license, even though the facility

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has a Standard ALF license.

If a facility is licensed as an ECC, LNS or LMH, it will appear on the license. No annotation on the license by a facility is acceptable. When applicable, these special services shall also be included in the resident contract or addendum thereto and may vary from one resident to another based on the resident's needs.

ST - A0012 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

The facility provides one or more personal care services to residents.

429.02(6), F.S.
429.02(17), F.S.
429.07(3)(a), F.S.

Interpretive Guideline

Personal services means direct physical assistance with or supervision of activities of daily living and the self-administration of medication and other similar services which the Department may define by rule.

Personal services include, but are not limited to, individual assistance with or supervision of essential activities of daily living, as eating, bathing, grooming, dressing, toileting, and ambulating; assistance with self administered medication. "Personal services" shall not be construed to mean the provision of medical, nursing, dental, or mental health services by the staff of a facility.

An emergency response device installed in the apartment or living area of a resident shall not be classified as a personal service.

If no personal care services are being offered or provided, the facility would not, qualify for an ALF license.

ST - A0013 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

If during the period for which a license is issued the owner

Interpretive Guideline

If the facility administrator has changed, the facility is required to complete and submit AHCA Form 3180-1006,

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changes administrators, the owner must notify both the Agency Field Office and Agency Central Office on AHCA Form 3180-1006, January 2006, within 10 days of the change.

January 2006, to both the Field Office and Central Office.

Notification is required within 10 days of the change of administrator.

429.176, F.S.
58A-5.019(1)(c), F.A.C.

ST - A0014 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

The new owner shall notify the residents, in writing, of the transfer of ownership within seven (7) days of his or her receipt of the license.

429.12(2)(b), F.S.
58A-5.014(2)(d), F.A.C.

Interpretive Guideline

The facility should have written proof of notification to the residents.

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.

ST - A0015 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

It is unlawful for any assisted living facility licensed under this part to contract or promise to pay or receive any commission, bonus, kickback, or rebate or engage in any split-fee arrangement in any form whatsoever with any physician, surgeon, organization, agency or person, either directly or indirectly, for residents referred to an ALF licensed under this

Interpretive Guideline

An ALF may not pay any person or agency for resident referrals. Any fee paid for placement or referral shall be paid by the individual looking for a facility.

Neither the facility nor any representative of the facility, pays or receives compensation, directly or indirectly, in any manner whatsoever, for a referral of a person for residency in the ALF.

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part.

If the facility has marketing employee(s), they must tell the prospective resident they are an employee or agent for the facility and any written materials must state this.

429.195, F.S.

A person or agency independent of the facility may provide placement or referral services for a fee to individuals seeking assistance in finding a suitable facility. Any fee paid for placement or referral services must be paid by the individual looking for a facility, not the facility.

A violation shall be considered patient brokering and is punishable as provided in s. 817.707, F.S.

ST - A0016 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

A person may not, in connection with the solicitation of contributions by or on behalf of an assisted living facility or facilities, misrepresent or mislead any person, by any manner, means, or practice, or device whatsoever, to believe that the receipts of such solicitation will be used for charitable purposes, if that is not the fact.

429.20(1), F.S.

Interpretive Guideline

ST - A0017 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

Solicitations of contributions of any kind in a threatening, coercive, or unduly forceful manner by or on behalf of an

Interpretive Guideline

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assisted living facility or facilities by any agent, employee, owner, or representative of any assisted living facility or facilities is grounds for denial, suspension, or revocation of the license of the assisted living facility or facilities by or on behalf of which such contributions were solicited.

429.20(2), F.S.

ST - A0018 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

The admission or maintenance of assisted living facility residents whose care is supported, in whole or in part, by state funds may not be conditioned upon the receipt of any manner of contribution or donation from any person.

429.20(3), F.S.

Interpretive Guideline

An assisted living facility may accept additional supplementation from third parties on behalf of residents receiving Optional State Supplementation.

The solicitation or receipt of contributions is a violation of this section and grounds for denial, suspension, or revocation of license, as provided in s. 429.14, F.S., for any assisted living facility by or on behalf of which such contributions were solicited.

ST - A0019 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

When a facility voluntarily discontinues operation, it shall inform the agency in writing at least 90 days prior to discontinuing operations.

429.31(1), F.S.

Interpretive Guideline

The facility should have written proof of notification to the Agency and residents. A competent resident does not have to accept social service agency assistance in placement.

The Agency may levy a fine in an amount no greater than \$5,000 upon each person or business entity that owns any interest in a facility that terminates operation without providing notice to the Agency of the facility at least 30 days

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429.31(5), F.S.

before operations cease. This does not apply to facilities involuntarily closed by the Agency.

In the event a resident has no person to represent him or her, the facility shall be responsible for referral to an appropriate social service agency for placement.

ST - A0020 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

At least 30 days prior to closing, the facility shall notify in writing each resident or next of kin, legal representative, or agency acting on the resident's behalf, of the fact and the proposed time of such discontinuance.

429.28(1)(k), F.S.

429.31(1), F.S.

429.31(5), F.S.

Interpretive Guideline

The Agency may levy a fine in an amount no greater than \$5,000 upon each person or business entity that owns any interest in a facility that terminates operation without providing notice to the residents of the facility at least 30 days before operations cease. This does not apply to facilities involuntarily closed by the Agency.

ST - A0021 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

It is unlawful for any person or public body to offer or advertise to the public, in any way by any medium whatever, personal services, without obtaining a valid current license.

429.47(1), F.S.

58A-5.0131(1), F.A.C.

Interpretive Guideline

Advertising is 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 ALF.

A listing of the facility name, address, and telephone number in the white pages of the telephone directory is not

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considered advertising.

Applicable advertising may include brochures, highway signs (billboards), newspaper ads, and listings or ads under "retirement" or "rest homes" in the telephone yellow pages, radio, and television announcements. Does not apply to white pages of the telephone directory.

Advertising in telephone directories is scheduled well in advance of publication. A copy of a letter to the telephone company advertising department is sufficient to verify cancellation of the ad.

ST - A0022 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

All advertising includes the term "Assisted Living Facility" before the license number.

429.47(7), F.S.
58A-5.0131(1), F.A.C.

Interpretive Guideline

Assisted living facility must be spelled out, the abbreviation ALF is not acceptable.

ST - A0023 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

A freestanding facility shall not advertise or imply that any part of it is a nursing home.

429.47(5), F.S.

Interpretive Guideline

"Freestanding facility" means a facility not operated in conjunction with a licensed nursing home to which residents of the facility are given priority when nursing care is required.

Only continuing care retirement communities (CCRCs) which are certified under Chapter 651, F.S., through the Department of Insurance are exempt from this requirement.

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ST - A0024 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

Any facility affiliated with any religious organization or which has a name implying religious affiliation include in its advertising whether or not it is affiliated with any religious organization and, if so, which organization.

429.47(6), F.S.

Interpretive Guideline

Religious affiliation refers to those facilities that obtain income for operation from a religious organization.

There may be policies/procedures specifying care based on religious teachings and beliefs.

ST - A0025 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

A facility which is not part of a facility authorized under Chapter 651 shall include the facility's license number in all advertising. When more than one facility is owned, the advertising shall include at least one license number per advertisement.

429.47(7), F.S.

Interpretive Guideline

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ST - A0026 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

During a moratorium, no new residents or previously discharged residents shall be admitted to the facility.

58A-5.031(6)(d)
429.14(1)(h), F.S.

Interpretive Guideline

The following conditions are examples of threats constituting grounds for a moratorium:

1. Presence of residents with Stage 3 or 4 sores;
2. The presence of residents who require 24 hour nursing supervision;
3. Food supply inadequate to provide proper nutrition to residents;
4. Lack of sufficient staff to provide supervision or meet immediate residents' needs;
5. Notification by the fire marshal or county health department that conditions exist which pose an imminent threat to residents; or
6. Failure to provide medications as prescribed.

Residents for whom the facility is holding a bed may return to the facility only after being informed the facility is under a moratorium and with prior approval of the local Field Office.

Violation of a moratorium may be grounds for denial, suspension, revocation or imposition of an administrative fine.

ST - A0027 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

When a moratorium is placed on a facility, notice of the moratorium shall be posted and visible to the public at the facility until the moratorium is lifted.

Interpretive Guideline

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429.15(2), F.S.

ST - A0028 - GENERAL LICENSE STANDARDS

Title GENERAL LICENSE STANDARDS

Rule

Type Standard

Regulation Definition

It is unlawful to knowingly refer a person for residency to an unlicensed ALF; to an ALF the license of which is under denial or has been suspended or revoked; or to an ALF that has a moratorium on admissions.

429.08(2), F.S.
775.083, F.S.

Interpretive Guideline

This deficiency would usually be cited against an individual rather than a facility.

This tag number could be used to cite a person that makes referrals to a friend or relative operating an unlicensed facility.

Hospitals should verify the license status of the receiving ALF prior to the patient's discharge. The local Field Office can be contacted to verify the license status.

Any person who knowingly making such a referral subjects the individual making the referral to a non-criminal violation, punishable by a fine not to exceed \$500.

ST - A0029 - General License Standards

Title General License Standards

Rule

Type Standard

Regulation Definition

No medical or other assisted living facility record has been fraudulently altered, defaced, or falsified.

429.49(1), F.S.

Interpretive Guideline

Persons who fraudulently alter, deface, or falsify any medical or other ALF record, or causes or procures such action to be committed, commits a second-degree misdemeanor.

Such records include resident records, facility records, and staff records.

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ST - A0030 - General License Standards

Title General License Standards

Rule

Type Standard

Regulation Definition

Agency notification of a license suspension or revocation, or denial of a license renewal, shall be posted and visible to the public at the facility.

429.14(7), F.S.

Interpretive Guideline

ST - A0100 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall be administered on a sound financial basis in order to ensure adequate resources to meet resident needs.

429.275, F.S.

58A-5.021(1), F.A.C.

Interpretive Guideline

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.

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ST - A0101 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

It is unlawful for any holder of a license to withhold from the agency any evidence of financial instability.

429.47(2), F.S.

Interpretive Guideline

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.

ST - A0102 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

Each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence.

429.17(3), F.S.

Interpretive Guideline

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ST - A0103 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

The agency shall have access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability.

429.17(3), F.S.

Interpretive Guideline

ST - A0104 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall maintain written business records 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.

58A-5.021(2), F.A.C.

Interpretive Guideline

The categories of income and expense records can vary from one ALF to another.

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ST - A0105 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

Funds or other property received by the facility belonging to or due a resident, including personal funds shall be held as trust funds and expended only for the resident's account.

Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained.

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.

429.27(4), F.S.

58A-5.021(4)(a), F.A.C.

Interpretive Guideline

Resident personal funds and property a facility is providing for the safekeeping of must be held as trust funds.

Resident must have access to their funds or property to be used as they see fit.

ST - A0106 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

A separate bank account is required for facility funds; co-mingling resident funds with facility funds is prohibited.

429.27(4), F.S.

58A-5.021(4)(a), F.A.C.

Interpretive Guideline

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ST - A0107 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

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.

58A-5.021(4)(b.), F.A.C.

Interpretive Guideline

Resident security deposits and other resident funds cannot be co-mingled with facility funds.

Resident funds and deposits may be held in one bank account if a separate written accounting for each resident is maintained.

The 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.

ST - A0108 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

A facility, upon mutual consent with the resident, shall provide for the safekeeping in the facility of personal effects not in excess of \$500 and funds of the resident not in excess of \$200 cash.

429.27(3), F.S.

Interpretive Guideline

If a resident is absent from a facility for 24 hours or more, the facility may provide for the safekeeping of the resident's personal effects in excess of \$500.

A locked receptacle or room is utilized for the safekeeping of personal effects, accessible only by the administrator and the designated staff person who has control of the property.

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ST - A0109 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

Complete and accurate facility records are kept of all such funds and personal effects received for safekeeping.

429.27(3), F.S.

Interpretive Guideline

An inventory must be kept of personal effects being kept for the resident. This would be most helpful for resolving disputes between facilities and residents over personal property.

ST - A0110 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

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, unless otherwise ordered by a court of competent jurisdiction, detailing the income and expense records required for resident trust funds and advanced payments, 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 or transfer of the resident, and if there is a change in ownership of the facility.

Interpretive Guideline

Copies of all statements of financial and property accounting are to be maintained in the resident's file for review by the surveyors. The facility should have a copy of the statement sent to the resident or resident's legal representative.

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429.27(4), F.S.
58A-5.021(7)(a), F.A.C.

ST - A0111 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.021(7)(b), F.A.C.

Interpretive Guideline

"Attorney in fact" is an individual who is granted power of attorney.

ST - A0112 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

Resident funds and property in excess of \$200 cash or \$500 in property, 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.

Interpretive Guideline

There is no requirement a facility pay interest on deposits or advance payments.

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429.24(2)(a.), F.S.
429.27(3), F.S.
58A-5.021(5), F.A.C.

ST - A0113 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

Within 30 days of receipt of advance rent or security deposit, the resident is notified in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held.

429.24(2)(b), F.S.
58A-5.021(7)(c), F.A.C.

Interpretive Guideline

ST - A0114 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

If a transfer of ownership has occurred, all resident funds on deposit, advance payments of resident rents, resident security deposits and resident trust funds held by the current licensee shall be transferred to the applicant at the time of transfer of ownership.

Interpretive Guideline

This provision does not apply to entrance fees paid to a continuing care facility subject to the acquisition provisions in s.651.024, F.S.

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Proof of such transfer shall be provided to the agency at the time of the agency survey and prior to the issuance of a standard license.

58A-5.014(2)(c), F.A.C.

ST - A0115 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.014(2)(c)1., F.A.C.

Interpretive Guideline

The "transferor" is the seller.

ST - A0116 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.014(2)(c)2., F.A.C.

Interpretive Guideline

The "transferee" is the buyer.

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ST - A0117 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

Any personal funds available to facility residents may be used by residents as they choose to obtain clothing, personal items, leisure activities, and other supplies and services for their personal use.

A facility may not demand, require, or contract for payment of all or any part of the personal funds in satisfaction of the facility rate for supplies and services beyond that amount agreed to in writing and may not levy an additional charge to the individual or the account for any supplies or services that the facility has agreed by contract to provide as part of the standard monthly rate.

429.27(5), F.S.

Interpretive Guideline

The resident must have access to his/her funds or property to be used as he/she see fit.

Copies of all statements of financial or property accounting are to be maintained in the resident's file for surveyor review.

Ancillary services are to be set out in the contract. The fee for the ancillary service or supplies can be spelled out in separate fee schedule which the contract could reference and which could be available upon request. When ancillary fees are paid from resident trust fund, written prior consent from the resident or resident representative is required. Financial records should be available for review if the facility pays for a service and is reimbursed.

ST - A0118 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

Any service or supplies provided by the facility which are charged separately to the individual or the account may be provided only with the specific written consent of the individual.

Interpretive Guideline

This section covers those charges that are in addition to the services received for the base rate in the contract.

Examples of charges above the contract rate may include the following:

- a. cost of transportation;
- b. medications;

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The resident shall be furnished in advance of the provision of the services or supplies with an itemized written statement to be attached to the contract setting forth the charges for the services or supplies.

429.27(5), F.S.

- c. supplies for activities such as crafts, movies, trips to local attractions, etc.;
- d. meals eaten at the facility by a resident's guest(s);
- e. cost for overnight stay by a resident's guest(s);
- f. beauty parlor and barber services;
- g. long-term storage;
- h. additional services (administration of medication, special diet, etc.);
- i. any charges not covered by s.429.24, F.S., and s.429.27, F.S.; and
- j. personal services based on actual utilization.

Many of these services may be arranged for by the facility for the convenience of its residents, but participation by resident is voluntary.

Facilities must specify the amount of care in the base rate but may charge extra for services rendered in excess of that amount.

ST - A0119 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

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.

Upon the annual issuance of a new bond or continuation bond the facility shall file a copy of the bond with the AHCA central office.

429.27(2), F.S.

Interpretive Guideline

If a resident's OSS, SSI, or SSDI checks come to the facility in the name of the administrator or other facility representative to be used for the needs of the specific resident, that administrator or facility representative is a representative payee.

The facility does not need a surety bond for the \$500 in personal effects or the \$200 in cash held for safekeeping by the ALF.

For corporations which own more than one facility in the State, one surety bond may be purchased to cover the needs of all residents served by the corporation.

Surety bonds are utilized primarily where the facility owner or administrator serves as representative payee for Supplemental Security Income (SSI) or Optional State Supplementation (OSS) recipients.

The surety bond indemnifies the State in cases where a resident has been discharged from a facility, but the checks

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have continued to come to the facility and the facility representative is unwilling to return the payments to DCF or the Social Security Administration.

A surety bond protects residents in the event of financial exploitation. In addition, the bond may be called in cases where it has been proven the facility had not paid a resident's OSS personal allowance.

ST - A0120 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

Interpretive Guideline

If serving as representative payee:

1. 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
2. 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.

58A-5.021(6)(a)1., F.A.C.

ST - A0121 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

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Regulation Definition

If holding a power of attorney:

1. 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
2. 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.

58A-5.021(6)(a)2., F.A.C.

Interpretive Guideline

ST - A0122 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

The owner, administrator, any employee, or representative of the facility does not act as the guardian, trustee, or conservator for any resident of the facility or for any of the resident's property.

429.27(2), F.S.

Interpretive Guideline

"Facility representative" includes owners, board members, employees of the facility or any other person associated with the facility.

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ST - A0123 - FISCAL STANDARDS

Title FISCAL STANDARDS

Rule

Type Standard

Regulation Definition

In the event of the death of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the facility to the resident.

429.27(7), F.S.

Interpretive Guideline

The written beneficiary designation form can be a separate form, completed for each resident, that states that the facility is holding funds or other assets in trust.

The refund should be provided to the beneficiary within 45 days of death. The refund must be prorated from the date of death through the end of the prepaid time period.

If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility.

If the funds of the deceased resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's death, the funds shall be deposited in the Health Care Trust Fund administered by the Agency.

ST - A0200 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall maintain written facility records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff.

Interpretive Guideline

The facility is responsible for maintaining and having accessible all required facility records for DOEA and Agency staff.

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429.41(1)(e), F.S.
58A-5.024, F.A.C.

ST - A0201 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

An up-to-date admission and discharge log must be maintained listing the names of all residents and each resident's:

1. Date of admission;
2. Place from which the resident was admitted;
3. Admission with a stage 2 pressure sore, if applicable;
4. Date of discharge;
5. Reason for discharge;
6. The facility to which the resident is discharged or home address, or if the person is deceased, the date of death.

429.41(1)(e), F.S.
58A-5.024(1)(b), F.A.C.

Interpretive Guideline

The ALF must maintain an up-to-date resident admission and discharge log.

Readmission of a resident to the facility after discharge requires a new entry.

Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility.

A resident accepted for temporary emergency placement must be counted in the facility's census.

ST - A0202 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The facility must maintain a log listing the names of all temporary emergency placement and respite care residents if

Interpretive Guideline

A resident accepted for temporary emergency placement must be counted in the facility's census.

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not included on the admission and discharge log.

429.41(1)(e), F.S.
58A-5.024(1)(c), F.A.C.

ST - A0203 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

An up-to-date record of major incidents occurring within the last 2 years must be maintained and contain:

1. A clear description of the incident;
2. The time, place, names of individuals involved;
3. Witnesses;
4. Nature of injuries;
5. Cause if known;
6. Action taken;
7. A description of medical or other services provided;
8. By whom such services were provided;
9. Any steps taken to prevent recurrence.

These reports must be made by individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.

429.41(1)(e), F.S.
58A-5.024(1)(d), F.A.C.
58A-5.0131(19), F.A.C.

Interpretive Guideline

Major incident means:

1. Death of a resident from other than natural causes;
2. Determining a resident is missing;
3. An assault on a resident resulting in injury;
4. An injury to a resident which requires assessment and treatment by a health care provider; or
5. Any event, such as a fire, natural disaster, or other occurrence that results in the disruption of the facility's normal activities.

The reports do not necessarily have to be written by the individual having first hand knowledge of the major incident, but must be reported by the individual having first hand knowledge.

The written report must be legible.

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ST - A0204 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The facility maintains documentation of radon testing mandated by s. 404.056 if located in a county requiring radon testing.

429.41(1)(a), F.S.

58A-5.024(1)(f), F.A.C.

Interpretive Guideline

Effective 7-1-99, radon testing is only required for certain counties and only applies to:

1. Newly constructed homes;
2. Newly licensed homes in existing buildings; and
3. Buildings that have had significant structural changes and additions.

For purposes of radon testing, "dwellings" are identified as either "single-family home or duplex" or "large buildings."

Radon testing is required for an ALF situated as a "single-family home or duplex (3 units or less)" or "large building (4 or more units)" if the dwelling meets any of the three categories above and is located in one of the following counties:

Alachua, Brevard, Charlotte, Citrus, DeSoto, Duval, Gadsden, Gilchrist, Hardee, Hernando, Highlands, Hillsborough, Indian River, Jackson, Jefferson, Leon, Levy, Manatee, Marion, Martin, Nassau, Osceola, Polk, Putnam, Sarasota, Seminole, Sumter, Suwannee, Union, Volusia, and Walton.

Radon testing, as described above, is required for large buildings located in Broward, Calhoun, Columbia, Dade, Dixie, Gulf, Hamilton, Holmes, Liberty, Madison, Okaloosa, Palm Beach, Pasco, Pinellas, St. Johns, St. Lucie, and Taylor counties.

Radon testing must be completed within the first year of construction or within the first year of receiving a license after which the facility shall have available for Agency inspection a copy of either a completed Residential Radon Measurement Report, DH Form 1778 (single-family/duplex), or Nonresidential Radon Measurement Report, DH Form 1777 (large buildings).

For purposes of radon testing, "dwelling unit" means a single unit providing complete, independent living facilities for one or more persons including permanent provisions for living, eating, cooking and sanitation. Dwelling units and residential units include single family residences, town houses, apartments, boarding houses and condominiums.

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ST - A0205 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall maintain liability insurance coverage in force at all times.

429.275(3), F.S.
58A-5.021(8), F.A.C.
58A-5.024(1)(g), F.A.C.

Interpretive Guideline

Facilities must maintain liability insurance coverage in force at all times. On the renewal date of the facility's policy or when a facility changes policies, the facility shall file documentation of continued coverage with the Agency's Assisted Living Unit. Such documentation must be issued by the insurance company and must include the name, type of and street address of the facility, its licensed capacity, and the dates of coverage.

ST - A0206 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The facility maintains the admission package with all required components and is presented to new or prospective residents.

429.41(1)(e), F.S.
58A-5.024(1)(i), F.A.C.
58A-5.0181(3), F.A.C.

Interpretive Guideline

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

1. The facility's residency criteria;
2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate;
3. Personal care services the facility is prepared to provide to residents and additional costs to the resident, if any;
4. Nursing services the facility is prepared to provide to residents and additional costs to the resident, if any;

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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 provided by the facility and additional cost if any;
8. Social and leisure activities generally offered by the facility;
9. Any services the facility does not provide but will arrange for the resident and additional cost, if any;
10. A statement of facility rules and regulations that residents must follow (e.g., resident's responsibilities, facility's alcohol and tobacco policy, medication storage, delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements);
11. A statement of the facility policy concerning Do Not Resuscitate Orders pursuant to Section 429.255, F.S., and Advance Directives pursuant to Chapter 765, F.S.
12. If the facility has an ECC program, the ECC program's residency criteria; a description of the additional personal, supportive, and nursing services provided by the program; additional costs; and any limitations, if any, on where ECC residents must reside based on policies and procedures; and
13. If the facility advertises special care for persons with Alzheimer's disease or related disorders, a written description of those special services that distinguish the care as being especially applicable to, or suitable for, such persons.
14. A copy of the facility's resident elopement response policies and procedures.

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

1. A copy of the resident's contract which meets the requirements of rule 58A-5.025, F.A.C.;
2. A copy of the facility statement described in 58A-5.0181(3)(a), F.A.C., if one has not already been provided;

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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 Council brochure which includes the telephone number and address of the district council.

Required documents must 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.

ST - A0207 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

If the facility advertises that it provides special care for persons with Alzheimer's disease or related disorders, the facility maintains a copy of all such facility advertisements.

429.177, F.S.
58A-5.024(1)(j), F.A.C.

Interpretive Guideline

A facility which claims to provide special care for persons who have Alzheimer's disease or other related disorders must disclose in its advertisements or in a separate document those services that distinguish the care as being especially applicable to, or suitable for, such persons.

ST - A0208 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The facility maintains a grievance procedure for receiving and responding to resident complaints and recommendations.

429.28(1)(l), F.S.

Interpretive Guideline

In accordance with Resident's Bill of Rights, the facility must 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 such procedure is implemented upon receipt of a complaint.

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58A-5.024(1)(k), F.A.C.

Cite under this tag for not having a grievance procedure.

Cite 719 in Resident Care Standards for failure to implement the grievance procedure.

ST - A0209 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

All licensed facilities must have an annual fire inspection conducted by the local fire marshal or authority having jurisdiction.

429.41(1)(a)1.m., F.S.
58A-5.015(1)(a)3., F.A.C.

Interpretive Guideline

Annual means every 365 days.

ST - A0210 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The facility maintains all fire safety inspection reports issued by the local authority having jurisdiction or the State Fire Marshal within the last 2 years.

429.41(1)(a), F.S.
58A-5.024(1)(m), F.A.C.

Interpretive Guideline

The facility must provide satisfactory fire safety inspection reports for each of the last 2 years.

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ST - A0211 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall provide documentation at the time of the agency's biennial survey of a satisfactory sanitation inspection conducted annually by the county health department.

58A-5.015(1)(a)4., F.A.C.

Interpretive Guideline

Annual means every 365 days.

ST - A0212 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The facility maintains all sanitation inspection reports issued by the county health department within the last 2 years.

429.41(1)(d), F.S.

58A-5.020(3), F.A.C.

58A-5.024(1)(n), F.A.C.

Interpretive Guideline

The facility must provide satisfactory sanitation inspection reports for each of the last 2 years.

Copies of inspection reports issued by the county health department for the last 2 years, pursuant to rule 64E-12.004 or rule chapter 64E-11, as applicable depending on the license capacity of the ALF, shall be on file in the facility.

ST - A0213 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

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Regulation Definition

The facility maintains as public information all completed surveys, inspections and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.

429.35(1), F.S.
58A-5.024(1)(o), F.A.C.

Interpretive Guideline

Cite this regulation when the facility has not maintained all Agency surveys, inspections, investigations, notices of sanctions and moratoriums for the last 5 years.

ST - A0214 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Agency reports which pertain to any agency survey, inspection, monitoring visit, or complaint investigation must be available to the residents and the public.

429.35(1), F.S.
58A-5.024(4)(c), F.A.C.

Interpretive Guideline

Cite this regulation when reports of surveys, inspections, monitoring visits, and complaint investigations are not made available to residents and the public.

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

ST - A0215 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Each facility must post a copy of the last inspection report of the agency for that facility in a prominent location within the facility so as to be accessible to all residents and to the public.

Interpretive Guideline

A prominent location is one easily accessible to residents and to the public. The last inspection report should be easily visible to staff, family, visitors, and residents, etc.

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Last inspection report of the Agency means the last biennial survey report and all follow-up reports.

This would include posting complaint investigations resulting in citations until the next biennial survey is completed.

429.35(3), F.S.

ST - A0216 - FACILITY RECORDS STANDARDS

Title FACILITY RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

All required records must be available for inspection at all times by staff of the agency, the Department of Elder Affairs, the district long-term care ombudsman council, and the advocacy center for persons with disabilities.

58A-5.024(4)(a), F.A.C.

Interpretive Guideline

The facility must ensure the availability of records for inspection.

Required records include Agency surveys, inspections, monitoring visits, complaint investigations, resident records, staff records, and facility records.

ST - A0217 - Facility Records Standard

Title Facility Records Standard

Rule

Type Standard

Regulation Definition

An up-to-date record of adverse incidents occurring within the last 2 years must be maintained.

429.23(2), F.S.

Interpretive Guideline

"Adverse Incident" means an event over which facility personnel could exercise control rather than as a result of the resident's condition.

An adverse incident is an incident that results in any of the following:

1. Death;
2. Brain or spinal damage;

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3. Permanent disfigurement;
4. Fracture or dislocation of bones or joints;
5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;
6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident;
7. Abuse, neglect or exploitation as defined in s.415.102;
8. Events reported to law enforcement; or
9. Elopement.

ST - A0218 - Facility Records Standard

Title Facility Records Standard

Rule

Type Standard

Regulation Definition

All licensed assisted living facilities (ALF's) must submit to the Agency (AHCA) a preliminary report of all adverse incidents within one (1) business day after the occurrence.

The report must include the following:

1. Information regarding the identity of the affected resident;
2. The type of adverse incident, and
3. The status of the facility's investigation of the incident.

429.23(3) F.S.

Interpretive Guideline

The facility must use AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report-1 Day, January 2006.

The report must be completed in its entirety to include a clear description of the adverse incident, the date, time, place, potential risk to other residents, as well as a description of the actions taken to implement an investigation.

The report does not necessarily have to be written by individuals having first hand knowledge of the adverse action, but must be reported by the individual having first hand knowledge.

The report must be legible.

The report must be submitted via electronic mail to: fdau_email@ahca.myflorida.com, or submitted on-line at: www.fdhc.state.fl.us/reporting/index.shtml.

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The report may also be submitted by facsimile or U.S. mail to:

Agency for Health Care Administration
Facility Data Analysis Unit
2727 Mahan Drive, Mail Stop 47
Tallahassee, FL 32308

Phone: 850/922-6089
FAX: 850/922-2217

ST - A0219 - Facility Records Standard

Title Facility Records Standard

Rule

Type Standard

Regulation Definition

Within fifteen (15) days all licensed facilities must provide to the Agency a full report of the adverse incident.

The report must include the results of the facility's investigation into the adverse incident.

429.23(4), F.S.

Interpretive Guideline

AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report-15 Day, January 2006 shall be used.

The full report must include:

1. Information regarding the identity of the affected resident;
2. The type of adverse incident;
3. Circumstances of the incident;
4. Names and license numbers of personnel and the capacity in which they were involved with the incident;
5. The names and license numbers of witnesses (use social security numbers and capacity of unlicensed personnel);
6. Apparent causes of the incident;
7. The results of the facility's investigation of the adverse incident including corrective and/or proactive actions taken.

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The report must be submitted via electronic mail to: fdau_email@ahca.myflorida.com, or submitted on-line at: www.fdhc.state.fl.us/reporting/index.shtml.

The report may also be submitted by facsimile or U.S. mail to:

Agency for Health Care Administration
Facility Data Analysis Unit
2727 Mahan Drive, Mail Stop 47
Tallahassee, FL 32308

Phone: 850/922-6089
FAX: 850/922-2217

ST - A0220 - Facility Records Standard

Title Facility Records Standard

Rule

Type Standard

Regulation Definition

Licensed Assisted Living Facilities (ALFs) must report to the Agency, on a monthly basis, any and all liability claims filed against the ALF.

The report must include:

1. The name of the resident,
2. The dates of the incident leading to the claim, and
3. The type of injury or violation of rights alleged to have occurred.

429.23(5), F.S.

Interpretive Guideline

The facility must use DOEA Form 3180-1026, Assisted Living Facility Monthly Liability Claim Information, October 2001.

The report must be submitted via electronic mail to: fdau_email@ahca.myflorida.com, or submitted on-line at: www.fdhc.state.fl.us/reporting/index.shtml.

The report may also be submitted by facsimile or U.S. mail to:

Agency for Health Care Administration
Facility Data Analysis Unit
2727 Mahan Drive, Mail Stop 47
Tallahassee, FL 32308

Phone: 850/922-6089
FAX: 850/922-2217

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The report is not discoverable in any civil or administrative action, except in such actions brought by the Agency to enforce the provisions of Chapter 429, Part I.

ST - A0221 - Facility Records Standards

Title Facility Records Standards

Rule

Type Standard

Regulation Definition

Every licensed facility may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program.

429.23(1), F.S.

Interpretive Guideline

The risk management and quality assurance program should assess resident care practices, facility incident reports, deficiencies cited by the Agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences.

ST - A0222 - Facility Records Standards

Title Facility Records Standards

Rule

Type Standard

Regulation Definition

Facility records shall include the facility ' s resident elopement response policies and procedures.

58A-5.024(1)(q), F.A.C.

Interpretive Guideline

At a minimum, the policies and procedures must 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; and
4. The continued care of all residents within the facility in the event of an elopement.

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ST - A0223 - Facility Records Standards

Title Facility Records Standards

Rule

Type Standard

Regulation Definition

The facility conducts a minimum of two resident elopement prevention and response drills per year.

429.41(1)(a)3., F.S.

429.41(1)(l), F.S.

58A-5.0182(8)(c), F.A.C.

Interpretive Guideline

Effective June 15, 2004, an ALF must conduct at least two resident elopement drills each year.

Existing facilities must conduct their initial resident elopement drills by June 15, 2005, and each year thereafter.

Facilities licensed after June 15, 2004, must conduct their resident elopement drills within one year of initial licensure and each year thereafter.

ST - A0224 - Facility Records Standards

Title Facility Records Standards

Rule

Type Requirement

Regulation Definition

The facility documents resident elopement response drills and ensures the drills are conducted consistent with the facility's resident elopement policies and procedures.

429.41(1)(a)3., F.S.

429.41(1)(l), F.S.

58A-5.024(1)(r), F.A.C.

Interpretive Guideline

The drills must include a review of procedures to address resident elopement.

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ST - A0300 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Resident records shall be maintained on the premises.

58A-5.024(3), F.A.C.

Interpretive Guideline

Each resident must have a resident record in the facility at the time of the survey.

Pertinent resident records should include:

- * Admission documents
- * Demographic data
- * Health data
- * Medical examinations
- * Health care provider's orders
- * Therapeutic diets
- * Weight records
- * Contracts
- * Medication Observation Record (MOR)
- * Health Care Surrogate designation
- * Do-Not-Resuscitate Order, if completed
- * Guardianship documents
- * Attorney-in-Fact appointments
- * Advance Directives, if completed, and
- * Financial records.

All shall be readily available for inspection.

ST - A0301 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

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Regulation Definition

The resident's records shall be available to the resident, and the resident's legal representative, designee, surrogate, guardian, or attorney in fact, case manager, or the resident's estate, and such additional parties as authorized in writing.

58A-5.024(4)(b), F.A.C.

Interpretive Guideline

Requests by other persons to review the resident file must be individually approved by the resident or the resident's authorized party.

The facility is responsible for safeguarding the privacy of the resident's chart or file.

ST - A0302 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Resident records must include demographic data as follows:

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

58A-5.024(3)(a), F.A.C.

Interpretive Guideline

If review shows the facility made a good faith attempt to obtain all information, no deficiency will be cited.

A good faith attempt is an honest effort to obtain information. The facility representative must document they made a reasonable attempt to obtain the missing information.

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ST - A0303 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Resident records must include a copy of the medical examination report.

58A-5.024(3)(b) F.A.C.
429.26(4) F.S.

Interpretive Guideline

The medical examination report must be present in the resident record.

ST - A0304 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The resident's record must include any health care provider's orders for medications, nursing services, therapeutic diets, do not resuscitate order, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.

58A-5.024(3)(c) F.A.C.
429.26(4) F.S.

Interpretive Guideline

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ST - A0305 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Resident records must include a signed statement from a resident refusing a therapeutic diet.

58A-5.024(3)(d), F.A.C.
58A-5.020(2)(e)2., F.A.C.

Interpretive Guideline

The facility shall document a resident's refusal to comply with a therapeutic diet and 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 may be used as acceptable documentation of a resident's preferences. In such instances, daily documentation is not necessary.

ST - A0306 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The resident record must include a weight record which is initiated on admission.

58A-5.024(3)(f), F.A.C.

Interpretive Guideline

Information may be taken from the resident's health assessment.

The requirement to maintain the weight record is imposed only for those residents receiving assistance with ADLs.

ST - A0307 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

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Regulation Definition

Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.

58A-5.024(3)(f), F.A.C.

Interpretive Guideline

Weights must be recorded at least every 6 months (180 days).

ST - A0308 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, the resident record must include a copy of the written informed consent, if such consent is not included in the resident's contract.

58A-5.024(3)(g), F.A.C.

58A-5.0181(1)(e)1, F.A.C.

429.256(1)(a)&(b), F.S.

Interpretive Guideline

When unlicensed staff assist residents with self-administration of medications, there must be either a signed consent form or similar documentation in the signed contract between the resident and the facility.

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

"Informed consent" means advising the resident, or the resident's surrogate, guardian, or attorney in fact, that an assisted living facility is not required to have a licensed nurse on staff, and that the resident may be receiving assistance with self-administration of medication from an unlicensed person. Such assistance, if provided by an unlicensed person, will or will not be overseen by a licensed nurse.

"Unlicensed person" means an individual not currently licensed to practice nursing or medicine who is employed by or under contract to an assisted living facility and who has received training with respect to assisting with the self-administration of medication in an assisted living facility as provided under s. 429.52, F.S., prior to providing such assistance as described in this section.

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ST - A0309 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The resident's record must include a copy of the resident's contract with the facility, executed at or prior to admission, including any addendums to the contract.

58A-5.024(3)(i) F.A.C.

429.24(1) F.S.

429.24(5), F.S.

58A-5.025(1), F.A.C.

Interpretive Guideline

Every resident must have a signed and dated contract, a copy of which is retained within the facility executed at or prior to admission.

No contract or provision of the contract relieves the facility of any requirement or obligation imposed by rule or statute.

Contracts must be signed and dated by both parties involved. An unsigned or undated contract is not fully executed or valid. The contract should contain no blanks (i.e., rate, services, special conditions).

A duplicate original of the contract means each party to the contract receives a copy with original signatures.

ST - A0310 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Each resident's contract contains a list of the services and accommodations to be provided by the facility, including LNS, ECC, or LMH if applicable.

58A-5.025(1)(a) F.A.C.

Interpretive Guideline

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ST - A0311 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Interpretive Guideline

Each resident's contract contains the daily, weekly or monthly rates or charges.

58A-5.025(1)(b) F.A.C.

ST - A0312 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Interpretive Guideline

Each resident's contract contains a list of any available services and fees not included in the daily, weekly, or monthly rate or reference to a separate fee schedule which is included in the admission package provided to the resident.

58A-5.025(1)(c) F.A.C.

ST - A0313 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

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Regulation Definition

Each resident's contract contains a provision for at least 30 days prior written notice of a rate increase.

58A-5.025(1)(d) F.A.C.

Interpretive Guideline

ST - A0314 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Each resident contract contains the rights, duties, and obligations of residents, other than those specified in the Resident Bill of Rights.

58A-5.025(1)(e) F.A.C.

Interpretive Guideline

ST - A0315 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Each resident contract contains the purpose of any advance payment or deposit payments and the refund policy for such advance or deposit payments.

58A-5.025(1)(f) F.A.C.

Interpretive Guideline

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ST - A0316 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Interpretive Guideline

The contract shall specify any other conditions under which claims will be made against the refund due the resident.

429.24(3)(a), F.S.

ST - A0317 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Interpretive Guideline

Each resident contract contains provision that the facility shall not require the resident to give more than 30 days notice of termination.

429.24(3)(a), F.S.

ST - A0318 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

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Regulation Definition

Each resident contract contains the facility's written bed-hold policy and provisions for terminating a bed hold agreement.

58A-5.025(1)(h), F.A.C.

Interpretive Guideline

ST - A0319 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Each resident contract contains whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility.

58A-5.025(1)(i)
429.24(4), F.S.

Interpretive Guideline

ST - A0320 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Each resident contract contains a written agreement between the facility and the resident, which provides that upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or next of kin, legal representative, or the agency acting on the resident's behalf, shall be notified in

Interpretive Guideline

The Medical Review Team is not available to mediate disputes between the facility and residents or resident's representatives.

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writing that the resident must make arrangements for transfer to care setting that has the services needed by the resident. In the event a resident has no person to represent him, the facility shall be responsible for making a referral to an appropriate social service agency for placement.

58A-5.025(1)(j) F.A.C.

ST - A0321 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Each resident contract contains a refund policy which includes all the items identified in tags 321 through 325.

58A-5.025(1)(g) F.A.C.
429.24(3) F.S.

Interpretive Guideline

The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or death. The refund policy shall provide for any unused portion of a payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee.

ST - A0322 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide the said party a reasonable time period of no less than 14 calendar days to respond.

Interpretive Guideline

The facility's refund policy must provide that the resident or responsible party is entitled to a pro-rated refund based on the daily rate for any unused portion of payment beyond the termination date, including damages resulting from circumstances other than normal use.

The resident's contract must specify any conditions under which claims will be made against a refund due the resident.

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429.24(3)(a), F.S.

Except in cases of death or discharge due to medical reasons, refunds are to be computed in accordance with the notice of relocation requirements specified in the contract.

The facility shall retain copies of written notices to the resident or responsible parties in cases where a refund or portion of a refund are withheld and before a storage charge is imposed.

Examples of unpaid bills could be medication prescription charges, telephone charges, etc.

ST - A0323 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or death of the resident.

429.24(3)(a), F.S.

Interpretive Guideline

The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee.

ST - A0324 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

In case of death or discharge due to medical reasons, including mental health, the notice of termination requirement in the contract is waived and all refunds are prorated. Other refunds shall be computed in accordance with the notice of relocation requirements specified in the contract.

Interpretive Guideline

Medical reasons include physical health and/or mental health.

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429.24(3)(a), F.S.

ST - A0325 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

If the facility discontinues operation, any advance payments for services not received shall be refunded to the resident or the resident's guardian within 10 days of closure, whether or not such refund is requested.

429.31(3), F.S.

ST - A0326 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

In the event of the death of a resident, the facility shall return all refunds, funds and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the facility to the resident.

In the event the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest bearing account, and all property held in

Interpretive Guideline

Interpretive Guideline

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trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility.

429.27(7), F.S.

ST - A0327 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

If a resident is an OSS recipient the resident record must contain a copy of Alternate Care Certification for Optional State Supplementation (OSS) Form, CF-ES 1006, March 1998.

58A-5.024(3)(l), F.A.C.

Interpretive Guideline

The presence of either the form CF-ES 1006, or documentation of a good faith effort to obtain the form, must be available for each OSS recipient that is a resident of the facility.

The absence of this form shall not be considered non-compliance when the facility can demonstrate it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.

ST - A0328 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The resident record must contain documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable.

58A-5.024(3)(m), F.A.C.

Interpretive Guideline

A copy of the letter of guardianship should be in the residents' file. The letter of guardianship pertains to the person and/or the property, of the ward (ALF resident).

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ST - A0329 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

For hospice patients, the resident record must contain the interdisciplinary care plan and other documentation that the resident is a hospice patient.

58A-5.024(3)(n), F.A.C.

Interpretive Guideline

For residents receiving Hospice services, there must be documentation of an interdisciplinary care plan structured for the resident's needs present in the facility.

ST - A0330 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

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:

1. A log listing the names of residents participating in this arrangement;
2. The resident demographic data required under this

Interpretive Guideline

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subsection;

3. The medical examination;

4. The resident's contract;

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.

58A-5.024(3)(o), F.A.C.

ST - A0331 - RESIDENT RECORDS STANDARDS

Title RESIDENT RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Except for resident contracts which must be retained for 5 years, all resident records 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 shall be provided a copy of their resident records upon departure from the facility.

58A-5.024(3)(p), F.A.C.

Interpretive Guideline

Resident contracts must be retained in the facility for 5 years following a resident's death or discharge.

All other resident records must be retained in the facility for a minimum of 2 years following the resident's discharge.

ST - A0400 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

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Regulation Definition

Each resident must be at least 18 years of age in order to meet residency criteria.

58A-5.0181(1)(a), F.A.C.

Interpretive Guideline

ST - A0401 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

Each resident must be free from signs and symptoms of any communicable disease which is likely to be transmitted to other residents or staff in order to meet residency criteria.

58A-5.0181(1)(b), F.A.C.

Interpretive Guideline

A person who has human immunodeficiency virus (HIV) infection may be admitted to a facility, provided that he/she would otherwise be eligible for admission.

ST - A0402 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

Each resident must be able to perform the activities of daily living, with supervision or assistance if necessary in order to meet residency criteria.

58A-5.0181(1)(c), F.A.C.

Interpretive Guideline

"Assistance with activities of daily (ADLs)" means individual assistance with ambulation, bathing, dressing, eating, grooming &/or toileting.

"Toileting" is defined as assisting the resident to the bathroom, helping to undress, positioning on the commode, 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 colostomy bag.

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An incontinent resident may be able to reside in an ALF provided that he/she is able to participate in assistance with their own toileting. The inability to assist with incontinent care could cause the resident to be ineligible for continued residency. This does not apply to residents in ECC or residents receiving care under Hospice.

ST - A0403 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

Each resident must be able to transfer, with assistance if necessary in order to meet residency criteria. The assistance of more than one person is permitted.

58A-5.0181(1)(d), F.A.C.

Interpretive Guideline

"Assistance with transfer" is defined as providing verbal and physical cueing or physical assistance or both while the resident moves between bed and a standing position or between bed and chair or wheelchair.

ST - A0404 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

Each resident must be capable of taking his/her own medication with assistance from staff if necessary to meet residency criteria.

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

Interpretive Guideline

If a resident has been adjudicated incompetent, is there documentation in his/her record of a representative who is able to make decisions for him/her?

"Informed consent" means advising the resident, or the residents surrogate, guardian, or attorney in fact, an assisted living facility is not required to have a licensed nurse on staff, and that the resident may be receiving assistance with self-administration of medication from an unlicensed person. Such assistance, if provided by an unlicensed person, will or will not be overseen by a licensed nurse.

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provide such assistance.

58A-5.0181(1)(e)1., F.A.C.

ST - A0405 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

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.

58A-5.0181(1)(e)2., F.A.C.

Interpretive Guideline

Nurse includes an ARNP, RN, or LPN.

Family members or friends of residents who do not receive compensation may administer medication per 464.022(1), F.S.

ST - A0406 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

Any special dietary needs can be met by the facility.

58A-5.0181(1)(f), F.A.C.

Interpretive Guideline

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ST - A0407 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

A resident shall not be a danger to self or others as determined by a physician, or mental health practitioner licensed under chapters 490 or 491.

58A-5.0181(1)(g), F.A.C.

Interpretive Guideline

ST - A0408 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

A resident shall not require licensed professional mental health treatment on a 24-hour a day basis.

58A-5.0181(1)(h),F.A.C.

Interpretive Guideline

ST - A0409 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

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Regulation Definition

A resident shall not be bedridden.

58A-5.0181(1)(i), F.A.C.

Interpretive Guideline

"Bedridden" is defined as confined to bed because of inability to ambulate or transfer to a wheelchair even with assistance, or to sit safely in a chair or wheelchair without personal assistance or mechanical restraint.

ST - A0410 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

A resident shall not have any stage III or IV pressure sore.

58A-5.0181(1)(j)1-3,F.A.C.

Interpretive Guideline

A stage I pressure sore has an area of skin redness without a skin break. The redness does not disappear within 30 minutes when pressure is relieved.

A stage II pressure sore has the skin broken and appears as an abrasion, blister, or shallow crater. A partial layer of skin is lost.

A stage III pressure sore has a full layer of skin lost, subcutaneous tissue is exposed and there is a deep crater with or without undermining of the adjacent tissue.

A stage IV pressure ulcer has a full thickness of skin and subcutaneous tissue lost and exposes muscle and/or bone.

A stasis ulcer on the lower extremities (usually due to poor circulation) should not be considered to be a pressure sore. A resident with a stasis ulcer is appropriate in a standard ALF as long as third party services are provided and the resident's ADL status is maintained.

ST - A0411 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

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Regulation Definition

A resident requiring care of a stage II pressure sore, may be admitted provided that:

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

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

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

58A-5.0181(1)(j)1-3, F.A.C.

429.28(1)(k), F.S.

Interpretive Guideline

Admission can occur in a facility with an LNS license.

In an ALF with a standard license, the resident must contract with a home health agency or nurse in order to be admitted.

Every resident of a facility shall have the right to at least 45 days notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care.

ST - A0412 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

A resident does not require any of the following nursing services:

- * Oral, nasopharyngeal, or tracheotomy suctioning;
- * Assistance with tube feeding;
- * Monitoring of blood gases;
- * Intermittent positive pressure breathing therapy; or
- * Treatment of surgical incisions or wounds, unless the surgical incision or wound and the condition which caused it have been stabilized and a plan of care developed.

Interpretive Guideline

Self-maintained tube feeding by the resident is permissible in a standard ALF.

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58A-5.0181(1)(k)1-5, F.A.C.

ST - A0413 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

A resident does not require 24-hour nursing supervision.

58A-5.0181(1)(l), F.A.C.

Interpretive Guideline

"24-Hour Nursing Supervision" is defined as services which are ordered by a physician for a resident whose condition requires the supervision of a physician and continued monitoring of vital signs and physical status. Such services shall be medically complex enough to require constant supervision, supervision of licensed nursing personnel or other professional personnel for safe and effective performance; required on a daily basis and consistent with the nature and severity of the resident's condition or the disease state or stage.

ST - A0414 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

A resident shall not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C.

58A-5.0181(1)(m), F.A.C.

Interpretive Guideline

To be classified as skilled rehabilitative services, it must include all of the following conditions:

- a. Ordered by and remaining under the supervision of a physician;
- b. Reasonable and necessary to the treatment of a recent or presently existing illness or injury;
- c. Performed by a physical therapist, occupational therapist, certified respiratory care practitioner/therapist;
- d. Required at least five (5) days a week;
- e. Reviewed and reevaluated at least every 30 days by the physician and the physical, occupational therapist or

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respiratory care practitioner/therapist.
59G-4.290(4)(a-e), F.A.C.

ST - A0415 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

Each resident must have been determined to be appropriate for admission to the facility by the facility administrator. The administrator shall base his/her decision on:

1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report.
2. The facility's admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and
3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities.

58A-5.0181(1)(n)1-3, F.A.C.

Interpretive Guideline

The administrator is responsible for ensuring each resident is appropriate for admission and continued residency.

A resident may meet the ALF guidelines for being appropriate for an ALF and not be appropriate for a specific ALF because of the limitations of that facility or staff and the needs of the resident.

ST - A0416 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

Within 60 days prior to the individual 's admission to a facility, the individual shall be examined by a physician, physician assistant, or advanced registered nurse practitioner who shall provide the owner or administrator with a medical

Interpretive Guideline

Pursuant to s. 429.26(5), F.S., if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete AHCA Form 1823 within 30 days following the admission to the facility.

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examination report.

429.26(4), F.S.
58A-5.0181(2)(a)F.A.C.

No person shall be placed by DOEA, DCF or by an agency under contract with DOEA or DCF in any ALF without a completed AHCA Form 1823. DCF may place residents for emergency shelter in licensed facilities without obtaining a health assessment. Emergency placements made by other social service agencies are not exempt from the provisions of this standard.

A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to s. 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days.

If a temporary emergency shelter resident's stay exceeds 30 days, a health assessment is required. The 31st day of residency is the first day of ALF residency. The appropriate time frames start from this first day of residency.

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

In lieu of AHCA Form 1823, the Patient Transfer and Continuity of Care (CF-MED 3008, July 2006) assessment may be used if signed by a physician.

ST - A0417 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

The medical examination report shall address the following:

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

58A-5.0181(2)(a)1, F.A.C.

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

58A-5.0181(2)(a)2, F.A.C.

Interpretive Guideline

Diagnosis, description of mental health limitations, and treatment therapies.

A facility can admit HIV positive residents who otherwise meet the criteria for admission.

The physician, physician assistant, or ARNP makes a notation whether resident needs help with medications.

Medications a resident is receiving must be listed. There should be an order for a diet (if the physician requests a therapeutic diet) and any therapy needed. Facility must be able to provide any therapeutic diet ordered by the physician. If meals are provided through a buffet line or select menu, food choices must be available for any residents requiring therapeutic diets.

Can the individual's needs be met in a facility that is not a medical, nursing, or psychiatric facility?

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

58A-5.0181(2)(a)3, F.A.C.

4. Any special diet required by the individual;

58A-5.0181(2)(a)4, F.A.C.

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

58A-5.0181(2)(a)5, F.A.C.

6. Whether the individual has signs or symptoms of a communicable disease which is likely to be transmitted to other residents or staff;

58A-5.0181(2)(a)6, F.A.C.

7. A statement that in the opinion of the examining physician, physician assistant, or ARNP, on the day the examination is conducted, the individual's needs can be met in an assisted living facility; and

429.26(4), F.S.

429.26(5), F.S.

58A-5.0181(2)(a)7, F.A.C.

8. The date of the examination, and the name, signature, address, phone number, and license number of the examining physician, physician assistant, or ARNP. The medical examination may be conducted by a currently licensed physician or ARNP from another state.

The ALF rule requires that all facility records be accessible to Agency staff. The resident's medical records need to be readily available in the event of a medical emergency. Information such as diagnosis, medical history, allergies, medications, services provided, and notations of changes in the resident's condition could be critical to the health and safety of the resident.

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429.26(4), F.S.
429.26(5), F.S.
58A-5.0181(2)(a)8, F.A.C.

ST - A0418 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

Medical examinations completed after the admission of the resident to the facility must be completed within 30 days of the date of admission and must be recorded on the Resident Health Assessment for Assisted Living Facilities, AHCA Form 1823, January 2006.

58A-5.0181(2)(b), F.A.C.

Interpretive Guideline

A faxed copy of the completed form is acceptable.

Previous versions of this form completed up to six months after July 30, 2006 are acceptable.

ST - A0419 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

Medical examinations of residents placed by the Department of Elder Affairs, the Department of Children and 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.

58A-5.0181(2)(d), F.A.C.

Interpretive Guideline

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ST - A0420 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.0181(2)(c), F.A.C.

Interpretive Guideline

ST - A0421 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.0181(2)(e), F.A.C.

Interpretive Guideline

The Patient Transfer and Continuity of Care (CF-MED 3008, July 2006) assessment may be used if signed by a physician.

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ST - A0422 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

The physician, physician assistant, or ARNP who is employed by an ALF and is providing an initial examination for admission purposes has no financial interest in the facility.

429.26(2), F.S.

Interpretive Guideline

ST - A0423 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

A resident requiring care of a stage II pressure sore, may be retained provided that 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.

58A-5.0181(4)(b)1, F.A.C.

Interpretive Guideline

If services are contracted through a third party and the contract is between the facility and the third party, only those services authorized under the scope of the facility's license may be provided. If the contract is between the resident and the third party, the third party can deliver a broader range of services.

A Stage I pressure sore has an area of skin redness without a skin break. The redness does not disappear within 30 minutes when pressure is relieved.

A Stage II pressure sore has the skin broken and appears as an abrasion, blister, or shallow crater. A partial layer of skin is lost.

A Stage III pressure sore has a full layer of skin lost, subcutaneous tissue is exposed and there is a deep crater with or without undermining of the adjacent tissue.

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A Stage IV pressure ulcer has a full thickness of skin and subcutaneous tissue lost and exposes muscle and/or bone.

A stasis ulcer on the lower extremities (usually due to poor circulation) should not be considered to be a pressure sore. A resident with a stasis ulcer is appropriate in a standard ALF as long as 3rd party services are provided and the resident's ADL status is maintained.

ST - A0424 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

A resident requiring care of a stage II pressure sore may be retained provided that the condition is documented in the resident's record.

58A-5.0181(4)(b)2, F.A.C.

Interpretive Guideline

ST - A0425 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

If the resident's stage II pressure sore fails to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from the facility.

58A-5.0181(4)(b)3, F.A.C.

429.28(1)(k), F.S.

Interpretive Guideline

The resident's condition must improve as evidenced by a measurably smaller diameter of the wound, a healing or closing of the wound, and no signs of infection.

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ST - A0426 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

A resident may continue to reside in a facility if bedridden for no more than seven (7) consecutive days.

58A-5.0181(4)(a), F.A.C.

Interpretive Guideline

ST - A0427 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

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:

- * The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
- * Continued residency is agreeable to the resident and the facility;
- * An interdisciplinary care plan 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

Interpretive Guideline

A resident may reside in an ALF and he/she may contract with a Hospice provider. The ALF provider should be aware of the contract and his role with respect to the Hospice.

When a resident who is receiving contracted Hospice services has a change in condition, the ALF staff should contact the Hospice who will have a Hospice RN or physician come evaluate the resident. The Hospice representative will make arrangements for transportation to the Hospice Unit if needed. The attending physician would be notified of the change in condition.

A terminally ill resident who meets the criteria for admission does not need to comply with 58A-5.0181(c)1-4, F.A.C.

The ALF staff is limited to providing the personal care services offered by the ALF to the Hospice patient. Overall care, however, is the responsibility of the Hospice.

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

58A-5.0181(4)(c)1-4, F.A.C.

Hospice cannot train ALF personnel beyond their licensed/certification limits. CNAs with the proper training may monitor intake and output, perform pressure sore prevention care, vital signs under the supervision of an RN or physician. Supervision may occur in the form of on-site visits, telephone contacts, or any other method required to ensure quality care is being delivered to residents.

A copy of the Hospice care plan should be present in the resident's file.

ST - A0428 - ADMISSIONS CRITERIA STANDARDS

Title ADMISSIONS CRITERIA STANDARDS

Rule

Type Standard

Regulation Definition

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 health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

58A-5.0181(5), F.A.C.

Interpretive Guideline

A 45-day notice must be given to a resident prior to discharge unless they are inappropriate due to medical reasons or engage in a pattern of conduct that is harmful or offensive to other residents.

ST - A0429 - Admissions Criteria Standards

Title Admissions Criteria Standards

Rule

Type Standard

Regulation Definition

The owner or administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.

58A-5.0181(4)(d), F.A.C.

Interpretive Guideline

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429.26(1), F.S.

ST - A0430 - Admissions Criteria Standards

Title Admissions Criteria Standards

Rule

Type Standard

Regulation Definition

Involuntary Examination.

A person may be taken to a receiving facility for involuntary examination if there is reason to believe that he or she is mentally ill.

429.14(1)(d), F.S.
394.463(1), F.S.

Interpretive Guideline

1. The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or
2. The person is unable to determine for himself or herself whether examination is necessary;
and
 1. Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or
 2. There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

ST - A0431 - Admissions Criteria Standards

Title Admissions Criteria Standards

Rule

Type Standard

Regulation Definition

Involuntary Examinations.

No resident of an ALF may be transported to a mental health receiving facility for involuntary examination unless an ex parte order, professional certificate, or a law enforcement officer's report is first prepared.

Interpretive Guideline

A court may enter an ex parte order stating a person appears to meet the criteria for involuntary examination. Recommended form CF-MH 3001, "Ex Parte Order for Involuntary Examination" or other order used by the court will be sufficient documentation.

A physician, clinical psychologist, psychiatric nurse, or clinical social worker may execute a certificate stating that the person appears to meet the criteria for involuntary examination. Such professional must complete mandatory form CF-MH 3052b, "Certificate of Professional Initiating Involuntary Examination."

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429.14(1)(d), F.S.
394.463(2)(b), F.S.

A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination into custody and deliver the person (or arrange for delivery) to the nearest Baker Act receiving facility. The officer shall complete the mandatory form "Report of Law Enforcement Officer Initiating Involuntary Examination," CF-MH 3052a.

If the condition of the person is such that preparation of a law enforcement officer's report is not practicable before removal, the report shall be completed as soon as possible after removal, but in any case before the person is transported to a receiving facility.

The ALF shall maintain a copy of the ex parte order, professional certificate or law enforcement officer's report in the resident's record.

ST - A0432 - Admissions Criteria Standards

Title Admissions Criteria Standards

Rule

Type Standard

Regulation Definition

Voluntary Admissions.

When the transfer of a resident 60 years of age or older who has been diagnosed with dementia is being sought from an assisted living facility to a psychiatric facility then that resident must be assessed to determine their ability to give express and informed consent to treatment prior to being voluntarily admitted.

429.14(1)(d), F.S.
394.4625(1)(b)1, F.S.

Interpretive Guideline

A mental health overlay program, mobile crisis response service or licensed professional authorized to initiate an involuntary examination pursuant to s. 394.463, F.S., and is employed by a community mental health center or clinic must conduct the assessment (pursuant to district procedure) before the resident is transferred out of the facility.

If the mobile crisis response team does not respond to the assisted living facility staff's request for an assessment within two (2) hours, then any licensed professional authorized to initiate an involuntary examination pursuant to s. 394.463, F.S., who is not employed by or under contract with and does not have a financial interest in, either the facility initiating the transfer or the receiving facility to which the transfer may be made may conduct the assessment of the person's ability to give express and informed consent.

Pursuant to s. 394.463, F.S., a licensed professional includes a physician, clinical psychologist, psychiatric nurse, or clinical social worker.

Determine if the resident had an assessment of their ability to give express and informed consent. If so, was it completed by a mental health overlay program, mobile crisis response service or licensed professional authorized to initiate an involuntary examination?

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The resident's competence to provide express and informed consent must be documented. Use of form CF-MH 3099, Feb. 2005, "Certification of Ability to Provide Express and Informed Consent for Voluntary Admission and Treatment of Selected Persons Pursuant to s. 394.4625(1), F.S.", is recommended.

ST - A0433 - Admissions Criteria Standards

Title Admissions Criteria Standards

Rule

Type Requirement

Regulation Definition

Transportation

Each county shall designate a single law enforcement agency within the county, or portions thereof, to take a person into custody upon the entry of an ex parte order or the execution of a certificate for involuntary examination by an authorized professional and to transport that person to the nearest receiving facility for examination.

429.14(1)(d), F.S.

394.462(1), F.S.

Interpretive Guideline

Review records to determine whether the ALF had arranged for or coordinated transportation to a receiving facility by an authorized agency, such as local law enforcement.

A law enforcement agency may decline to transport the person to a receiving facility only if:

1. The county has contracted for transportation and the law enforcement officer and medical transport service agree that continued presence of law enforcement personnel is not necessary for the safety of the person or others.
2. In cases the officer requests assistance from emergency medical personnel for the safety of the officer or the person in custody or the officer believes the person has an emergency medical condition.
3. A transportation exception plan has been approved by the Secretary of the Department of Children and Families.

ST - A0500 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

The facility is 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

Interpretive Guideline

Administrators are responsible for the overall operation and maintenance of the facility and the care of all residents.

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adequate care to all residents.

58A-5.019(1), F.A.C.

ST - A0501 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

An administrator may supervise a maximum of either three ALFs or a combination of housing and health care facilities or agencies on a single campus.

58A-5.019(1)(b), F.A.C.

Interpretive Guideline

All three of the ALFs do not have to be on the same campus.

ST - A0502 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

The administrator must be at least 21 years of age.

s .429.02(2), F.S.

58A-5.019(1)(a), F.A.C.

Interpretive Guideline

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ST - A0503 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

If the administrator is employed on or after 08/15/90, he/she must have a high school diploma or 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 10/30/95 must have a high school diploma or G.E.D.

58A-5.019(1)(a)2, F.A.C.

Interpretive Guideline

ST - A0504 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager.

Successful completion of the core training requirements includes passing the competency test.

Interpretive Guideline

Administrators who have attended core training prior to July 1, 1997, and managers who attended the core training prior to April 20, 1998, shall not be required to take the competency test.

Individuals licensed under Chapter 468, Part II, are exempt from receiving core training.

Administrators must possess a CORE certificate of attendance and card issued by DOEA or the University of South Florida that training has been successfully completed.

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58A-5.0191(1)(b), F.A.C.

ST - A0505 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

The administrator shall participate in 12 hours of continuing education in topics related to assisted living every 2 years.

s.429.52(4),F.S.

58A-5.0191(1)(c), F.A.C.

Interpretive Guideline

Continuing education topics may include:

1. State law and rules relating to ALFs;
2. Residents rights and identifying and reporting abuse, neglect, and exploitation;
3. Special needs of elderly persons, persons with mental illness, and persons with developmental disabilities and how to meet those needs;
4. Nutrition and food service, including acceptable sanitation practices for storing, preparing, and serving food;
5. Medication management, record keeping and proper techniques for assisting residents with self administered medication;
6. Fire safety requirements, including fire evacuation procedures and other emergency procedures; and
7. Care of persons with Alzheimer ' s disease and other related disorders.

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A newly hired administrator or manager who has successfully completed the ALF core training and continuing education requirements shall not be required to retake core training. If the administrator or manager has successfully completed core training but has not maintained continuing education requirements, the individual will be considered a new administrator or manager for core training requirements. The administrator or manager must retake core training and pass the competency test.

The continuing education requirement for ALFs that advertise specialized care for persons with Alzheimer 's disease and related disorders may be used to meet 3 of the 12 hours required.

The training required for LMH licensure may be counted once towards the continuing education requirement.

ST - A0506 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

Administrators who supervise more than one facility shall appoint in writing a separate manager for each facility.

58A-5.019(1)(b), F.A.C.

Interpretive Guideline

There is a separate manager assigned who is responsible for the facility.

ST - A0507 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

The manager shall complete the CORE training requirement within 3 months of becoming a manager and must be at least 21 years of age.

Interpretive Guideline

Managers must possess a CORE training certificate of attendance issued by DOEA. Managers who attended CORE training on or after 2/20/98 must also possess a card from the University of South Florida indicating that the person has successfully completed the ALF CORE training requirement.

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58A-5.019(1)(b), F.A.C.

ST - A0508 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least 18 years of age, must be designated in writing to be in charge of the facility.

58A-5.019(4)(a)5, F.A.C.

Interpretive Guideline

The written appointment will include the names of those authorized to act on the administrator's or manager's behalf when the administrator/manager is off the premises at any time.

ST - A0509 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

All employees hired on or after October 1, 1998 who perform personal services shall be in compliance with Level 1 background screening.

429.174(2), F.S.

58A-5.019(3),F.A.C.

Chapter 435, F.S.

Interpretive Guideline

Employees who do not meet the background screening requirements cannot be retained in a direct care capacity, unless an exemption from disqualification has been approved by the agency.

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ST - A0510 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aids trained in accordance with Rule 59A-8.0095, must receive a minimum of 1 hour in-service training in infection control, including universal precautions, and facility sanitation procedures before providing personal care to residents.

58A-5.0191(2)(a), F.A.C.
58A-5.0191(11)(a), F.A.C.

Interpretive Guideline

"Direct care staff" means any staff providing personal or nursing services to residents, or supervising staff providing such services. This includes persons employed or contracted by a facility to provide personal care for residents who are dependent on others in the performance of activities of daily living.

Nurses, CNAs, and home health aides are exempt from this training requirement.

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

ST - A0511 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

1. Reporting of major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain of

Interpretive Guideline

All staff providing personal or nursing services to residents or supervising staff providing such services must have this training.

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command and staff roles relating to emergency evacuation.

58A-5.0191(2)(b), F.A.C.
58A-5.0191(11)(a), F.A.C.

ST - A0512 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

Staff who provide care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident abuse, neglect, and exploitation.

58A-5.0191(2)(c), F.A.C.
58A-5.0191(11)(a), F.A.C.

Interpretive Guideline

Staff who have taken core training have met this requirement.

This training is required for all direct care staff who provide personal or nursing services and for those who supervise the same.

ST - A0513 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule

Interpretive Guideline

Nurses, CNAs and home health aides are exempt from this training requirement.

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59A-8.0095, must receive three (3) hours of in-service training within 30 days of employment that covers the following subjects:

Anyone with the appropriate training can teach this course, i.e., administrators, licensed or certified nurses.

1. Resident's behavior and needs.
2. Providing assistance with activities of daily living.

58A-5.0191(2)(d), F.A.C.
58A-5.0191(11)(a), F.A.C.

ST - A0514 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

All facility staff must receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.

58A-5.0191(2)(f), F.A.C.

Interpretive Guideline

All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures.

All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

ST - A0515 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

Persons licensed according to Ch. 464, F.S., or persons exempt under 464.022(1), F.S., may:

Interpretive Guideline

Photocopies of licenses or certificates are acceptable unless the documents appear to have been altered.

A nurse employed or contracted with by the facility may perform the services for which their license qualifies them to

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Administer medications to residents, take residents' vital signs, manage individual pill organizers for residents who self-administer medication, give pre-packaged enemas ordered by a physician, observe residents, document observations on the appropriate resident's record, and report observations to the resident's physician.

429.255(1)(a), F.S.

In an emergency, carry out their professional duties pursuant to chapter 464, F.S., until emergency medical personnel assume responsibility for care.

s.429.255(1)(c), F.S.

perform.

When a resident experiences a medical crisis, staff must call 911 for emergency assistance. Until emergency personnel arrives, a nurse or CNA should provide any medical service for which they have been licensed or certified.

Persons exempted under s. 464.022(1), F.S., include family, unpaid care giver, friends, domestic servants, surrogate family.

Chapter 464, F.S., includes RNs, LPNs and ARNPs.

ST - A0516 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience.

58A-5.019(2)(b), F.A.C.

Interpretive Guideline

Employment applications should contain information to determine staff experience and training.

ST - A0517 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

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Regulation Definition

If the department or agency determines that there are problems in a facility that could be reduced through specific training or education beyond that already required, DOEA or the agency may require, and provide, or cause to be provided, the training or education of any personal care staff in the facility.

429.52(8), F.S.

Interpretive Guideline

The Agency may require additional training when it is determined that receiving existing training imposed by rule or law has not assured that minimum standards are met.

The administrator and staff may be required to repeat certain parts of core training; or, additional training could be required in other areas such as infection control, maintaining financial records, personal hygiene training, activities, food service training, etc.

This training can be required in addition to or in lieu of sanctioning the facility for not correcting deficiencies.

ST - A0518 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

Facilities shall maintain the following minimum staff hours per week:

Number of Residents	Staffing Hours Weekly
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

Interpretive Guideline

The written work schedule should reflect the twenty-four hour staffing pattern maintained by the facility for a given time period (i.e., week, month, etc.).

Employee complaints regarding working conditions beyond the authority of the Agency should be referred to the Department of Labor (e.g., long working hours, no overtime pay, no relief for live-in-staff, etc.).

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

58A-5.019(4)(a)1, F.A.C.

ST - A0519 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.019 (4)(a)6, F.A.C.

Interpretive Guideline

ST - A0520 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

The administrator or manager's time may be counted for the purpose of meeting the required staffing hours provided the administrator 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.

58A-5.019(4)(a)7, F.A.C.

Interpretive Guideline

The administrator who includes himself as an employee to meet the staffing needs of the facility must be listed on the work schedule.

On job staff must be on the work schedule to be included as staff and in determining the staffing is met.

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ST - A0521 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.019(4)(a)8, F.A.C.

Interpretive Guideline

ST - A0522 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

Notwithstanding the minimum staffing ratio, all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and provide or arrange for resident services in accordance with resident scheduled and unscheduled service need, resident contracts, and resident care standards.

58A-5.019(4)(b), F.A.C.

Interpretive Guideline

This may include preventive measures taken by staff to provide for a safe living environment and attention to and anticipation of resident's needs.

If the resident needs services that are not covered by the ALF in its contract with the resident, a resident or his family may arrange for a home health agency to provide the additional needed services to the resident, as long as these services do not exceed the criteria for appropriate placement in an ALF.

If the facility fails to meet fire safety standards per the local fire safety authority, the Agency may require additional staff until the conditions causing the unsatisfactory fire safety report are corrected.

An ALF may arrange for services for the resident as long as the resident or his family chooses the provider. The resident or his family may purchase services from an individual nurse, home health aide, companion, or arrange such assistance from a nurse registry.

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The administrator must immediately increase staffing above the minimum level when the Agency determines that an appropriate level of resident care is not being provided to the residents as demonstrated by lack of appropriate care and/or failure to fulfill service agreements in the resident's contract.

The surveyor must consult with the administrator and residents regarding any determination that additional staff is needed to provide necessary services for residents.

When additional staff is required above the minimum, the Field Office staff shall require the submission of a corrective action plan within the time specified in the notification. The corrective action plan must indicate how the increase staffing is to be achieved and residents service needs will be met. The Field Office staff will review the plan to determine if the plan will increase the staff to needed levels and residents needs will be met.

A moratorium may be placed when it is determined that ANY condition exists which presents a potential threat to the health, safety, or welfare of the facility's residents.

Examples provided are examples only and are not the sole basis for a moratorium.

The following are examples of threats constituting grounds for a moratorium:

1. Presence of residents with Stage III or IV pressure sores;
2. The presence of residents who require 24 hour nursing supervision;
3. Food supply inadequate to provide proper nutrition to residents;
4. Lack of sufficient staff to meet immediate residents' need;
5. Notification by the Fire Marshal or the county health department that conditions exist which pose an imminent threat to residents; or
6. Failure to provide medications as prescribed.

ST - A0523 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

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Regulation Definition

All staff 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.

429.255(1)(a), F.S.
58A-5.019(2) (b), F.A.C.

Interpretive Guideline

This includes staff licensed pursuant to Chapter 464, F.S., contracted or employed by the facility.

The administrator is responsible for assuring the policies and procedures of the facility are known to all staff, whether contracted or not.

This does not diminish any of the administrator's responsibilities.

ST - A0524 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

At least one staff member who is trained in First Aid and CPR, as provided under Rule 58A-5.0191, shall be within the facility at all times when residents are in the facility.

58A-5.019(4)(a)4., F.A.C.

Interpretive Guideline

A nurse shall be considered as having met the requirement for First Aid.

A currently certified emergency medical technician or paramedic shall be considered as having met the training requirements for both First Aid and CPR.

ST - A0525 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

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

429.41 (1)(c), F.S.

Interpretive Guideline

This requirement is based upon the current census.

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58A-5.019(4)(a)3, F.A.C.

ST - A0526 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

Facilities with a licensed capacity of 17 or more residents shall maintain time sheets for all staff.

58A-5.019(2)(e)2, F.A.C.

Interpretive Guideline

Contracted, employed, or volunteer staff must be included in the work schedule and on time sheets if they are being considered in meeting staffing compliance.

ST - A0527 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall maintain a written work schedule which reflects the facility's 24 hour staffing pattern for a given time period.

58A-5.019(4)(c), F.A.C.

Interpretive Guideline

A written work schedule is maintained for all employees including provision for relief personnel and coverage for vacations, sick leave and emergencies. The work schedule reflects the 24 hour staffing pattern maintained by the facility for a given time period and includes the owner or administrator if serving as staff to meet staffing ratios.

The schedule should be at least one week at a time.

ST - A0528 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

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Regulation Definition

At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility.

58A-5.019(4)(a)2, F.A.C.

Interpretive Guideline

Assigned duties must also be consistent with their level of education, preparation, and experience.

Must have access to facility and resident records at all times.

ST - A0529 - STAFFING STANDARDS

Title STAFFING STANDARDS

Rule

Type Standard

Regulation Definition

The administrator shall ensure that residents serving as paid or volunteer staff are not left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

58A-5.019(1)(a)2, F.A.C.

Interpretive Guideline

The administrative rule allows a resident to work in an ALF provided that the resident is physically & mentally capable of performing their assigned duties and has received the required training consistent with their job description.

ST - A0530 - Staffing Standards

Title Staffing Standards

Rule

Type Requirement

Regulation Definition

If any staff member is later found to have, or is suspected of having, a communicable disease, he/she is removed from duties until the administrator determines that such condition no longer exists.

Interpretive Guideline

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58A-5.019(2)a, F.A.C.

ST - A0600 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Facilities may assist with the self-administration or administration of medication to residents, however, a resident may not be compelled to take medications but may be counseled.

58A-5.0185, F.A.C.

Interpretive Guideline

Residents cannot be forced to take medications whether self-administering, receiving assistance with self-administration or having medication administered.

ST - A0601 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.0185(1)(a), F.A.C.

Interpretive Guideline

The facility is responsible for assessing a resident's ability to self-administer and whether a resident needs assistance with self-administered medications or medication administration.

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ST - A0602 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Facility staff noting deviations which could reasonably be attributed to the improper self-administration of medication must consult with the resident:

- a. Concerning any problems the resident may be experiencing with the medications;
- b. To permit the facility to aid the resident through the use of a pill organizer, provide assistance with self-administration of medication, or administer medications if such services are offered by the facility.

58A-5.0185(1)(b), F.A.C.

Interpretive Guideline

Any resident deviation which can reasonably be attributed to the improper self-administration of medication must be addressed with the resident.

ST - A0603 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall contact the resident ' s health care provider when observable health care changes occur that may be attributed to the resident ' s medications.

The facility shall document such contacts in the resident ' s

Interpretive Guideline

Observable resident health care changes that may be attributed to the improper self-administration of medication must be referred to the health care provider and documented in the resident ' s record.

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records.

58A-5.0185(1)(b), F.A.C.

ST - A0604 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

A nurse may manage a pill organizer to be used only by residents who self-administer.

58A-5.0185(2)(c), F.A.C.

Interpretive Guideline

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

Nurse means a licensed practical nurse (LPN), registered nurse (RN), or advanced registered nurse practitioner (ARNP).

ST - A0605 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Nurses must manage the pill organizer in the following manner:

- a. Obtain the labeled medication container from the storage area or the resident;
- b. 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; and

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c. Return the medication container to the storage area or resident.

d. Document the date and time the pill organizer was filled in the resident's record.

58A-5.0185(2)(c)1-4, F.A.C.

ST - A0606 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Interpretive Guideline

The nurse is responsible for instructing the resident in the proper use of the pill organizer.

58A-5.0185(2)(c), F.A.C.

ST - A0607 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Interpretive Guideline

For residents who use a pill organizer, the facility must keep either:

a. The original labeled medication container, or

b. A medication listing with the prescription number, the name and address of the issuing pharmacy, the health care

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provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use.

58A-5.0185(5)(a), F.A.C.

ST - A0608 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

When there is a determination that the resident whose medication is managed by use of a pill organizer is not taking medications as prescribed after the medicinal benefits are explained:

- a. It must be noted in the resident's record, and
- b. The facility must consult with the resident concerning providing assistance with self-administration, or the administration of medications if such services are offered by the facility.
- c. The facility must contact the resident's health care provider regarding questions, concerns, or observations relating to the resident's medications. Such communication must be documented in the resident's record.

58A-5.0185(2)(d), F.A.C.

Interpretive Guideline

The resident's record must document the resident is not taking their medication, and the facility staff has consulted with the resident concerning the facility providing assistance with self-administration, or administration of medications if offered by the facility.

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ST - A0609 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Facilities which provide assistance with self-administered medication, must have either a nurse; or an unlicensed staff member, who is at least 18 years old, trained and available to assist residents with self-administered medication.

58A-5.0185(3)(a), F.A.C.

Interpretive Guideline

Training non-compliance is not to be cited with this tag.

ST - A0610 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

If providing assistance with self-administration of medication, staff must observe the resident take the medication.

58A-5.0185(3)(c), F.A.C.

A trained designated staff person assists the resident to self-administer medications in the following manner:

Medication, in its dispensed, properly labeled container, shall be taken from where it is stored and brought to the resident.

429.256(3)(a), F.S.

Interpretive Guideline

As necessary, the facility must have available items that facilitate assistance with self-administration of medication.

To facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons.

Staff may return unused doses to the medication container.

Assistance with self-administered medications does not include:

1. Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet, or crushing a tablet as prescribed.

429.256(4)(a), F.S.

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Verbally prompt a resident to take medications as prescribed.

58A-5.0185(3)(b), F.A.C.

In the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, and close the container.

429.256(3)(b), F.S.

Place an oral dosage in the resident's hand or place the dosage in another container and help the resident by lifting the container to his or her mouth.

429.256(3)(c), F.S.

Apply topical medications.

429.256(3)(d), F.S.

Returning the medication container to proper storage.

429.256(3)(e), F.S.

Keeping a record of when a resident receives assistance with self-administration.

429.256(3)(f), F.S.

Medication which appears to have been contaminated, must not be returned to the container.

58A-5.0185(3)(b), F.A.C.

2. Preparing syringes for injections or administration of medications by any injectable route.
429.256(4)(b), F.S.

3. Administering medications through intermittent positive pressure breathing machines or through a nebulizer.
429.256(4)(c), F.S.

4. Administering medications by way of a tube inserted into a body cavity.
429.256(4)(d), F.S.

5. Administering parenteral preparations.
429.256(4)(e), F.S.

6. Irrigations or debriding agents used in the treatment of a skin condition.
429.256(4)(f), F.S.

7. Rectal, urethral, or vaginal preparations.
429.256(4)(g), F.S.

8. Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
429.256(4)(h), F.S.

9. Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
429.256(4)(i), F.S.

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ST - A0611 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Any concerns about the resident's reaction to the medication shall be reported to the resident's health care provider and documented in the resident's record.

58A-5.0185(3)(c), F.A.C.

If providing medication administration, unusual reactions or significant changes in the resident's health or behavior must 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 be documented in the resident's record.

58A-5.0185(4)(b), F.A.C.

Interpretive Guideline

Significant change means a sudden or major shift in behavior or mood, or a deterioration in health status such as unplanned weight change, stroke, heart condition, or Stage II, III, or IV 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.

Unusual reactions may include: Gastrointestinal disturbance-nausea or upset stomach, vomiting, diarrhea, constipation; dry mouth; rash, itching, pruritis, flushing; headache; generalized weakness; muscle weakness or leg muscle cramping, fatigue; muscle stiffness or feeling slowed down; Change in level of consciousness/alertness, confusion, lethargy, dizziness, daytime or excessive sedation, drowsiness, disorientation, agitation, restlessness, combativeness; blurred vision; eye sensitivity to sun or light; low or high blood sugar; slow involuntary movements of mouth, tongue, hand or other parts of body; drooling or difficulty swallowing; weight gain; hypotension or hypertension; bruising (if on anticoagulants); skin discoloration; dry skin; cardiac arrhythmias (palpitations), tachycardia, bradycardia; edema; shortness of breath; tinnitus; body tremors or spasms; nervousness; sexual difficulty; menstrual irregularity; sunburn, and bladder tone relaxed.

CNAs assisting with self-administered medication may take residents vital signs as directed by a licensed nurse or physician, and document the information in the resident record or Medication Observation Record.

ST - A0612 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

When a resident who receives assistance with medication is

Interpretive Guideline

A pharmacist may separately prescribe and dispense the medications.

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away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:

A nurse or family member of the resident pursuant to section 464.022(1), F.S., may transfer medication into a pill organizer.

1. The health care provider may prescribe a medication schedule which coincides with the resident's presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident's medication record;
3. The medication may be transferred to a pill organizer, and given to the resident or 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.

58A-5.0185(3)(d), F.A.C.

ST - A0613 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Facilities which provide medication administration must have a staff member, who is licensed to administer medications, and available to administer medications in accordance with a health care provider's order or prescription label.

58A-5.0185(4)(a), F.A.C.

Interpretive Guideline

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

Pursuant to s.464.022, F.S., the resident's family or friends may administer medication without receiving compensation.

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ST - A0614 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

A facility which performs clinical laboratory tests for residents, including blood glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and part I of chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA certificate must be maintained in the facility.

58A-5.0185(4)(d), F.A.C.

Interpretive Guideline

If the facility performs laboratory tests, the facility must possess both the Certificate of Waiver (Federal) and Certificate of Exemption (State license). The Certificate of Exemption must be posted in a prominent location.

A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assist residents in performing the test.

The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment.

ST - A0615 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

The facility must maintain a daily medication observation record (MOR) for each resident who receive assistance with self-administration of medications or medication administration.

58A-5.0185(5)(b), F.A.C.

Interpretive Guideline

All MORs must be accurate and up-to-date.

A MOR must include:

Name of the resident and any known allergies;

Name of the resident ' s health care provider and 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.

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The MOR must be immediately updated each time the medication is offered or administered.

MOR must contain all medications prescribed by the health care provider and any over the counter medications that require assistance. If medication requires vital signs to be taken, it must be documented on the MOR at the time of the medication pass.

Changes must be dated with current medications, as to amount or frequency.

MOR must have dates for discontinued medications.

MOR must document when resident is away from the facility.

If medication is given at a time different than on the MOR, the reason must be documented.

ST - A0616 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

For medications which serve as chemical restraints, the facility must maintain a record of the prescribing physician's annual evaluation of the use of the medication.

58A-5.0185(5)(c), F.A.C.

Interpretive Guideline

"Chemical restraint" means a pharmacologic drug that physically limits, restricts, or deprives an individual of movement or mobility, and is used for discipline or convenience and not required for the treatment of medical symptoms.

The use of chemical restraints is limited to prescribed dosages of medications authorized by the resident's physician and must be consistent with the resident's diagnosis. Residents who are receiving medications that can serve as chemical restraints must be evaluated by their physician at least annually to assess:

1. The continued need for the medication.
2. The level of the medication in the resident's blood.
3. The need for adjustments in the prescription.

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ST - A0617 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Resident medication, both prescription and over-the-counter, kept in the resident's room or apartment, must be kept locked when the resident is absent unless the medication is in a secure place within the room or apartment; or in some other secure place which is out of sight of other residents.

58A-5.0185(6)(a), F.A.C.

Interpretive Guideline

The needs of all residents must be taken into consideration when determining the level of security needed for medication storage. It may be appropriate for a resident to have medication bottles sitting out in plain view if no one else has access to his room and the room is locked when the resident is out of the room. If the room is shared, the needs of both residents must be taken into consideration and the medications may need to be further secured.

Independent residents may take their medication with them when they go out, if they do not require supervision of medication.

For residents who do require supervision of medications, it may be necessary for the health care provider to change the medication time to coincide with when the resident is in the facility or the pharmacist can dispense his medications in another packaging form, i.e., unit dose for the times they are out of the facility.

ST - A0618 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Both prescription and over-the-counter medication for a resident must be centrally stored if:

1. The facility administers the medication;
2. The resident requests central storage; The facility must maintain a list of all medications being stored pursuant to

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resident's request for central storage.

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;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission.

58A-5.0185(6)(a), F.A.C.

ST - A0619 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Centrally stored medications must be kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times.

58A-5.0185(6)(b)1., F.A.C.

Refrigerated medications must 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.

Interpretive Guideline

The cabinet, room, medication cart, or other area must be kept locked at all times.

This also applies to prescribed OTC medications.

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58A-5.0185(6)(b)2., F.A.C.

ST - A0620 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Centrally stored medications must be located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be refrigerated.

58A-5.0185(6)(b)2., F.A.C.

Interpretive Guideline

ST - A0621 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Centrally stored medications must be accessible to staff responsible for filling pill-organizers, assisting with self-administration or administering medication. Such staff must have ready access to keys to the medication storage areas at all times.

58A-5.0185(6)(b)3., F.A.C.

Interpretive Guideline

Keys must be in the possession of authorized personnel (e.g. personnel who are responsible for the distribution of the medication).

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ST - A0622 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Centrally stored medications must be kept separately from the medications of other residents and properly closed or sealed.

58A-5.0185(6)(b)4., F.A.C.

Interpretive Guideline

ST - A0623 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Medication which has been discontinued but which has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request.

58A-5.0185(6)(c), F.A.C.

Interpretive Guideline

If centrally stored by the facility, it must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if re-prescribed by the resident's health care provider and has not expired.

ST - A0624 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

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Regulation Definition

The administrator must return all medications to the resident, the resident's family, or the resident's guardian when a resident's stay in the facility has ended unless otherwise prohibited by law.

58A-5.0185(6)(d), F.A.C.

Interpretive Guideline

ST - A0625 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition must be documented in the resident's record.

58A-5.0185(6)(e), F.A.C.

Interpretive Guideline

It is necessary to notify the family before destroying the medication to allow them reasonable time to pickup the medication. This is considered resident's personal property.

If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications shall be considered abandoned and must be disposed of in 30 days. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. Drug disposition must be promptly documented in the resident's file.

This standard applies to all types of medications. There are several acceptable methods to dispose of medications, e.g., flushing pills and liquids, crushing vials of injectable medication and returning discontinued medications to the pharmacy vendor.

ST - A0626 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

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Regulation Definition

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.

58A-5.0185(7)(a), F.A.C.

Interpretive Guideline

A "prescription drug" is defined as any chemical compound or any non-infectious biological substance, which may be administered to or used on residents, as an aid in the diagnosis, treatment or prevention of disease or other abnormal condition, for the relief of pain or suffering, or to control or improve any physiological or pathological condition.

All prescription drugs kept by the facility for the residents must be prescribed by a physician, pharmacist or advanced registered nurse practitioner as allowed by their practice act. All prescriptions must be legally dispensed and labeled by a pharmacist or the prescribing physician or ARNP for the resident for whom it is prescribed.

The label includes the following information:

1. Practitioner's name
2. Resident's name
3. Date dispensed
4. Name and strength of drug
5. Quantity of drug in container
6. Directions for use, including specifically when the medication is to be taken
7. Pharmacy name, address and telephone number
8. Expiration date

This requirement also applies to a physician, ARNP or pharmacist who dispenses complimentary packages of medication to his own patients in the regular course of their practice, without the payment of fee or remuneration of any kind.

ST - A0627 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Except with respect to the use of pill organizers, no person other than a pharmacist may transfer medications from one storage container to another.

Interpretive Guideline

Only a nurse may transfer medication into a pill organizer for the management of medications for residents who self-administer.

Pursuant to s. 464.022(1), friends or resident's family members may transfer medications from one storage container

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to another provided they do not receive compensation. Domestic servants and surrogate family members may transfer medications.

ST - A0628 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

If the medication directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions.

58A-5.0185(7)(c), F.A.C.

Interpretive Guideline

For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified (e.g., "as needed for pain, not to exceed four 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 be noted in the medication record, or a revised label must be obtained from the pharmacist.

ST - A0629 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident's health care provider, or a faxed copy of such order.

New directions for use of a medication must promptly be recorded in the resident's medication observation record.

58A-5.0185(7)(d), F.A.C.

Interpretive Guideline

If a health care provider has changed the directions for use of a resident's medication, accompanying documentation must include a written medication order issued and signed by the resident's health care provider. A fax copy can be accepted.

The facility may place an "alert" label on the medication container that directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.

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ST - A0630 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.0185(7)(e), F.A.C.

Interpretive Guideline

This refers to a medication change order only.

ST - A0631 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

The facility must 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.

58A-5.0185(7)(f), F.A.C.

Interpretive Guideline

It is the facility's responsibility to assess the resident's medication supply if the medications are not kept by the resident.

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ST - A0632 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Pursuant to Section 465.0276(5), F.S., and 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 also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:

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

58A-5.0185(7)(g), F.A.C.

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

58A-5.0185(7)(h), F.A.C.

Interpretive Guideline

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ST - A0633 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

A stock supply of OTC medications for multiple resident use is not permitted in any facility.

58A-5.0185(8)(a), F.A.C.

Interpretive Guideline

A stock supply of OTC's for multiple resident use is not permitted because ALFs do not have institutional pharmacy permits.

ST - A0634 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Non-prescription OTC drugs, when centrally stored, must be labeled with the resident's name, and the manufacturer's label with directions for use must be kept with the medication.

58A-5.0185(8)(b), F.A.C.

Interpretive Guideline

ST - A0635 - MEDICATION STANDARDS

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Type Standard

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Regulation Definition

When an OTC medication is prescribed by a health care provider, the medication becomes a prescription medication and must be managed in accordance with prescription medication.

58A-5.0185(8)(c), F.A.C.

Interpretive Guideline

When an OTC medication is prescribed by a physician, the medication becomes a prescription and must be properly labeled by a pharmacist or physician.

ST - A0636 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

If the staff person assisting with self-administered medications is not a nurse, the facility has advised the resident, or the resident's surrogate, guardian, or attorney in fact, that:

1. The ALF is not required to have a licensed nurse on staff;
2. The resident may be receiving assistance with self-administration of medication from an unlicensed person; and
3. Such assistance, if provided by an unlicensed person, will or will not be overseen by a licensed nurse.

429.256(1), F.S.

Interpretive Guideline

This notification would not be required if the facility only uses LPNs or RNs to administer medications or assist with the self-administered medications.

Notification may be done on a form provided for this purpose. The form would need to be signed and dated by the resident or the resident's representative. There is no specific form required. Any form may be used as long as the required content is included.

"Unlicensed person" means an individual not currently licensed to practice nursing or medicine who is employed by or under contract to an ALF and who has received training with respect to assisting with the self-administration of medication in an ALF prior to providing such assistance.

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ST - A0637 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Interpretive Guideline

The facility must employ, on staff or by contract, the services of a licensed consultant pharmacist or registered nurse if the facility has a Class I, Class II, or uncorrected Class III deficiency directly relating to facility medication practices.

429.42(1), F.S.
58A-5.033(4)(a)1., F.A.C.

ST - A0638 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

Interpretive Guideline

The initial on-site consultant visit must take place within 7 working days of the identification of a class I or class II deficiency and within 14 working days of the identification of an uncorrected class III deficiency.

58A-5.033(4)(a)2., F.A.C.

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ST - A0639 - MEDICATION STANDARDS

Title MEDICATION STANDARDS

Rule

Type Standard

Regulation Definition

The facility must have available for review by the agency a copy of the consultant pharmacist's or registered nurse's license.

58A-5.033(4)(a)2., F.A.C.

Interpretive Guideline

A copy of the consultant pharmacist's or registered nurse's license must be available for Agency review.

ST - A0640 - Medication Standards

Title Medication Standards

Rule

Type Requirement

Regulation Definition

The facility has a signed and dated pharmacy consultant or registered nurse consultant recommended corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.

58A-5.033(4)(a)2., F.A.C.

Interpretive Guideline

The licensed consultant pharmacist or registered nurse recommended corrective action plan must be available for Agency's review.

ST - A0641 - Medication Standards

Title Medication Standards

Rule

Type Standard

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Regulation Definition

The facility provides the agency with, at a minimum, quarterly on-site corrective action plan updates.

58A-5.033(4)(a)3., F.A.C.

Interpretive Guideline

Quarterly on-site corrective action plan updates must be provided to the Field Office Manager until the Agency determines, after written notification by the consultant and facility administrator, deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and such consultant services are no longer required. The Agency must provide the facility with written notification of such determination.

ST - A0700 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.0182, F.A.C.

Interpretive Guideline

ST - A0701 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

Facilities shall offer personal supervision, as appropriate for each resident.

58A-5.0182(1), F.A.C.

Interpretive Guideline

Residents have the opportunity and are encouraged to perform regular personal hygiene practices. The staff recognizes the need to assist residents as necessary to perform these activities. Clothing worn should be clean and in good repair.

Residents should not be wearing nightclothes during the day, unless it is the resident's choice. There should be sufficient clothing for changes if the resident becomes soiled during the day or evening.

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If there are Alzheimer's or dementia residents, staff should be assisting residents with personal hygiene as needed.

ST - A0702 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

The facility monitors the quantity and quality of resident diets in accordance with rule 58A-5.020.

58A-5.0182(1)(a), F.A.C.

Interpretive Guideline

When facility policy does not allow for and the facility is not providing health care provider ordered therapeutic diets to meet the needs of the resident, the resident may be inappropriate for placement within that facility.

ST - A0703 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall document the resident's refusal to comply with a therapeutic diet and notify the health care provider of such refusal.

58A-5.020(2)(e)2., F.A.C.

Interpretive Guideline

A competent individual is not compelled to follow a restrictive diet. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident refusing the therapeutic diet is acceptable documentation of a resident's preferences. In such instances, daily documentation is not necessary.

ST - A0704 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

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Regulation Definition

The facility provides daily observation by designated staff of the activities of the resident while on the premises and daily awareness of the general health, safety, and physical and emotional well-being of the individual.

58A-5.0182(1)(b), F.A.C.

Interpretive Guideline

ST - A0705 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

Facilities shall offer personal supervision, as appropriate for each resident, including general awareness of the resident's whereabouts. The resident may travel independently in the community.

58A-5.0182(1)(c), F.A.C.

Interpretive Guideline

ST - A0706 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

Contacts 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,

Interpretive Guideline

"Significant change" means a sudden or major shift in behavior or mood, or a deterioration in health status such as unplanned weight change, stroke, heart condition, or Stage II, III, or IV 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.

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health care surrogate, or case manager if the resident is discharged or moves out.

58A5.0182(1)(d), F.A.C.

ST - A0707 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

Facilities maintain a written record, updated as needed, of any significant changes, any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.

58A-5.0182(1)(e),F.A.C.

Interpretive Guideline

There is written documentation in the resident's record that notes any apparent significant changes, i.e., physical or emotional. There is written evidence the resident's family and physician have been notified.

ST - A0708 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall provide an ongoing activities program. The program shall provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community.

Interpretive Guideline

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58A-5.0182(2)(a), F.A.C.

ST - A0709 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall consult with the residents in selecting, planning, and scheduling activities. The facility shall demonstrate resident 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.

58A-5.0182(2)(b), F.A.C.

Interpretive Guideline

Residents are represented in the planning and scheduling of activities.

It is the responsibility of the facility to demonstrate residents have been involved in the planning of activities if this is to be counted toward leisure activity time.

ST - A0710 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

Scheduled activities shall be available at least six (6) days a week for a total of not less than twelve (12) hours per week. Watching television shall not be considered an activity for the purpose of meeting the 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.

58A-5.0182(2)(c), F.A.C.

Interpretive Guideline

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 twelve (12) hours per week of scheduled activities.

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

Activities are by resident's choice.

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Activities which may be appropriate for ALF residents include, but are not limited to, movies, card games, board games, group discussions, arts and crafts, slides, music, dancing, writing, puzzles, dramatics, religious activities, barbecue parties, and service projects.

ST - A0711 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

An activities calendar shall be posted in common areas where residents normally congregate.

58A-5.0182(2)(c), F.A.C.

Interpretive Guideline

ST - A0712 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall, as needed by each resident, assist residents in making appointments and remind residents about scheduled appointments for medical, dental, nursing, or mental health services.

58A-5.0182(3)(a), F.A.C.

Interpretive Guideline

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ST - A0713 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall 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.

58A-5.0182(3)(b), F.A.C.

Interpretive Guideline

The facility shall provide transportation if it cannot otherwise be arranged. The facility cannot charge additional fees for OSS residents.

ST - A0714 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.0182(3)(c), F.A.C.

Interpretive Guideline

Health assessments should not normally be signed by the same health care provider for most of the residents.

ST - A0715 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

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Regulation Definition

Facilities shall offer supervision of or assistance with activities of daily living as needed by each resident. Residents shall be encouraged to be as independent as possible in performing ADLs.

58A-5.0182(4), F.A.C.

Interpretive Guideline

Residents are found to be clean and without odor. Resident's hair, nails, oral hygiene, and other aspects of personal appearance are within acceptable standards.

Residents have the opportunity and are encouraged to perform regular personal hygiene practices. The staff recognizes the need to assist residents as necessary to perform these activities. Clothing worn should be clean and in good repair.

Interview the residents; any unmet needs concerning ADLs should be cited here.

ST - A0716 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

The facility may employ or contract with a nurse to:

- a. Take or supervise the taking of vital signs;
- b. Manage pill organizers and administer medications;
- c. Give prepackaged enemas pursuant to a physician's order;
and
- d. Maintain nursing progress notes.

429.255, F.S.

58A-5.0182(5)(a), F.A.C.

58A-5.0182(5)(b), F.A.C.

Interpretive Guideline

These nursing services may 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.

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ST - A0717 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

A copy of the Resident's Bill of Rights or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area.

58A-5.0182(6)(a), F.A.C.

Interpretive Guideline

ST - A0718 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

The facility will comply with the Resident's Bill of Rights.

429.28(1), F.S.

Interpretive Guideline

Resident's Bill of Rights.

No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:

1. Live in a safe and decent living environment, free from abuse and neglect.
2. Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
3. Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe,

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impractical, or an infringement upon the rights of other residents.

4. Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
5. Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
6. Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27, F.S.
7. Share a room with his or her spouse if both are residents of the facility.
8. Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
9. Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services shall be imposed upon any resident.
10. Access to adequate and appropriate health care consistent with established and recognized standards within the community.
11. At least 45 days notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days notice of a non-emergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.

Residents are to be allowed to talk privately with other residents, family members, friends, case managers, and visitors. Incoming mail, including monthly checks received, is to be delivered to the resident unopened. Unless a

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resident has asked for assistance with their correspondence needs, outgoing mail should not be read by staff prior to mailing.

The facility may use an answering machine for business purposes. The residents must be allowed access to a telephone between the hours of 9 a.m. and 9 p.m. The statute does not state that the facility is to absorb the expense of maintaining a telephone for resident's use. A pay telephone may meet this requirement.

ST - A0719 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.

58A-5.0182(6)(b), F.A.C.

Interpretive Guideline

There is a functioning resident complaint, follow-up, and resolution mechanism (which could be satisfied by the existence of a resident council) and documentation of its past activities or a resident suggestion or complaint box.

The facility must ensure there is a complaint, follow-up and resolution mechanism in place which the residents could utilize to make complaints, settle disputes, and maintain some control over their environment.

ST - A0720 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1 (888) 831-0404; the Advocacy Center

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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.

58A-5.0182(6)(c), F.A.C.

ST - A0721 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

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.

58A-5.0182(6)(d), F.A.C.

Interpretive Guideline

ST - A0722 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

Residents may not be required to perform any work in the facility without compensation.

58A-5.0182(6)(f), F.A.C.

Interpretive Guideline

The facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.

Compensation could include a reduced monthly rate being charged to the resident. The reduced rate must be equivalent to the salary that would have been earned at the minimum wage scale or higher.

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ST - A0723 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.

58A-5.0182(6)(g), F.A.C.

Interpretive Guideline

Residents are to be allowed to talk privately with other residents, family members, friends, case managers, and visitors. Incoming mail, including monthly checks received, is to be delivered to the resident unopened. Unless a resident has asked for assistance with their correspondence needs, outgoing mail should not be read by staff prior to mailing.

The facility may use an answering machine for business purposes. The residents must be allowed access to a telephone between the hours of 9:00 a.m. and 9:00 p.m. The statute does not state the facility is to absorb the expense of maintaining a telephone for resident's use. A pay telephone may meet this requirement.

ST - A0724 - RESIDENT CARE STANDARDS

Title RESIDENT CARE STANDARDS

Rule

Type Standard

Regulation Definition

The use of physical restraints shall be limited to half-bed rails, and only upon the written order of the resident's physician, who shall review the order biannually, and the consent of the resident or the resident's representative.

58A-5.0182(6)(h), F.A.C.

Interpretive Guideline

Physical restraint means anything which physically limits, restricts, or deprives an individual of movement or mobility. These are not to be used in the facility.

Biannually means every six (6) months.

Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical restraint.

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Residents who use wheelchairs may utilize a Velcro-type release seat belt provided the resident is cognitively and physically capable of unfastening the seatbelt.

Beds which are pushed against a wall and have a half side rail placed in the middle of the bed should be viewed as being restrained since the resident's ability to move freely is restricted.

Placing a resident in a geri-chair with a tray table across the resident's lap would be considered to be a restraint.

Placing residents in an ambulation device the resident cannot get out of is a restraint.

Health care provider or family request for the use of restraints does not constitute justification for restraints.

An ALF resident who is also an enrolled Hospice client may have full bed rails if the resident's health care provider and the Hospice care plan have identified that the resident needs them.

If a resident or their responsible party does not desire the half-bedside rail to be used, it should not be used.

ST - A0725 - Resident Care Standards

Title Resident Care Standards

Rule

Type Standard

Regulation Definition

The facility must notify a licensed physician when a resident exhibits signs of dementia or cognitive impairment or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such dementia or impairment.

The notification must occur within 30 days after the acknowledgement of such signs by facility staff.

429.26(7), F.S.

Interpretive Guideline

A person with dementia has problems with memory, judgment, decision-making, problem solving and communicating. Personality changes and problems with motor functioning also may occur.

Associated behavior problems can include yelling/moaning, fighting, wandering, sleep problems, resisting care, and constant requests for attention.

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ST - A0726 - Resident Care Standards

Title Resident Care Standards

Rule

Type Standard

Regulation Definition

If an underlying condition is determined to exist the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition.

429.26(7) F.S.

Interpretive Guideline

ST - A0727 - Resident Care Standards

Title Resident Care Standards

Rule

Type Requirement

Regulation Definition

All residents assessed at risk for elopement or with any history of elopement shall be identified so staff can be alerted to their needs for support and supervision.

429.41(1)(a)3, F.S.

429.41(1)(l), F.S.

58A-5.0182(8)(a), F.A.C.

Interpretive Guideline

As part of its resident elopement response policies and procedures, the facility must 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 be directed towards residents assessed at high risk for elopement, with special attention given to those with Alzheimer ' s disease and related disorders assessed at high risk.

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ST - A0728 - Resident Care Standards

Title Resident Care Standards

Rule

Type Requirement

Regulation Definition

The facility shall have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary.

429.41(1)(a)3, F.S.

429.41(1)(l), F.S.

58A-5.0182(8)(a), F.A.C.

Interpretive Guideline

The photo identification shall be made available for the file within 10 calendar days of admission.

In the event a resident is assessed at risk for elopement subsequent to admission, 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 taken by the facility or provided by the resident or resident ' s family/caregiver.

ST - A0729 - Resident Care Standards

Title Resident Care Standards

Rule

Type Requirement

Regulation Definition

The facility has detailed written policies and procedures for responding to a resident elopement.

429.41(1)(a)3, F.S.

429.41(1)(l), F.S.

58A-5.0182(8)(b), F.A.C.

Interpretive Guideline

At a minimum, the policies and procedures must 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; and
4. The continued care of all residents within the facility in the event of an elopement.

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ST - A0800 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall be responsible for total food services and the day-to-day supervision of food services staff.

58A-5.020(1)(a), F.A.C.

Interpretive Guideline

ST - A0801 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

The administrator or food service designee must perform his/her duties in a safe and sanitary manner.

58A-5.020(1)(b), F.A.C.

Interpretive Guideline

If there are any observable or identifiable food service sanitation problems, document the concerns and make a referral to the local health department.

ST - A0802 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

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Regulation Definition

The administrator or designee in writing must provide regular meals, which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets.

58A-5.020(1)(c), F.A.C.

Interpretive Guideline

ST - A0803 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

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. Therapeutic diets shall meet these nutritional standards to the extent possible.

58A-5.020(2)(a), F.A.C.

Interpretive Guideline

The facility's food service person must demonstrate the ability to plan regular or special menus and menus must meet nutritional standards in accordance with the Tenth Edition, Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council.

ST - A0804 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences, and

Interpretive Guideline

For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required.

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physical abilities of the residents and prepared by the use of standardized recipes.

Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.

58A-5.020(2)(b), F.A.C.

ST - A0805 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

Unless residents choose to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows:

- a. protein: 6 ounces or 2 or more servings.
- b. vegetables: 3-5 servings.
- c. fruit: 2-4 servings.
- d. bread and starches: 6-11 or more servings.
- e. milk or milk equivalent: 2 servings.
- f. fat, oils and sweets: use sparingly.
- g. water.

58A-5.020(2)(b) 1-7, F.A.C.

Interpretive Guideline

One serving of bread and starches consists of:

- 1 slice of bread
- 1 cup of cooked cereal
- 3/4 cup of dry cereal
- 1 plain dinner roll
- 1/2 English muffin or bagel
- 1/2 hamburger or hot dog bun
- 6 saltine crackers
- 1 biscuit or muffin
- 1/2 cup of mashed potatoes
- 1 small baked potato
- 1/2 cup cooked rice
- 1/2 cup cooked pasta (spaghetti, macaroni)
- 1 piece of cornbread (2 in. cube)
- 1/2 cup dried beans or peas, cooked
- 3 cups popcorn
- 2 pancakes or 1 waffle
- 1 cup of soup

Milk or milk equivalent: One serving of whole, skim, low fat, and buttermilk consists of 1 cup. The following may be substituted for 1/2 cup of milk:

- 1 cup of cream soup

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1 cup of ice cream
1 cup of pudding
1 1/2 oz of cheese
2 oz of processed cheese

The standard portion sizes of each food group are given as follows:

Protein: One (1) serving of protein consists of:
2-3 oz of chicken, beef, pork, lamb, veal, or fish
1/2 cup of cottage cheese
two 1 oz slices of American, Swiss,
or other hard cheeses
2 large eggs
2 tablespoons of peanut butter
1/2 cup of canned tuna, salmon, or mackerel
1/2 cup of dried beans or peas
2 small frankfurters
2 slices of cold cuts or luncheon meats (bologna, ham, etc.)

Vegetables: One serving of vegetable consists of 1/2 cup of cooked vegetable or 1 cup of raw vegetables (salad) or 3/4 cup of vegetable juice. A green leafy vegetable such as spinach, kale, asparagus, broccoli, cabbage, or greens should be offered daily. Also, a yellow vegetable such as carrots, squash, corn, yellow beans, etc. should be offered daily. An exception to the above is when the resident has specifically requested smaller portions.

Fruits and fruit juices: One serving of fruit generally consists of a 1/2 cup serving of chopped, cooked, or canned fruit; 1 medium apple, banana, or orange; or 3/4 cup of fruit juice. One serving should include a good source of Vitamin C, such as orange, grapefruit, etc.

Dietary guidelines developed by the US Department of Agriculture limit fat to 30% of calories consumed daily. If low fat choices are selected from each food group and add no additional fat in food preparation or at the table, approximately 1/2 of your daily fat allowance will be provided naturally in the foods selected.

Note: 4 grams of fat = 1 teaspoon

Individual serving sizes must be documented for each menu item.

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SAMPLE MEAL PATTERN (with portion sizes)

Breakfast

½ cup orange juice
1 scrambled egg
½ cup grits
1 slice wheat toast
1 tsp. Margarine
jelly
1 cup milk
coffee or hot tea

Lunch

½ cup tuna salad on 2 slices of wheat bread
1 c. vegetable soup
½ c. carrot-raisin salad
2 whole purple plums
1 cup milk
coffee or iced tea

Dinner

3 oz Italian baked chicken
½ cup rice
½ c. green beans
½ c. yellow squash
1 dinner roll
1 tsp. Margarine
1 slice cherry pie
coffee or tea

ST - A0806 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

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Regulation Definition

All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist to ensure the meals are commensurate with the nutritional standards.

58A-5.020(2)(c), F.A.C.

Interpretive Guideline

Menus should be reviewed each year even if the menus have not been modified.

Annually means every 365 days.

Meal patterns include the types and amounts of food to be served and are on file.

This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed.

ST - A0807 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

Portion sizes shall be indicated on the menus or on a separate sheet.

58A-5.020(2)(c), F.A.C.

Interpretive Guideline

Portion sizes as indicated can be on the regular and therapeutic menus, or on a separate sheet.

Portion or serving sizes are an important part of the information on menus and in policies and procedures. The nutritional adequacy of the meals cannot be assessed without this information. Therefore, portion sizes must be thoroughly documented to provide an assurance that the resident's meals meet the Recommended Daily Allowance for all nutrients.

This does not mean that the facility should ignore a resident who specifically requests a smaller or larger portion size of a particular food item addressed in this survey guideline.

ST - A0808 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

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Regulation Definition

Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets.

58A-5.020(2)(d), F.A.C.

Interpretive Guideline

Menus may be dated on the front or back. Seven day menus may include the week used (such as January 1-7, 2000).

If cycle menus are used, facilities may refer to dates menus were used on a separate sheet of paper. However, menus should be easily identified such as cycle/week I, II, III IV, etc., and the information must be kept on file for at least six months.

ST - A0809 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

Residents shall be encouraged to participate in menu planning.

58A-5.020(2)(d), F.A.C.

Interpretive Guideline

ST - A0810 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

Planned menus shall be conspicuously posted or easily available to residents.

58A-5.020(2)(d), F.A.C.

Interpretive Guideline

"Easily available" means that residents may request and review regular and therapeutic menus and/or meal and snack schedules.

Posted dated menus should be located in areas regularly used by residents such as dining and common areas, on bulletin boards, next to elevators or entrances, etc.

Facilities with residents in wheelchairs should position menus for their viewing comfort.

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Menus should be easy to read in clear understandable language.

ST - A0811 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

Regular and therapeutic menus as served with substitutions are noted before or when the meal is served, shall be kept on file in the facility for 6 months.

58A-5.020(2)(d), F.A.C.

Interpretive Guideline

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

58A-5.020(2)(c), F.A.C.

ST - A0812 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.020(2)(e), F.A.C.

Interpretive Guideline

Written health care provider orders can be on the resident's health assessment or a separate order or prescription form. This information should be in the resident's file and in the food service area.

Foods being prepared should match the diet order or be of equal value. Substitutions are to be noted when the change is made or before, not after the meal has been served.

The diet order may be recorded on the AHCA Form 1823 or on a separate order.

If the facility staff is unable or unwilling to provide a therapeutic diet, the resident is inappropriate for this facility.

It is the facility staff's responsibility to see proper foods are served or made available according to the resident's diet

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(regular or therapeutic).

ST - A0813 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.020(2)(e) 1, F.A.C.

Interpretive Guideline

Select menus must have a legend or key for easy identification.

ST - A0814 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

For facilities serving three or more meals a day

a. No more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal.

b. Intervals between meals shall be evenly distributed throughout the day, with not less than two hours nor more than

Interpretive Guideline

The interval between meals refers to the end of one meal and the beginning of the next.

Example #1
(Breakfast 8:00 a.m.)
(Lunch 12:00 noon) 4 hours
(Dinner 6:00 p.m.) 14 hours

Example #2

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six hours between the end of one meal and the beginning of the next.

(Breakfast 6:30 a.m.)
(Lunch 12:00 noon) 5 1/2 hours
(Dinner 5:30 p.m.) 13 hours

c. Snacks are not considered to be meals for the purpose of calculating the time between meals.

Some flexibility is allowed by using a time range for the meal time, i.e., 5-5:30, and using the end of the range to start the time span count.

58A-5.020(2)(f), F.A.C.

Example #1
(Breakfast 7-7:30 a.m.)
(Lunch 1:30 -2:00 p.m.) 6 hours
(Dinner 6-6:30 p.m.) 12 1/2 hours

ST - A0815 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

For residents without access to kitchen facilities, snacks shall be offered at least once per day.

58A-5.020(2)(f), F.A.C.

Interpretive Guideline

Resident rooms with kitchenettes, facilities with pantry areas, or facilities where kitchen area is available to residents are not required to have additional snacks provided.

ST - A0816 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

Food shall be served attractively at safe and palatable temperatures.

Interpretive Guideline

If you suspect the temperatures are not correct, refer to the local health department.

Concerns with temperatures should address food palatability and safety.

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58A-5.020(2)(g), F.A.C.

ST - A0817 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

All residents shall be encouraged to eat at tables in the dining areas.

58A-5.020(2)(g), F.A.C.

Interpretive Guideline

Meals may be served in shifts to accommodate all residents.

ST - A0818 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident shall be on hand.

58A-5.020(2)(g), F.A.C.

Interpretive Guideline

Surveyor can count and inspect to see there are enough dishes, cups, glasses, forks, knives, and spoons for all residents. They are in good condition not chipped, cracked or bent.

Paper plates and other single use items should only be used in an emergency or for special events such as outdoor picnics or barbecues, not on a routine basis. All residents are to be treated equally and not some given dishes and silverware and others' single use items. When single use items are used they are to be used only once and discarded.

Special self-help utensils may be required if a resident cannot handle standard utensils; they should not be reduced to using only straws or spoons.

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ST - A0819 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

A 3 day supply of non-perishable food, based on the number of weekly meals the facility has contracted with residents to serve, shall be on hand at all times.

58A-5.020(2)(h), F.A.C.

Interpretive Guideline

The quantity shall be based on the resident census and not on licensed capacity.

All non-perishables on the premises at the time of inspection should be included in the calculation of the three-day supply of fruits, vegetables, protein, grain, and non-perishable milk sources. Other non-perishables are dry or canned goods that do not require refrigeration.

Food items may not be counted twice in determining the facility meets the requirement. That is, if the number of canned beans is applied toward the required supply of protein, it may not be also applied toward the required supply of vegetables.

Having a backup generator and a propane gas source does not exempt the facility from having a three day supply of non-perishable foods.

Frozen food is not to be counted.

The three day supply is three days forward from the date of survey and does not include the survey day.

The three day supply of non-perishable food is only required for the number of meals weekly that the facility has contracted to provide. It is recommended if a facility plans to accept friends, family, or staff and their family during a state of emergency, this food supply should be increased to meet the food needs of additional persons.

ST - A0820 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

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Regulation Definition

The 3-day supply of non-perishable food shall consist of:

- a. Dry or canned foods that do not require refrigeration and shall be kept in sealed containers, which are labeled and dated.
- b. The food shall be rotated in accordance with shelf life to ensure safety and palatability;
- c. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

58A-5.020(2)(h), F.A.C.

Interpretive Guideline

Condensed foods and dried beans are acceptable if the facility maintains a sufficient supply of bottled water. Additionally the facility must demonstrate the ability to cook reconstituted foods and beans.

ST - A0821 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

When food service is catered, the facility shall ensure that the catered food meet all dietary standards imposed by this rule and is adequately protected upon delivery to the facility.

58A-5.020(4), F.A.C.

Interpretive Guideline

When food is catered, the surveyor should review the current contract to determine the terms of the agreement.

There is no guideline for the third party contract except it contain wording to the effect that the provider will comply with the dietary standards as required by 58A-5. It is important this provision be present, or the facility has no recourse for the correction of dietary deficiencies, other than correcting them itself.

The facility shall provide a copy of the third-party provider food services establishment's compliance with food service regulatory requirements.

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ST - A0822 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

A copy of the current contract for catering services must be on file in the facility.

58A-5.020(4)(a), F.A.C.

58A-5.024(1)(l), F.A.C.

Interpretive Guideline

The facility must have a copy of the annually issued certificate or license authorizing the operation of the food service establishment issued by the applicable regulating agency. The license or certificate shall provide documentation of the food service establishment's compliance with food service regulatory requirements.

ST - A0823 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

The facility must employ, on staff or by contract, the services of a registered dietitian or licensed dietitian or nutritionist if the facility has a Class I, Class II, or uncorrected Class III deficiency directly relating to facility dietary standards.

429.42(1), F.S.

58A-5.033(4)(b)1., F.A.C.

Interpretive Guideline

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ST - A0824 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

The initial on-site consultant visit must take place within 7 working days of the identification of a class I or class II deficiency and within 14 working days of the identification of an uncorrected class III deficiency.

58A-5.033(4)(b)2., F.A.C.

Interpretive Guideline

ST - A0825 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

The facility must have available for review by the agency a copy of the dietitian's license or registration card.

58A-5.033(4)(b)2., F.A.C.

Interpretive Guideline

A copy of the dietitian's license or registration card must be available for agency review.

ST - A0826 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

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Regulation Definition

The facility has a signed and dated dietary consultant's recommended corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.

58A-5.033(4)(b)2., F.A.C.

Interpretive Guideline

The registered dietitian or licensed dietitian or nutritionist recommended corrective action plan must be available for agency review.

ST - A0827 - NUTRITION & DIETARY STANDARDS

Title NUTRITION & DIETARY STANDARDS

Rule

Type Standard

Regulation Definition

The facility provides the agency with, at a minimum, quarterly on-site corrective action plan updates.

58A-5.033(4)(b)3., F.A.C.

Interpretive Guideline

Quarterly on-site corrective action plan updates must be provided to the Field Office Manager 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 dietary standards are followed and such consultant services are no longer required. The Agency must provide the facility with written notification of such determination.

ST - A0900 - EMERGENCY MANAGEMENT

Title EMERGENCY MANAGEMENT

Rule

Type Standard

Regulation Definition

The facility's written comprehensive emergency management plan must be submitted for review and approval to the county emergency management agency.

429.41(1)(b), F.S.

58A-5.026(2), F.A.C.

Interpretive Guideline

Newly licensed facilities and facilities whose ownership has been transferred, must submit a comprehensive emergency management plan within 30 days after obtaining a license.

The county emergency management agency has 60 days in which to review and approve the plan or advise the facility of necessary revisions. Any revisions must be made and the plan resubmitted to the county Office of Emergency Management within 30 days of receiving notification from the county agency that the plan must be revised.

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The county emergency management agency is the final administrative authority for emergency management plans prepared by ALFs.

Any plan approved by the county emergency management agency is considered to have met all criteria and conditions.

ST - A0901 - EMERGENCY MANAGEMENT

Title EMERGENCY MANAGEMENT

Rule

Type Standard

Regulation Definition

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

429.41(1)(b), F.S.
58A-5.026(2)(c), F.A.C.

Interpretive Guideline

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

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

ST - A0902 - EMERGENCY MANAGEMENT

Title EMERGENCY MANAGEMENT

Rule

Type Standard

Regulation Definition

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

429.41(1)(b), F.S.
58A-5.026(3)(a), F.A.C.

Interpretive Guideline

The emergency management plan must be located where immediate access by facility staff is assured.

Training in the CEMP includes all designated staff.

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ST - A0903 - EMERGENCY MANAGEMENT

Title EMERGENCY MANAGEMENT

Rule

Type Standard

Regulation Definition

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

429.41(1)(b), F.S.
58A-5.026(3)(b), F.A.C.

Interpretive Guideline

ST - A0904 - EMERGENCY MANAGEMENT

Title EMERGENCY MANAGEMENT

Rule

Type Standard

Regulation Definition

The facility must evacuate the premises during or after an emergency if so directed by the local emergency management agency.

429.41(1)(b), F.S.
58A-5.026(4), F.A.C.

Interpretive Guideline

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ST - A0905 - EMERGENCY MANAGEMENT

Title EMERGENCY MANAGEMENT

Rule

Type Standard

Regulation Definition

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

429.41(1)(b), F.S.

58A-5.026(4)(a), F.A.C.

Interpretive Guideline

ST - A0906 - EMERGENCY MANAGEMENT

Title EMERGENCY MANAGEMENT

Rule

Type Standard

Regulation Definition

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

429.41(1)(b), F.S.

58A-5.026(4)(b), F.A.C.

Interpretive Guideline

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ST - A0907 - EMERGENCY MANAGEMENT

Title EMERGENCY MANAGEMENT

Rule

Type Standard

Regulation Definition

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

429.41(1)(b), F.S.

58A-5.026(4)(c), F.A.C.

Interpretive Guideline

ST - A0908 - EMERGENCY MANAGEMENT

Title EMERGENCY MANAGEMENT

Rule

Type Standard

Regulation Definition

The facility is responsible for knowing the location of all residents until the resident has been relocated from the facility.

429.41(1)(b), F.S.

58A-5.026(4)(d), F.A.C.

Interpretive Guideline

ST - A0909 - EMERGENCY MANAGEMENT

Title EMERGENCY MANAGEMENT

Rule

Type Standard

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Regulation Definition

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

429.41(1)(b), F.S.
58A-5.026(4)(e), F.A.C.

Interpretive Guideline

ST - A0910 - EMERGENCY MANAGEMENT

Title EMERGENCY MANAGEMENT

Rule

Type Standard

Regulation Definition

The facility must assist in the relocation of residents and must cooperate with outreach teams established by the Department of Health or emergency management agency to assist in relocation efforts.

Resident needs and preferences must be considered to the extent possible in any relocation decision.

429.41(1)(b), F.S.
58A-5.026(4)(f), F.A.C.

Interpretive Guideline

ST - A0911 - EMERGENCY MANAGEMENT

Title EMERGENCY MANAGEMENT

Rule

Type Standard

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Regulation Definition

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:

1. Life safety will not be jeopardized for any individual;
2. The immediate needs of residents and other individuals sheltered at the facility can be met by the facility;
3. The facility reports the over capacity and conditions causing it to the Agency Field Office within 48 hours or as soon as practical. As an alternative, the facility may report to the Agency Central Office;
4. The facility maintains a log of the additional persons being housed in the facility. The log shall include the individual's name, usual address, and the dates of arrival and departure. The log must be available for review by representatives of the agency, the department, the local emergency management agency or its designee.

429.41(1)(b), F.S.

58A-5.026(5), F.A.C.

Interpretive Guideline

If the facility will continue to be over capacity after the declared emergency ends, the Agency will review requests for excess capacity on a case-by-case basis.

The admissions and discharge log maintained by the facility may be used to list the additional persons provided the information is maintained in a manner accessible.

ST - A1000 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall comply with the enforcement authority charged with overseeing building construction codes for new building(s) or renovation to existing building(s).

429.44(1), F.S.

Interpretive Guideline

The requirements for the construction and renovation of a facility shall comply with the provisions of Chapter 553 which pertain to building construction standards, including plumbing, electrical code, glass, manufactured buildings, accessibility for persons with disabilities, and the state minimum building code and with the provisions of s. 633.022, F.S., which pertain to uniform fire safety standards.

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ST - A1001 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

The ALF shall be located, designed, equipped, and maintained to promote a residential, non-medical environment, and provide for the safe care and supervision of all residents.

58A-5.023(1)(a), F.A.C.

Interpretive Guideline

The ALF is located in an area consistent with residential environs. This may include rural or agricultural areas, but not industrial or environmentally hazardous.

ST - A1002 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

The facility's physical structure, including the interior and exterior walls, floors, roof and ceilings shall be structurally sound and in good repair.

58A-5.023(1)(b), F.A.C.

Interpretive Guideline

The surveyor's attention should be focused on the conditions and functionality of the physical plant not on details routinely assessed by engineers or architects.

ST - A1003 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

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Regulation Definition

Peeling paint or wallpaper, missing ceiling or floor tiles, or torn carpeting shall be repaired or replaced.

58A-5.023(1)(b), F.A.C.

Interpretive Guideline

Repairs must be complete, neat and hazard free.

ST - A1004 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Windows, doors, plumbing, and appliances shall be functional and in good working order.

58A-5.023(1)(b), F.A.C.

Interpretive Guideline

Appliances may be disabled for safety reasons provided they are functionally available when needed.

ST - A1005 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

All furniture and furnishings shall be clean, functional, free-of-odors, and in good repair.

58A-5.023(1)(b), F.A.C.

Interpretive Guideline

All fastening devices are secure, bolts, screws etc. and all welds are intact. Furniture is free of accumulations of dirt, debris and foul odor. Upholstery is intact.

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ST - A1006 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

In order to ensure a safe and sanitary environment, the ALF shall be subject to annual inspection by the county health department.

58A-5.023(1)(c), F.A.C.

Interpretive Guideline

The County Public Health Unit sanitation inspection report for each of the previous two years must be available for review by the surveyor.

Annual inspections must be conducted at least every 365 days.

58A-5.020(1)(k), F.A.C.

ST - A1007 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Required Indoor Radon Testing shall be completed by all facilities.

58A-5.023(1)(d), F.A.C.

Interpretive Guideline

The facility maintains documentation of radon testing mandated by s. 404.056, F.S., if located in a county requiring radon testing. 429.41(1)(a), F.S.; 58A-5.024(1)(f), F.A.C.

Effective July 1, 1999, radon testing is only required for certain counties and only applies to:

- (1) Newly constructed homes;
- (2) Newly licensed homes in existing buildings;
- and
- (3) Buildings that have had significant structural changes and additions.

For purposes of radon testing, dwellings are identified as either "single-family home or duplex" or "large buildings." Radon testing is required for an ALF situated as a "single-family home or duplex (3 units or less)" or "large building (4 or more units)" if the dwelling meets any of the three categories above, and is located in one of the following

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counties: Alachua, Brevard, Charlotte, Citrus, DeSoto, Duval, Gadsden, Gilchrist, Hardee, Hernando, Highlands, Hillsborough, Indian River, Jackson, Jefferson, Leon, Levy, Manatee, Marion, Martin, Nassau, Osceola, Polk, Putnam, Sarasota, Seminole, Sumter, Suwannee, Union, Volusia, and Walton. Also, radon testing, as described above, is required for large buildings located in Broward, Calhoun, Columbia, Dade, Dixie, Gulf, Hamilton, Holmes, Liberty, Madison, Okaloosa, Palm Beach, Pasco, Pinellas, St. Johns, St. Lucie, and Taylor counties.

Radon testing must be completed within the first year of construction or within the first year of receiving a license after which the facility shall have available for agency inspection a copy of either a completed Residential Radon Measurement Report, DH Form 1778 (single-family/duplex), or Nonresidential Radon Measurement Report, DH Form 1777 (large buildings).

For purposes of radon testing, "dwelling unit" means a single unit providing complete, independent living facilities for one or more persons including permanent provisions for living, eating, cooking and sanitation. Dwelling units and residential units include single family residences, town houses, apartments, boarding houses and condominiums.

ST - A1008 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

If a facility consists of more than one building, all buildings included under a single license must be on contiguous property.

58A-5.016(5), F.A.C.

Interpretive Guideline

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.

If the facility consists of more than one building, all buildings must be on the same land (campus) with no more than a two lane street traversing the property. The Agency must approve the additional property being included under the same license. Two buildings on the same land (campus) without right of way interference may be licensed separately if addresses are different or the owner requests two licenses and the applicant receives local zoning approval. Chapter 419 compliance would be required for the population of the facility licensed for 1 - 14 beds. Private on campus roadways do not constitute right of way interference. Separate (i.e., not physically attached to ALF) maintenance buildings, laundries, garages, tool sheds, barns, etc. (non-resident use or access areas) fall under ALF license criteria if the function of the building impacts on the ALF or resident (i.e., laundry room where residents' laundry or facility laundry is washed; storage shed if it is used for storage of ALF food or supplies).

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ST - A1009 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

A change in the use of space that increases or decreases a facility's capacity shall not be made without prior approval from the Agency Central Office.

58A-5.016(3), F.A.C.

Interpretive Guideline

Approval shall be based on 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 standards.

ST - A1010 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use shall not be made without prior approval from the Agency Field Office.

58A-5.016(4), F.A.C.

Interpretive Guideline

An ALF cannot alter how space is used within a licensed building without prior approval from the Field Office. Changes that increase or decrease bed capacity must receive prior approval from AHCA Central Office, Assisted Living Unit.

ST - A1011 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

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Aspen State Regulation Set: A 1.16 ASSISTED LIVING FACILITY

Regulation Definition

When outside temperatures are 65 degrees Fahrenheit or below, an indoor temperature of at least 72 degrees Fahrenheit shall be maintained in all areas used by residents during hours when residents are normally awake.

58A-5.023(2)(a), F.A.C.

Interpretive Guideline

The first consideration is outside temperature. If the outside temperature exceeds 65 degrees Fahrenheit, this Standard is not applicable.

The second consideration is the time of day. If the surveyor is in the facility during the resident's normal sleep hours, this Standard is not applicable.

ST - A1012 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

When outside temperatures are 65 degrees Fahrenheit or below, during night hours when residents are asleep, an indoor temperature of at least 68 degrees Fahrenheit shall be maintained.

58A-5.023(2)(a), F.A.C.

Interpretive Guideline

The first consideration is outside temperature. If the outside temperature exceeds 65 degrees Fahrenheit, this standard is not applicable.

The second consideration is the time of day. If the surveyor is in the facility during the resident's awake hours, this standard is not applicable.

ST - A1013 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Residents who have individually controlled thermostats in their bedrooms or apartments shall be permitted to control temperatures in those areas.

Interpretive Guideline

In these areas, the temperature standards are not applicable unless the resident cannot control and maintain temperatures that meet their individual preferences.

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58A-5.023(2)(c), F.A.C.

ST - A1014 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

During hours when residents are normally awake, mechanical cooling devices, such as electric fans, must be used in those areas of buildings used by residents when inside temperatures exceed 85 degrees Fahrenheit provided outside temperatures remain below 90 degrees Fahrenheit.

58A-5.023(2)(b), F.A.C.

Interpretive Guideline

The first consideration is the outside temperature. If the outside temperature is at or above 90 degrees Fahrenheit, this standard is not applicable.

The second consideration is the time of day. If the time of observation is during normal sleep hours, this standard is not applicable.

The third consideration is the inside temperature. If the inside temperature is at or below 85 degrees Fahrenheit, this standard is not applicable.

Mechanical cooling devices may include, but are not limited to air-conditioners, ceiling or portable fans.

Using a calibrated thermometer, determine inside temperatures meet requirements during tour of facility.

ST - A1015 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

During daytime hours when outside temperatures exceed 90 degrees, and at night, an indoor temperature of no more than 81 degrees Fahrenheit must be maintained in all areas used by residents.

Interpretive Guideline

During daytime hours when outside temperatures are 90 degrees Fahrenheit or less, this standard does NOT apply.

The standard does apply for all hours of night regardless of outside temperature.

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58A-5.023(2)(b), F.A.C.

ST - A1016 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

No residents shall be in any inside area that exceeds 90 degrees Fahrenheit.

58A-5.023(2)(b), F.A.C.

Interpretive Guideline

Residents must be relocated to other areas when temperatures exceed the standard.

Fluids should be available for adequate hydration during hot weather.

ST - A1017 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Residents shall be given the option of choosing their own roommate or roommates if possible.

58A-5.023(4), F.A.C.

429.27(1)(a), F.S.

Interpretive Guideline

Check to determine whether any facility rule or regulation precludes residents from selecting their own roommates.

ST - A1018 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

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Regulation Definition

Resident bedrooms designated for single occupancy shall provide a minimum inside measurement of 80 square feet of usable floor space.

58A-5.023(4)(a), F.A.C.

Interpretive Guideline

Only usable floor space is to be considered in calculating square footage.

Usable floor space does not include closet space or bathrooms.

ST - A1019 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Resident bedrooms designated for multiple occupancy shall provide a minimum inside measurement of 60 square feet of usable floor space per room occupant.

58A-5.023(4)(b), F.A.C.

Interpretive Guideline

Only usable floor space is to be considered in calculating square footage.

Usable floor space does not include closet space or bathrooms.

ST - A1020 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Resident bedrooms designated for multiple occupancy in facilities newly licensed or renovated 6 months after October 17, 1999, shall have a maximum occupancy of two persons.

58A-5.023(4)(c), F.A.C.

Interpretive Guideline

Facilities newly licensed or renovated after April 16, 2000, have a maximum of 2 residents per bedroom.

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ST - A1021 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Resident bedrooms designated for multiple occupancy in facilities licensed prior to October 17, 1999, shall have a maximum occupancy of four persons.

58A-5.023(4)(c), F.A.C.

Interpretive Guideline

Facilities licensed prior to October 17, 1999 may have a maximum of 4 residents per bedroom.

ST - A1022 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

All resident bedrooms shall open directly into a corridor, common use area or to the outside.
A resident must be able to exit his bedroom without having to pass through another bedroom unless the 2 rooms have been licensed as one bedroom.

58A-5.023(4)(d), F.A.C.

Interpretive Guideline

Facilities with apartments may count the square footage common areas in apartments in meeting the common area requirement.

Resident rooms must not open directly into another resident room unless the two rooms are licensed as one bedroom.

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ST - A1023 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Interpretive Guideline

Residents shall be given the option of using his/her own belongings as space permits.

58A-5.023(4)(e), F.A.C.

ST - A1024 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Interpretive Guideline

Each resident bedroom or sleeping area, where furnishings are supplied by the facility shall, at a minimum, be furnished with the following:

1. A clean, comfortable bed with a mattress no less than 36 inches in width and 72 inches in length with the top surface of the mattress a comfortable height to assure easy access by the resident;
2. A closet or wardrobe space for the hanging of clothes;
3. A dresser, chest, or other furniture designed for the storage of personal effects; and
4. A table, bedside lamp or floor lamp, waste basket, and comfortable chair shall be provided if requested.

58A-5.023(4)(e), F.A.C.

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ST - A1025 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

A room, separate from resident bedrooms, shall be provided where residents may read, engage in socialization or other leisure time activities. Comfortable chairs or sofas shall be provided in this communal area.

58A-5.023(3)(b), F.A.C.

Interpretive Guideline

In residential homes, this will most likely be the living room.

ST - A1026 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

A minimum of 35 square feet of living and dining space per resident, live-in staff, and live-in family member shall be provided except in facilities comprised of apartments.

58A-5.023(3)(a), F.A.C.

Interpretive Guideline

This space shall include living, dining, recreational, or other space designated accessible to all residents, and shall not include bathrooms, corridors, storage space, or screened porches which cannot be adapted for year round use. Facilities with apartments may count the apartment's living space square footage as part of the 35 square footage living and dining space requirement.

Facilities which were licensed as of May 14, 1981, which demonstrate compliance with all other applicable requirements, shall be granted a 10 percent waiver in the square footage requirement upon request.

Excess floor space in residents' sleeping rooms or apartments cannot be counted toward meeting the requirement of 35 square feet of living and dining space requirements for day care participants.

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ST - A1027 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

The dining area shall be furnished to accommodate communal dining.

58A-5.023(3)(c), F.A.C.

Interpretive Guideline

Tables and chairs should be arranged in such a way as to facilitate communication and socialization among residents. Enough space between tables and chairs should be available to enable unobstructed movement throughout the dining area.

There should be adequate lighting.

ST - A1028 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Those facilities also serving as adult day care centers must provide an additional 35 square feet of living and dining space per adult day care client.

58A-5.023(3)(a)2, F.A.C.

Interpretive Guideline

When day care services are provided above the licensed capacity, 35 additional square feet must be provided for each additional day care person.

Excess floor space in residents' bedrooms or apartments cannot be counted toward meeting the requirement of 35 square feet of living and dining space requirements for adult day care participants.

ST - A1029 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

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Regulation Definition

Day care participants may not use residents' bedrooms for resting unless the room is currently vacant.

58A-5.023(3)(a)2, F.A.C.

Interpretive Guideline

Currently vacant would mean the room has not been contracted for by any resident of the facility.

ST - A1030 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

All resident's bedrooms shall be for the exclusive use of residents. Live-in staff and their family members shall be provided with sleeping space separate from the sleeping and congregate space required for residents.

58A-5.023(4)(f), F.A.C.

Interpretive Guideline

Live-in staff or family members refers to those who maintain private living areas in the facility or routinely use it for domicile or residency purposes.

It is not acceptable for live-in staff to sleep on a couch in the living room. This infringes on the resident's ability to access this room.

Live in staff or family members may not share a room with residents.

ST - A1031 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall maintain master or duplicate keys to resident 's bedrooms to be used in the event of an emergency.

58A-5.023(4)(g), F.A.C.

Interpretive Guideline

The facility must evidence a master key or duplicate keys for resident 's bedrooms.

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ST - A1032 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

There shall be at least one bathroom with a one toilet and sink per six persons, and one bathtub or shower per eight persons.

58A-5.023(5)(a), F.A.C.

Interpretive Guideline

All residents, all live-in staff and family members, and respite care participants must be included when calculating the required number of toilets, sinks, bathtubs and showers. All adult day care participants shall be included when calculating the required number of toilets and sinks.

Toilets, sinks, showers and bathtubs that are accessible only by entering a resident room, may only be counted for those residents occupying that room.

In such a case, the room(s) might be considered an apartment and would have to meet the definition.

"Apartment" means a self-contained dwelling unit with kitchen and bathing facilities, and living, dining, and sleeping space that is contracted for use as a residence by one or more persons who maintain a common household.

ST - A1033 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Residents who use portable bedside commodes are provided privacy when in use.

58A-5.023(5)(e), F.A.C.

Interpretive Guideline

In multiple occupancy rooms, privacy curtains or screens may be used.

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ST - A1034 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Each bathroom has a door in working order to ensure privacy. The entry door to bathrooms with a single toilet shall have a lock that the resident can operate from the inside with no key needed.

58A-5.023(5)(b), F.A.C.

Interpretive Guideline

A non-locking door shall be permitted if the resident's safety would otherwise be jeopardized.

The bathroom door should close securely, leaving no gaps or crevices which could compromise residents' privacy.

ST - A1035 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

The facility shall maintain master or duplicate keys to resident bathrooms to be used in the event of an emergency.

58A-5.023(5)(b), F.A.C.

Interpretive Guideline

The facility must evidence a master key or duplicate keys for resident bathrooms.

A non-locking door shall be permitted if the resident 's safety would otherwise be jeopardized.

ST - A1036 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

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Regulation Definition

There shall be non-slip safety devices such as bath mats or peel off stickers in the showers and bathtubs of all facilities. Showers and bathtubs with a non-skid surface require a separate non-skid device only if the surface is worn.

58A-5.023(5)(c), F.A.C.

Interpretive Guideline

Non-slip safety devices may include bath mats, peel off stickers, etc. Modern showers and bathtubs which provide a non-skid surface may not require a separate non-skid device. If the surface is worn, the facility is in violation of this provision.

ST - A1037 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Grab bars shall be required in showers and bathtubs.

58A-5.023(5)(c), F.A.C.

Interpretive Guideline

Grab bars, whether portable or permanent, must be securely affixed to the floor or adjoining walls.

ST - A1038 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Facilities newly licensed or renovated six (6) months after October 17, 1999, must have grab bars next to the commode.

58A-5.023(5)(c), F.A.C.

Interpretive Guideline

Facilities licensed or renovated after April 17, 2000, must have grab bars next to the commode.

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ST - A1039 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

Sole access to a toilet or bathtub or shower shall not be through another resident's bedroom, except in apartments within a facility.

58A-5.023(5)(d), F.A.C.

Interpretive Guideline

An "apartment" means a self-contained dwelling unit with kitchen and bathing facilities, and living, dining, and sleeping space that is contracted for use as a residence by one or more persons who maintain a common household.

ST - A1040 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.023(6), F.A.C.

Interpretive Guideline

An adequate linen supply consists of sheets, pillowcases, blankets, curtains, etc. that are free of tears, rips, stains, odors, and are not threadbare. Blankets should be of such material so as to provide warmth during cool temperatures.

ST - A1041 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

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Regulation Definition

External boundaries of a facility or a distinct part of a facility, including outside areas, may be secured using egress control or perimeter control devices if the use of the device complies with all life-safety requirements.

58A-5.023(7)(a), F.A.C.

Interpretive Guideline

All exits should be clear for easy exit in event of an emergency.

Review the most recent fire safety inspection report to assure the egress control device was examined and complies.

ST - A1042 - PHYSICAL PLANT STANDARDS

Title PHYSICAL PLANT STANDARDS

Rule

Type Standard

Regulation Definition

External boundaries of a facility or a distinct part of a facility, including outside areas, may be secured using egress control or perimeter control devices if residents residing within a secured area are able to move freely throughout the area, including the resident's bedroom or apartment, bathrooms and all common areas, and have access to outdoor areas on a regular basis and as requested by each resident.

58A-5.023(7)(b), F.A.C.

Interpretive Guideline

Is the entire secured area readily accessible to the residents residing within it?

ST - A1043 - Physical Plant Standards

Title Physical Plant Standards

Rule

Type Requirement

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Regulation Definition

External boundaries of a facility or a distinct part of a facility, including outside areas, may be secured using egress control or perimeter control devices if residents capable of entering and exiting without supervision have keys, codes, or other mechanisms to exit the secured area without requiring staff assistance.

58A-5.023(7)(c), F.A.C.

Interpretive Guideline

ST - A1044 - Physical Plant Standards

Title Physical Plant Standards

Rule

Type Requirement

Regulation Definition

External boundaries of a facility or a distinct part of a facility, including outside areas, may be secured using egress control or perimeter control devices if staff who provide direct care or who have regular contact with residents residing in secured areas complete Level 1 Alzheimer's training as described in rule 58A-5.0191.

58A-5.023(7)(d), F.A.C.

Interpretive Guideline

Check personnel records for staff in these areas to assure compliance with training requirements.

ST - A1100 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

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Regulation Definition

Each staff member's personnel record contains a copy of the original employment application with references.

429.275(4), F.S.
58A-5.024(2)(a), F.A.C.

Interpretive Guideline

Personnel records shall be made available at time of the survey.

ST - A1101 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Personnel records contain verification of freedom from communicable disease including tuberculosis.

429.275(4), F.S.
58A-5.024(2)(a), F.A.C.

Interpretive Guideline

ST - A1102 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Newly hired staff have 30 days to submit a statement from a health care provider, based on an examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable disease including tuberculosis.

Interpretive Guideline

Newly hired staff is defined as any individual who is hired by a facility for the first time or after a break in service.

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.

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58A-5.019(2)(a), F.A.C.

58A-5.024(2)(a), F.A.C.

ST - A1103 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Freedom from tuberculosis must be documented on an annual basis.

A person with a false positive tuberculosis test must submit a health care provider's statement that the person does not constitute a risk of communicating tuberculosis.

58A-5.019(2)(a), F.A.C.

Interpretive Guideline

The annual tuberculosis documentation must be signed by the health care provider.

ST - A1104 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

New facility staff must obtain an initial training on HIV/AIDS within 30 days of employment, unless the new staff person previously completed the initial training and has maintained the biennial continuing education requirement.

All facility employees must complete biennially, a continuing education course on HIV and AIDS.

Interpretive Guideline

Documentation of attendance at HIV and AIDS courses offered through county health departments, accredited colleges and universities, vocational schools, American Red Cross, National Safety Council, and courses offered by a provider approved by the Department of Health meet this requirement.

Documentation of compliance must be maintained in accordance with subsection (11) of this rule.

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429.275(2), F.S.
58A-5.0191(3), F.A.C.
58A-5.024(2)(a)1., F.A.C.
58A-5.0191(11), F.A.C.

ST - A1105 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Personnel records contain documentation of current certification in an approved First Aid and CPR course.

429.275(2), F.S.
58A-5.024(2)(a)1., F.A.C.
58A-5.0191(4), F.A.C.

Interpretive Guideline

At least one employee must be in the facility at all times who is currently certified in First Aid and CPR.

Documentation of attendance at First Aid and CPR course 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.

A nurse is considered as having met the training requirement for First Aid. Emergency medical technicians or paramedics currently certified under part III of Chapter 401, F.S., are considered as having met the training requirements for both First Aid and CPR.

ST - A1106 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Unlicensed persons who will be providing assistance with self-administered medications must receive a minimum of 4 hours of training prior to assuming this responsibility.

429.256, F.S.

Interpretive Guideline

An unlicensed individual must have received training prior to providing assistance with self-administered medication.

Unlicensed person means an individual not currently licensed or certified as a medical health care professional who is employed by or under contract to an ALF and who has received training with respect to assistance with self-administered medication in an ALF prior to providing such assistance.

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429.52(5), F.S.
58A-5.0191(5), F.A.C.
58A-5.024(2)(a)1., F.A.C.

The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate.

Courses provided in fulfillment of this requirement must meet the following criteria:

(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in ALFs; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training includes demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises.

(b) Training must be provided by a registered nurse or licensed pharmacist who must issue a training certificate to a trainee who demonstrates an ability to:

1. Read and understand a prescription label;
2. Provide assistance with self-administration including:
 - a. Assisting with oral dosage forms, topical dosage forms, and topical ophthalmic, otic and nasal dosage forms;
 - b. Measuring liquid medications, breaking scored tablets, and crushing tablets in accordance with prescription directions;
 - c. Recognizing the need to obtain clarification of an "as needed" prescription order;
 - d. Recognizing a medication order which requires judgement or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;
 - e. Completing a medication observation record;
 - f. Retrieving and storing medication; and
 - g. Recognizing the general signs of adverse reactions to medications and report such reactions.

ST - A1107 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Unlicensed persons who provide assistance with self-administered medications and have successfully

Interpretive Guideline

The 2 hours of continuing education training must only be provided by a licensed registered nurse, or a licensed pharmacist.

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completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF.

Annually means every 365 days.

429.256, F.S.

58A-5.0191(5)(c), F.A.C.

58A-5.024(2)(a)1., F.A.C.

ST - A1108 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

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

58A-5.0191(2)(e), F.A.C.

58A-5.020(1)(d), F.A.C.

58A-5.024(2)(a)1., F.A.C.

Interpretive Guideline

Staff responsible for food preparation or food service who have attended core training are exempt from the 1-hour in-service training.

Facility administrators or managers who have completed core training may provide the in-service training to staff responsible for food preparation or food service.

A certified food manager, licensed dietician, registered dietary technician or health department sanitarians are qualified to train ALF staff in nutrition and food service.

ST - A1109 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day

Interpretive Guideline

A certified food manager, licensed dietician, registered dietary technician or health department sanitarians are qualified to train ALF staff in nutrition and food service.

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supervision of food service staff obtains, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an ALF.

429.52(6), F.S.
58A-5.0191(6), F.A.C.
58A-5.020(1)(d), F.A.C.
58A-5.024(2)(a)1., F.A.C.

ST - A1110 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Facilities which advertise that they provide special care for persons with Alzheimer's disease and related disorders (ADRD), or who maintain secured areas, must ensure that facility staff who have regular contact with or provide direct care to residents with ADRD, must obtain 4 hours of initial training within 3 months of employment.

429.178(2)(a), F.S.
58A-5.0191(9)(a), F.A.C.
58A-5.024(2)(a)1., F.A.C.

Interpretive Guideline

Alzheimer's disease and related disorders training and training providers must be approved by DOEA.

Completion of the core training program between April 20, 1998 and July 1, 2003 satisfies this training requirement.

Facility staff approved by DOEA as ADRD training providers meet this training requirement.

Upon successful completion of training, the trainee shall be issued a certificate by the approved training provider. The certificate shall include the title of the approved training and the curriculum approval number, the number of hours of training, the trainee ' s name, dates of attendance, location and the training provider ' s name, approval number and dated signature. The training provider ' s signature on the certificate shall serve as documentation that the training provider has verified that the trainee has completed the required training.

Staff who have received both the initial one hour and continuing three hours of ADRD training pursuant to nursing home, adult day care center, and hospice law, shall be considered to have met the initial assisted living facility Alzheimer ' s Disease and Related Disorders Level I Training.

"Secured areas" mean external boundaries of a facility or a distinct part of a facility, including outside areas, that may be secured using egress control or perimeter control devices if the following conditions are met.

(a) The use of the device complies with all life-safety requirements.

(b) Residents residing within a secured area are able to move freely throughout the area, including the resident's

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bedroom or apartment, bathrooms and all common areas, and have access to outdoor areas on a regular basis and as requested by each resident.

(c) Residents capable of entering and exiting without supervision have keys, codes, or other mechanisms to exit the secured area without requiring staff assistance.

(d) Staff who provide direct care or who have regular contact with residents residing in secured areas complete Alzheimer's Disease and Related Disorders Level 1 Training.

"Regular contact" means staff who interact on a daily basis with residents but do not provide direct care.

ST - A1111 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Facilities which advertise that they provide special care for persons with Alzheimer's disease and related disorders (ADRD) must ensure that facility staff who provide direct care to residents with ADRD, obtain an additional 4 hours of training, entitled " Alzheimer ' s Disease and Related Disorders Level II Training, " within 9 months of employment.

429.178(2)(b), F.S.
58A-5.0191(9)(c), F.A.C.
58A-5.024(2)(a)1., F.A.C.

Interpretive Guideline

Alzheimer ' s disease and related disorders training and training providers must be approved by DOEA.

Facility staff approved by DOEA as ADRD training providers meet this training requirement.

Upon successful completion of training, the trainee shall be issued a certificate by the approved training provider. The certificate shall include the title of the approved training and the curriculum approval number, the number of hours of training, the trainee ' s name, dates of attendance, location and the training provider ' s name, approval number and dated signature. The training provider ' s signature on the certificate shall serve as documentation that the training provider has verified that the trainee has completed the required training.

" Direct care " means providing personal or nursing services to residents, or supervising staff providing such services.

ST - A1112 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

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Regulation Definition

Facilities which advertise that they provide special care for persons with Alzheimer's disease and related disorders (ARD) must ensure that direct care staff participate in four (4) hours of continuing education annually.

429.178(3), F.S.
58A-5.0191(9)(e), F.A.C.
58A-5.024(2)(a)1., F.A.C.

Interpretive Guideline

This continuing education requirement pertains to facility staff who provide direct care to residents with Alzheimer's disease and related disorders.

Alzheimer's disease and related disorders continuing education courses and training providers must be approved by DOEA.

Continuing education must include one or more topics included in the dementia-specific training developed or approved by DOEA, in which the caregiver has not received previous training.

Continuing education received for Alzheimer's disease and related disorders may be used to meet three (3) of the 12 hours of continuing education or three (3) of the six (6) hours of continuing education required for ECC.

ST - A1113 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Facilities which advertise special care for persons with Alzheimer's disease and related disorders (ARD) must ensure that facility staff who have only incidental contact with residents with ARD receive general written information provided by the facility on interacting with such residents within three (3) months of employment.

429.178(2)(c), F.S.
58A-5.0191(9)(f), F.A.C.
58A-5.024(2)(a)1., F.A.C.

Interpretive Guideline

"Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.

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ST - A1114 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Personnel records contain copies of all licenses or certifications for all staff providing services which require licensing or certification.

429.275(2), F.S.
58A-5.024(2)(a)2., F.A.C.

Interpretive Guideline

Valid Florida licenses and certificates are required.

ST - A1115 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Personnel records contain documentation of compliance with level 1 background screening for all staff subject to screening requirements.

429.275(2), F.S.
58A-5.019(3), F.A.C.
58A-5.024(2)(a)3., F.A.C.

Interpretive Guideline

All staff, hired on or after October 1, 1998, to provide personal services to residents must be screened through the Florida Department of Law Enforcement (FDLE).

Personal services means direct physical assistance with or supervision of the activities of daily living and the self-administration of medication and other similar services. Activities of daily living include ambulation, bathing, dressing, eating, grooming, and toileting, and other similar self-care tasks.

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ST - A1116 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Employees who do not meet the background screening requirements are not retained, unless an exemption from disqualification has been approved by the Agency.

429.174(2), F.S.

Interpretive Guideline

The background screening law requires ALF owners or administrators to screen all employees hired on or after October 1, 1998, who provide personal services to residents through FDLE.

Employees who have not met the background screening requirements, and for whom an exemption from disqualification has not been granted by the Agency, shall not provide personal services to residents.

Personal services means direct physical assistance with or supervision of the activities of daily living and the self-administration of medication and other similar services. Activities of daily living include ambulation, bathing, dressing, eating, grooming, and toileting, and other similar self-care tasks.

An ALF that has submitted the required employee background screening form to the Agency's Background Screening Unit in Tallahassee, or directly to FDLE, within 10 days of beginning employment is in compliance pending the results of the employee's background screening.

ST - A1117 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

Records shall include a copy of the job description given to each staff member for facilities with a licensed capacity of 17 or more residents.

429.275(4), F.S.

Interpretive Guideline

Facilities with a licensed capacity of 17 or more residents must develop a written job description for each staff position and provide a copy of the job description to each staff member.

Staff means any 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

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58A-5.019(2)(e)1., F.A.C.
58A-5.024(2)(a)4., F.A.C.

present in the facility. The term includes volunteers performing any service which counts toward meeting the ALF staffing requirement.

ST - A1118 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

If facility staff are provided by a licensed staffing agency or by a business entity to provide direct or indirect services to residents and the facility, the facility maintains a copy of the contract between the facility and a staffing agency or contractor.

429.275(4), F.S.
58A-5.024(2)(b), F.A.C.

Interpretive Guideline

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. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will be providing to residents.

The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility.

ST - A1119 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The facility maintains written work schedules for the last 6 months.

429.275(4), F.A.C.
58A-5.024(2)(c), F.A.C.
58A-5.019(2)(c), F.A.C.

Interpretive Guideline

The facility maintains a written work schedule which reflects the facility's 24-hour staffing pattern for a given time period (e.g., week, month) for the last six (6) months.

Cite this regulation if work schedules not retained for six (6) months.

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ST - A1120 - STAFF RECORDS STANDARDS

Title STAFF RECORDS STANDARDS

Rule

Type Standard

Regulation Definition

The facility maintains staff time sheets for the last 6 months.

429.275(4), F.A.C.

58A-5.024(2)(c), F.A.C.

58A-5.019(2)(e), F.A.C.

Interpretive Guideline

The facility must maintain time sheets for all staff for the last six (6) months.

ST - A1121 - Staff Records Standards

Title Staff Records Standards

Rule

Type Requirement

Regulation Definition

The facility maintains documentation of facility direct care staff and administrator participation in resident elopement drills.

58A-5.024(2)(a)5, F.A.C.

Interpretive Guideline

The facility administrator and all direct care staff are required to participate in the drills.

ST - A9999 - FINAL OBSERVATIONS

Title FINAL OBSERVATIONS

Rule

Type Memo Tag

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Regulation Definition

Interpretive Guideline