

**CHAPTER 59A-4
MINIMUM STANDARDS FOR NURSING HOMES**

59A-4.103	Licensure, Administration and Fiscal Management
59A-4.106	Facility Policies
59A-4.107	Physician Services
59A-4.1075	Medical Director
59A-4.108	Nursing Services
59A-4.109	Resident Assessment and Care Plan
59A-4.110	Dietary Services
59A-4.112	Pharmacy Services
59A-4.118	Medical Records
59A-4.122	Physical Environment
59A-4.123	Risk Management and Quality Assurance
59A-4.126	Disaster Preparedness
59A-4.128	Evaluation of Nursing Homes and Licensure Status
59A-4.1288	Exception
59A-4.1295	Additional Standards for Homes That Admit Children 0 Through 20 Years of Age
59A-4.130	Fire Prevention, Fire Protection, and Life Safety
59A-4.133	Plans Submission and Review and Construction Standards
59A-4.150	Geriatric Outpatient Nurse Clinic
59A-4.165	Nursing Home Guide
59A-4.166	Nursing Home Consumer Satisfaction Survey
59A-4.200	Definitions
59A-4.201	Gold Seal Award
59A-4.2015	Review Process
59A-4.202	Quality of Care
59A-4.203	Financial Requirements
59A-4.204	Turnover Ratio
59A-4.205	The State Long Term Care Ombudsman Council Review
59A-4.206	Termination and Frequency of Review

59A-4.103 Licensure, Administration and Fiscal Management.

(1) The licensee or prospective licensee shall make application for an initial, renewal or change of ownership license to operate a nursing home facility and shall provide all of the information required by this rule and Chapter 400, Part II, F.S., on AHCA Form 3110-6001, January, 2002, "Application for Nursing Home Licensure", and AHCA Form 3001-6001, January, 2002, Instructions for Completing Application for Nursing Home Licensure, which is incorporated by reference and AHCA Forms 3110-0011, 3110-0011A, 3110-0011B, 3110-0011C, and 3110-0011D, August, 2001, "Controlling Interest Affidavit for Nursing Homes", which is incorporated by reference and AHCA Form 1332-0001, January, 2002, "Proof of Financial Ability Schedule", which is incorporated by reference, available from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, Tallahassee, Florida 32308.

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

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

(4) Administration.

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

(b) The licensee of each facility shall designate one person, who is licensed by the Agency for Health Care

Administration, Board of Nursing Home Administrators under Chapter 468, Part II, F.S., as Administrator who oversees the day to day administration and operation of the facility.

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

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

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

(5) Fiscal Management.

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

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

(c) A licensee shall obtain a surety bond as required by Chapter 400, Part II, F.S., it shall be based on twice the average monthly balance in the resident trust fund during the prior fiscal year or \$5,000, whichever is greater. A licensee who owns more than one nursing home may purchase a single surety bond to cover the residents' funds held in nursing homes located within the same AHCA service district. A surety bond shall contain substantially the same language as is found in AHCA Form 3110-6002, July, 2001, Surety Bond, which is incorporated by reference. The surety bond AHCA 3110-6002, July, 2001, may be obtained from, and shall be filed with the AHCA, 2727 Mahan Drive, Tallahassee, Florida 32308.

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

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

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

a. An individual application from each licensee applying for membership in the self-insurance pool. Such application shall contain the following information: the name, telephone number, and complete address of the facility; the name, telephone number, and complete address of the licensee, the name of the facility's administrator, manager or supervisor, his license and renewal number; the names of all employees involved in the administration of the resident trust fund account; the average monthly balance in the resident trust fund account during the prior year; the total dollar amount the licensee has deposited in the self-insurance pool; and the name and complete address of the bank in which the account is maintained and the account number.

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

3. After the inception date of the pool, prospective new members of the pool shall submit an application for membership to the board of trustees. Such application shall contain the information specified in subparagraph (5)(b)2. The trustees may approve the application for membership in accordance with these rules. If so approved, the application

for membership in accordance with these rules shall be filed with the ahca. Participation in a pool by a particular licensee shall be approved by the ahca if the licensee indicates in its application that it does meet the requirements of Section 400.162(5), F.S., and these rules and verification is provided to document the financial status indicated on the application.

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

(e) If, at any time during the period for which a license is issued, a licensee who has not purchased a surety bond or entered into a self-insurance agreement is requested to hold funds in trust as provided in Section 400.162(5), F.S., the licensee shall notify the ahca, in writing, of the request, and make application for a surety bond or for participation in a self-insurance agreement within seven days of the request, exclusive of weekends and holidays. Copies of the application, along with written documentation of related correspondence with an insurance agency or group, shall be maintained and shall be available for review. All notices required by this rule provision shall be sent to the AHCA, 2727 Mahan Drive, Tallahassee, Florida 32308.

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

59A-4.106 Facility Policies.

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

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

1. A copy of the residents' bill of rights conforming to the requirements in Section 400.022, F.S.;
2. A copy of the facility's admission and discharge policies; and
3. Information regarding advance directives.

(b) Each resident admitted to the facility shall have a contract in accordance with Section 400.151, F.S., which covers:

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

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

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

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

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

(f) All resident transfers and discharges shall be in accordance with the facility's policies and procedures, provisions of Sections 400.022 and 400.0255, F.S., this rule, and other applicable state and federal laws and will include notices provided to residents which are incorporated by reference by using AHCA Form 3120-0002, 3120-0002A, Revised, May, 2001, "Nursing Home Transfer and Discharge Notice," and 3120-0003, Revised, May, 2001, "Fair Hearing Request for Transfer or Discharge From a Nursing Home," and 3120-0004, Revised, May, 2001, "Long-Term Care Ombudsman Council Request for Review of Nursing Home Discharge and Transfer." These forms may be obtained from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, MS 33, Tallahassee, FL 32308. The Department of Children and Family Services will assist in the arrangement for appropriate continued care, when requested.

(2) Each nursing home facility shall adopt, implement, and maintain written policies and procedures governing all

services provided in the facility.

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

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

- (a) Activities;
- (b) Advance directives;
- (c) Consultant services;
- (d) Death of residents in the facility;
- (e) Dental services;
- (f) Staff education, including hiv/aids Training;
- (g) Diagnostic services;
- (h) Dietary services;
- (i) Disaster preparedness;
- (j) Fire prevention and control;
- (k) Housekeeping;
- (l) Infection control;
- (m) Laundry service;
- (n) Loss of power, water, air conditioning or heating;
- (o) Medical director/consultant services;
- (p) Medical records;
- (q) Mental health;
- (r) Nursing services;
- (s) Pastoral services;
- (t) Pharmacy services;
- (u) Podiatry services;
- (v) Resident care planning;
- (w) Resident identification;
- (x) Resident's rights;
- (y) Safety awareness;
- (z) Social services;
- (aa) Specialized rehabilitative and restorative services;
- (bb) Volunteer services; and

(cc) The reporting of accidents or unusual incidents involving any resident, staff member, volunteer or visitor. This policy shall include reporting within the facility and to the ahca.

(5) Staff Education.

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

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

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

1. Prevention and control of infection;
2. Fire prevention, life safety, and disaster preparedness;
3. Accident prevention and safety awareness program;
4. Resident's rights';

5. Federal law, 42 CFR 483, Requirements for Long Term Care Facilities, September 26, 1991, which is incorporated by reference, and state rules and regulations, Chapter 400, Part II, F.S., and this rule;

6. The Florida "Right to Know" Hazardous Materials, Chapter 442, F.S.;

(d) The staff education plan shall ensure that all nonlicensed employees of the nursing home complete an initial

educational course on hiv/aids. If the employee does not have a certificate of completion at the time they are hired, they must have two hours within six months of employment or before the staff provides care for an hiv/aids diagnosed resident. All employees shall have a minimum of one hour biennially.

(6) Advance directives.

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

(7) The facility's policy shall include:

(a) Providing each adult individual, at the time of the admission as a resident, with a copy of "Health Care Advance Directives – The Patient's Right to Decide," as prepared by the Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, FL 32308, effective 1-11-93, which is hereby incorporated by reference, or with a copy of some other substantially similar document which is a written description of Florida's state law regarding advance directives:

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

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

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

59A-4.107 Physician Services.

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

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

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

(4) Physician orders may be transmitted by facsimile machine. It is not necessary for a physician to re-sign a facsimile order when he visits a facility.

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

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

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

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

Specific Authority 400.23 FS. Law Implemented 400.022, 400.102, 400.141, 400.23, 464.012 FS. History–New 4-1-82, Amended 4-1-

59A-4.1075 Medical Director.

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

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

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

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

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

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

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

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

Specific Authority 400.141 FS. Law Implemented 400.141(2) FS. History—New 8-2-01.

59A-4.108 Nursing Services.

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

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

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

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

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

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

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

59A-4.109 Resident Assessment and Care Plan.

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

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

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

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

1. Reviewed no less than once every 3 months,

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

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

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

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

(4) All staff personnel who provide care, and at the resident's option, private duty nurses or non employees of the facility, shall be knowledgeable of, and have access to, the resident's plan of care.

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

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

59A-4.110 Dietary Services.

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

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

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

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

participates annually in continuing dietetic education.

(3) A Dietary Services Supervisor shall be a person who:

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

(b) Has successfully completed an associate degree program which meets the education standard established by the American Dietetic Association; or

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

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

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

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

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

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

59A-4.112 Pharmacy Services.

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

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

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

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

(5) Drugs and biologicals used in the facility shall be labeled in accordance with currently accepted professional principles, Chapter 499, F.S., and Chapter 64B16, F.A.C.

(6) Drugs and non-prescription medications requiring refrigeration shall be stored in a refrigerator. When stored in a general-use refrigerator, they shall be stored in a separate, covered, waterproof, and labeled receptacle.

(7) All controlled substances shall be disposed of in accordance with state and federal laws. All non-controlled substances may be destroyed in accordance with the facility's policies and procedures. Records of the disposition of all substances shall be maintained in sufficient detail to enable an accurate reconciliation.

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

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

(10) The facility shall maintain an Emergency Medication Kit, the contents of which shall be determined in consultation with the Medical Director, Director of Nursing and Pharmacist, and it shall be in accordance with facility policies and procedures. The kit shall be readily available and shall be kept sealed. All items in the kit shall be properly labeled. The facility shall maintain an accurate log of receipt and disposition of each item in the Emergency Medication Kit. An inventory of the contents of the Emergency Medication Kit shall be attached to the outside of the kit. If the seal is broken, the kit must be resealed the next business day after use.

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

59A-4.118 Medical Records.

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

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

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

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

59A-4.122 Physical Environment.

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

(2) The facility shall provide:

(a) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;

(b) Clean bed and bath linens that are in good condition;

(c) Private closet space for each resident;

(d) Furniture, such as a bed-side cabinet, drawer space;

(e) Adequate and comfortable lighting levels in all areas;

(f) Comfortable and safe temperature levels; and

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

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

59A-4.123 Risk Management and Quality Assurance.

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

(2) The facility shall use AHCA Form 3110-0009, Revised, January, 2002, October, 2001, "Confidential Nursing Home Initial Adverse Incident Report – 1 Day," and AHCA Form 3110-0010, 3110-0010A, and 3110-0010B, Revised, January, 2002, "Confidential Nursing Home Complete Adverse Incident Report – 15 Day," which are incorporated by reference when reporting events as stated in Section 400.147, F.S. These forms may be obtained from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, MS 33, Tallahassee, FL 32308.

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

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

59A-4.126 Disaster Preparedness.

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

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

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

(b) The Emergency Management Planning Criteria for Nursing Home Facilities, AHCA 3110-6006, March, 1994, which is incorporated herein by reference and available from the Agency for Health Care Administration.

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

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

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

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

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

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

59A-4.1288 Exception.

Nursing homes that participate in Title XVIII or XIX must follow certification rules and regulations found in 42 C.F.R. 483, Requirements for Long Term Care Facilities, September 26, 1991, which is incorporated by reference. Non-certified facilities must follow the contents of this rule and the standards contained in the Conditions of Participation found in 42 C.F.R. 483, Requirements for Long Term Care Facilities, September 26, 1991, which is incorporated by reference with respect to social services, dental services, infection control, dietary and the therapies.

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

59A-4.1295 Additional Standards for Homes That Admit Children 0 Through 20 Years of Age.

(1) Nursing homes who accept children with a level of care of Intermediate I or II, skilled or fragile must meet the following standards as indicated. Intermediate I and II are defined in Chapter 59G-4, F.A.C. Children considered skilled have a chronic debilitating disease or condition of one or more physiological or organ systems that generally make the child dependent upon 24 hour per day medical, nursing, or health supervision or intervention. Fragile children are medically complex and the medical condition is such that they are technologically dependent through medical apparatus or procedure(s) to sustain life and who can expire, without warning unless continually under observation.

(2) Each child shall have an assessment upon admission by licensed physical, occupational, and speech therapists who are experienced in working with children. Therapies will be administered based upon the outcome of these

assessments and the orders of the child's physician.

(3) Admission criteria:

(a) The child must require intermediate, skilled or fragile nursing care, and be medically stable, as documented by the physician determining level of care.

(b) For nursing facility placement a recommendation shall be made in the form of a written order by the child's attending physician in consultation with the parent(s) or legal guardian(s). For Medicaid certified nursing facilities, the recommendations for placement of a Medicaid applicant or recipient in the nursing facility shall be made by the Multiple Handicap Assessment Team. Consideration must be given to relevant medical, emotional, psychosocial, and environmental factors.

(c) Each child admitted to the nursing home facility shall have a plan of care developed by the interdisciplinary care plan team. The plan of care shall consist of those items listed below.

1. Physician's orders, diagnosis, medical history, physical examination and rehabilitative or restorative needs.

2. A preliminary nursing evaluation with physician orders for immediate care, completed on admission.

3. A comprehensive, accurate, reproducible, and standardized assessment of each child's functional capability which is completed within 14 days of the child's admission to the facility and every twelve months thereafter. The assessment shall be:

a. Reviewed no less than once every 120 days;

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

c. Revised as appropriate to assure the continued usefulness of the assessment.

4. The plan of care shall also include measurable objectives and timetables to meet the child's medical, nursing, mental and psychosocial needs identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the child's highest practicable physical, mental, social and educational well-being. The care plan must be completed within 7 days after completion of the child's assessments required in subsection (3) above.

5. In order to enhance the quality of life of each child ages 3 years through 15 years, the facility must notify by certified mail the school board in the county in which the facility is located that there is a school-age child residing in the facility. Children ages 16 through 20 years may be enrolled in an education program according to their ability to participate. Program participation for each child regardless of age is predicated on their intellectual function, physical limitations, and medical stability. Collaborative planning with the public school system and community at-large is necessary to produce integrated and inclusive settings which meet each child's needs. The failure or inability on the part of City, County, State, or Federal school system to provide an educational program according to the child's ability to participate shall not obligate the facility to supply or furnish an educational program or bring suit against any City, County, State, or Federal organizations for their failure or inability to provide an educational program. Nothing contained herein is intended to prohibit, restrict or prevent the parents or legal guardian of the child from providing a private educational program that meets applicable State laws.

6. At the child's guardian's option, every effort shall be made to include the child and his or her family or responsible party, including private duty nurse or nursing assistant, in the development, implementation, maintenance and evaluation of the child's plan of care.

7. All employees of the facility who provide hands on care, shall be knowledgeable of, and have access to, the child's plan of care.

8. A summary of the child's plan of care shall accompany each child discharged or transferred to another health care facility or shall be forwarded to the facility receiving the child as soon as possible consistent with good medical practice.

(4) The child's attending physician, licensed under Chapter 458 or 459, F.S., shall maintain responsibility for the overall medical management and therapeutic plan of care and will be available for face-to-face consultation and collaboration with the nursing facility medical and nursing director. At a minimum, the physician or his or her designee shall:

(a) Evaluate and document the status of the child's condition at least monthly;

(b) Review and update the plan of care every 60 days;

(c) Prepare orders as needed and accompany them by a signed progress note in the child's medical record; and
(d) Co-sign verbal orders no more than 72 hours after the order is given. Physician orders may be transmitted by facsimile machine. It is not necessary for a physician to re-sign a facsimile order when he or she visits a facility. Orders transmitted via computer mail are not acceptable. Verbal orders not co-signed within seventy-two (72) hours shall not be held against the facility if it has documented timely, good-faith efforts to obtain said co-signed orders.

(5) The following must be completed for each child. An RN shall be responsible for ensuring these tasks are accomplished:

(a) Informing the attending physician and medical director of beneficial and untoward effects of the therapeutic interventions;

(b) Maintaining the child's record in accordance with facility policies and procedures; and

(c) instructing or arranging for the instruction of the parent(s), legal guardian(s), or other caretakers(s) on how to provide the necessary interventions, how to interpret responses to therapies, and how to manage unexpected responses in order to facilitate a smooth transition from the nursing facility to the home or other placement. This instruction will cover care coordination and will gradually pass the role of care coordinator to the parent or legal guardian, as appropriate.

(6) The facility shall provide the following:

(a) A minimum of 100 square feet in a single bedroom and 80 square feet per child in multiple bedrooms;

(b) Bathroom and bathing facilities appropriate to the child's needs to allow for:

1. Toileting functions with privacy (a door to the bathroom will be provided); and
2. Stall showers and tubs.

(c) There shall be indoor activities area that:

1. Encourage exploration and maximize the child's capabilities;
2. Accommodate mobile and non-mobile children; and
3. Support a range of activities for children and adolescents of varying ages and abilities.

(d) There shall be an outdoor activity area that is:

1. Secure with areas of sun and shade;
2. Free of safety hazards; and
3. Equipped with age appropriate recreational equipment for developmental level of children and has storage space for same.

(e) All furniture and adaptive equipment must be physically appropriate to the developmental and medical needs of the children;

(f) Other equipment and supplies shall be made available to meet the needs of the children as prescribed or recommended by the attending physician or medical director and in accordance with professional standards of care.

(7) For those nursing facilities who admit children age 0 through 15 years of age the following standards apply in addition to those above and throughout Chapter 59A-4, F.A.C.

(a) Each child shall have an assessment upon admission by licensed physical, occupational, and speech therapists who are experienced in working with children. Therapies will be administered based upon the outcome of these assessments and the orders of the child's physician.

(b) The facility shall have a contract with a board certified pediatrician who serves as a consultant and liaison between the nursing facility and the medical community for quality and appropriateness of services to children.

(c) The facility must assure that pediatric physicians are available for routine and emergency consultation to meet the child's needs.

(d) The facility must ensure that children reside in distinct and separate units from adults.

(e) The facility shall be equipped and staffed to accommodate no more than sixty (60) children at any given time, of which there shall be no more than 40 children of ages 0 through 15 at any given time, nor more than 40 children of ages 16 through 20 at any given time.

(f) The facility must provide access to emergency and other forms of transportation for children.

(g) At least one licensed health care staff person with current Life Support certification for children shall be on the unit at all times where children are residing.

(h) The facility shall maintain an Emergency Medication Kit of pediatric medications, as well as adult dosages for those children who require adult doses. The contents in the Emergency Medication Kit shall be determined in consultation with the Medical Director, Director of Nursing, a registered nurse who has current experience working with children, and a Pharmacist who has pediatric expertise. The kit shall be readily available and shall be kept sealed. All items in the kit shall be properly labeled. The facility shall maintain an accurate log of receipt and disposition of each item in the Emergency Medication Kit. An inventory to include expiration dates of the contents of the Emergency Medication Kit shall be attached to the outside of the kit. If the seal is broken, the kit must be resealed the next business day after use.

(i) Each nursing home facility shall develop, implement, and maintain a written staff education plan which ensures a coordinated program for staff education for all facility employees who work with children. The plan shall:

1. Be reviewed at least annually by the quality assurance committee and revised as needed.
2. Include both pre-service and in-service programs. In-service for each department must include pediatric-specific requirements as relevant to its discipline.

3. Ensure that education is conducted annually for all facility employees who work with children, at a minimum, in the following areas:

- a. Childhood diseases to include prevention and control of infection;
- b. Childhood accident prevention and safety awareness programs;
4. Ensure that all non licensed employees of the nursing home complete an initial educational course on HIV and AIDS, preferably pediatric HIV and AIDS. If the employee does not have a certificate of completion at the time they are hired, they must have two hours within six months of employment. All employees shall have a minimum of one hour biennially.

(j) All facility staff shall receive in-service training in and demonstrate awareness of issues particular to pediatric residents annually.

(8) For the purposes of this rule, nursing care shall consist of the following:

(a) For residents who are skilled: registered nurses, licensed practical nurses, respiratory therapists, respiratory care practitioners, and certified nursing assistants (CNA's). The child's nursing care shall be as follows:

1. There shall be one registered nurse on duty, on-site 24 hours per day on the unit where children reside. There shall be an average of 3.5 hours of nursing care per patient day.

2. In determining the minimum hours of nursing care required above, there shall be no more than 1.5 hours per patient day of certified nursing assistant (CNA) care and no less than 1.0 hours per patient day of licensed nursing care.

(b) For residents who are fragile: registered nurses, licensed practical nurses, respiratory therapists, respiratory care practitioners, and certified nursing assistants. The child's nursing care shall be as follows:

1. One registered nurse on duty, on-site 24 hours per day on the unit where children reside. There shall be an average of 5.0 hours of nursing care per patient day.

2. In determining the minimum hours per patient day required above, there shall be no more than 1.5 hours per patient day of CNA care, and no less than 1.7 hours per patient day of licensed nursing care.

(c) In the event that there are more than forty-two (42) children in the facility, there shall be no fewer than two (2) registered nurses on duty, on-site, 24 hours per day on the unit where the children reside.

(9) A qualified dietitian with knowledge, expertise and experience in the nutritional management of medically involved children shall evaluate the needs and special diet of each child at least every 60 days.

(10) The pharmacist will have access to appropriate knowledge concerning pediatric pharmaceutical procedures, i.e., total parenteral nutrition (TPN) infusion regime and be familiar with pediatric medications and dosages.

(11) The nursing facility shall maintain or contract as needed for pediatric dental services.

(12) Safety equipment, such as, child proof safety latches on closets, cabinets, straps on all seating services, locks on specific storage cabinets, bumper pads on cribs and car seats for transporting must be used whenever appropriate to ensure the safety of the child.

(13) Pediatric equipment and supplies shall be available as follows:

(a) Suction machines, one per child requiring suction, plus one suction machine for emergency use;

(b) Oxygen, in portable tanks with age appropriate supplies;

- (c) Thermometers;
- (d) Sphygmomanometers, stethoscopes, otoscopes; and
- (e) Apnea monitor and pulse oximeter.

(14) Other equipment and supplies shall be made available to meet the needs of the children as prescribed or recommended by the attending physician or medical director and in accordance with professional standards of care.

Specific Authority 400.23(2), (4) FS. Law Implemented 400.23(4) FS. History—New 11-5-96, Amended 9-7-97.

59A-4.130 Fire Prevention, Fire Protection, and Life Safety.

(1) A licensee shall comply with the life safety code requirements and building code standards applicable at the time of departmental approval of the facility's Third Stage – Construction Documents.

(2) Fire prevention, fire protection, and life safety practices shall be the responsibility of the facility Administrator.

(3) All fires or explosions shall be reported immediately to the local fire department. A written report of each fire or explosion shall be made to the AHCA, with a copy to the director of the local county health unit, within ten days of occurrence. Such report shall contain the following information:

- (a) The name and complete address of the facility;
- (b) The date of the report;
- (c) The date, time, cause, and location of the fire or explosion;
- (d) The extent of flame, smoke, and water damage;
- (e) The extent of other damage;
- (f) The estimated amount of loss;
- (g) The number of residents with injuries and the number of resident deaths;
- (h) The name and job title of the individual who reported the fire or explosion;
- (i) The time that the fire or explosion was reported and identification of to whom it was reported;
- (j) Information as to whether or not the in-house fire alarm was activated;
- (k) Information as to whether or not the fire or explosion was reported to the local fire department, and if not, an explanation as to why it was not;
- (l) A description of the method used to extinguish the fire;
- (m) Information as to whether or not the facility is equipped with an automatic fire sprinkler system;
- (n) The Administrator's narrative description of the incident and what action, if any, is to be taken to prevent further occurrences; and
- (o) Attachments consisting of:
 - 1. A copy of the fire report of the local fire department, if applicable, and
 - 2. Photographs, if damage was extensive.

(4) Within ten days of receipt, the facility shall forward to the appropriate Area Office of the AHCA a copy of all reports of fire safety inspections made by local fire authorities.

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

59A-4.133 Plans Submission and Review and Construction Standards.

(1) When construction is contemplated for new buildings or for additions, conversions, renovations, or alterations to existing buildings, the plans and specifications for the contemplated construction shall be prepared by Florida-registered architects and engineers.

(2) All contemplated additions, conversions, renovations, or alterations shall be submitted for approval or exemption from the plans review process.

(3) Plans and specifications submitted for review shall be subject to a plan review fee. This fee is prescribed by statute and is as follows.

(a) The amount of the plan review fee for the portion of the review through the first revised construction document review shall not exceed 1 percent of the total estimated cost of the construction project. A cost estimate of the proposed construction shall be submitted by the Florida-registered architect or Florida-registered engineer who is the primary design professional for the project.

(b) An initial fee payment is due with the first submission of plans and specifications to the AHCA. This initial payment shall be 1 percent of the estimated construction cost or \$10,000, whichever is less, but shall in no case be less than \$2,000.00. A \$2,000.00 portion of the initial fee payment is non-refundable.

(c) The AHCA shall also collect its actual cost on all subsequent portions of the plan reviews and construction inspections.

(d) All fees shall be paid by check made payable to the Treasurer, State of Florida, with the check noted and identified that it is for the AHCA Plans and Review Trust Fund. Fees will be accepted only from the licensee or prospective licensee.

(4) Plans and specifications for contemplated new buildings or additions, conversions, renovations, or alterations which affect the structural integrity, life or fire safety, or use of space of existing buildings shall be submitted in three stages as follows:

(a) First Stage – Schematic Plans, which shall, at a minimum, include the following:

1. A list of services to be provided in the proposed constructions;
2. A schedule showing total number of beds; types of bedrooms such as private, semi-private, etc.; and types of ancillary spaces;
3. Single line drawings of each floor which show the relationship of the various activities or services to each other and the room arrangement in each. The name of each room shall be noted;
4. The proposed roads, walks, service and entrance courts, parking, and orientation shall be shown on either a small plot plan or the first floor plan;
5. A simple cross section diagram of the building; and
6. If the proposed construction is an addition to or is otherwise related to existing buildings on the site, the plans shall show the facilities and general arrangement of those buildings.

(b) Second Stage – Preliminary Plans, Design Development Drawing, which shall, at a minimum, include the following:

1. Civil engineering plans – show existing grade structure and proposed improvements. Provide a vicinity map;
2. Architectural plans – provide floor plan, 1/8" scale preferred. Show door swings, windows, case work and millwork, fixed equipment, and plumbing fixtures. Indicate function of each space. Provide large plan of typical new bedroom. Provide typical large scale wall interior and exterior section and exterior wall elevations;
3. Life safety plans – provide single sheet floor plans of both contemplated and existing areas, showing fire and smoke compartmentation, all means of egress, all exit markings, and a description of exterior egress lighting. Dimension the compartments, calculate and tabulate exit units, and poché unsprinklered areas;
4. Mechanical engineering plans – provide one line diagram of the ventilating system with relative pressures of each space. Provide, at a minimum, in outline form, a description or drawing of the anticipated emergency smoke control, passive or active, and system operation, correlated with the life safety plans;
5. Electrical engineering drawings – provide one line diagram of essential electrical system showing both normal and alternate power supplies, service entrances, switchboards, transfer switches, distribution and panel boards, and description of loads. Show zoned fire alarm correlated with the life safety plans;
6. Outline specifications – provide a general description of the construction, including construction classification and rate of components, interior finishes, general types and locations of acoustical material, floor coverings, hardware groups, electrical equipment, ventilating equipment, and plumbing fixtures;
7. If conversion of an existing building to a nursing home is contemplated, the general layout of space of the existing structure shall be submitted; and
8. If addition, alteration, renovation, or remodeling to a new or existing facility is proposed, the plans for that existing building shall be submitted.

(c) Third Stage – Construction Documents.

1. The construction documents shall be an extension of the Second Stage-Preliminary Plans submittal and shall completely describe the construction contemplated.

2. In the case of additions to new or existing facilities, it is specifically required that mechanical and electrical conditions, including essential electrical systems, be a part of this submittal.

(5) The AHCA shall approve or disapprove Third Stage submittals within 60 days of receipt of those documents.

(a) Disapproval of Third Stage submittals because of noncompliance with required codes or the provisions of these rules will automatically terminate the run of the 60 day time period; subsequent resubmissions of the project will initiate another 60 day response period.

(b) A lack of response within 90 days from the date of disapproval of the Third Stage submittals will constitute abandonment of the project.

(6) Construction work shall not be started until written approval has been given by the AHCA and must be started within one year following written approval of the construction documents. If construction work is not started within this time period, reapproval must be obtained.

(7) All subsequent addenda, change orders, field orders, and contractor letters altering the approved Construction Documents shall be submitted to the AHCA for approval. Any deviation from approved submittals shall require written approval from the AHCA.

(8) Construction inspections.

(a) All construction projects shall be inspected and approved by the AHCA prior to occupancy.

(b) The prospective licensee shall notify the AHCA a minimum of 30 days prior to project completion for inspection scheduling.

(9) Construction standards.

(a) For the purposes of these rules, new facility shall be defined as:

1. All new facilities which are constructed for the purpose of operating a nursing home according to Second Stage – Preliminary Plans approved by the AHCA subsequent to April 3, 1995.

2. All conversions of existing buildings from other occupancies which are converted for the purpose of operating a nursing home according to Second Stage – Preliminary Plans approved by the AHCA subsequent to April 3, 1995.

3. All buildings previously licensed under the requirements of Chapter 400, Part I, F.S., but not licensed during the 12 calendar months prior to April 3, 1995.

4. All new construction additions to facilities according to Second Stage – Preliminary Plans approved by the AHCA subsequent to April 3, 1995.

(10) For the purposes of these rules, existing facility shall be defined as:

(a) All facilities in operation prior to April 3, 1995.

(b) All facilities with Second Stage – Preliminary Plans approved by the AHCA prior to April 3, 1995.

(11) A licensee for a new facility shall comply with all the following technical codes and standards which are adopted by reference:

(a) The fire codes described in Chapter 4A-3, F.A.C.;

(b) Building Construction Standards in accordance with the provisions of Chapter 553, F.S.;

(c) "Duct Construction," Chapter 1 of ASHRAE Guide and Data Book, 1986 Edition, Equipment, American Society of Heating, Refrigeration and Air Conditioning Engineers; and

(d) I.E.S. Lighting Handbook, Application Volume and Reference Volume, Illuminating Engineering Society of North America, Copyright 1981.

(e) The following Sheet Metal and Air Conditioning Contractors' National Association, Inc., Standards:

1. Fire Damper and Health Stop for Air Handling Systems, Second Edition, 1981.

2. Low Pressure Duct Construction Standards, Fifth Edition, 1976.

3. High Pressure Duct Construction Standards, Third Edition, 1979.

4. Rectangular Industrial Duct Construction Standards, 1980.

5. Round Industrial Duct Construction Standards, 1977.

6. Flexible Duct Performance and Installation Standards, First Edition, 1980.

7. Duct Liner Application Standards, Second Edition, 1975.

(12) A licensee of an existing facility shall comply with the requirements listed in Table I excluding those requirements identified by an asterisk.

(a) A licensee shall complete required alterations within a time schedule approved by the AHCA.

(b) Failure of a licensee to complete alterations within the approved time schedule shall constitute a violation of this subsection.

(13) Local codes which set more stringent standards or add additional requirements shall take precedence over the standards and requirements set forth in this rule.

(14) No currently licensed and operating facility, either previously conforming or nonconforming or as originally approved by the AHCA shall reduce its current degree of compliance with these standards.

(15) Each facility shall comply, as appropriate, with the standards in Tables I, II, and III, hereby incorporated by reference. Tables I, II, and III may be obtained from the Agency for Health Care Administration, Long Term Care Section, 2727 Mahan Drive, Tallahassee, Florida 32308.

(16) All facilities shall comply with the following standards:

(a) All operable windows shall be equipped with well fitted insect screens not less than 16 mesh per inch.

(b) Throw rugs or scatter rugs shall not be used in the facility. Floor mats are allowed in the facility.

(c) Interior corridor doors, except for those small closets and janitors' closets, shall not swing into corridors.

(d) The temperature of hot water supplied to resident use lavatories, showers, and baths shall be between 105 degrees Fahrenheit and 115 degrees Fahrenheit.

(e) Forced fresh air ventilation shall be provided to all rooms and spaces as required in Table I.

(f) Laundry facilities, if provided, shall be separated from resident and food service areas, shall be self-contained and shall not be accessible through any other room. The layout of the laundry shall provide a soiled holding room and shall provide for the separation of clean and soiled functions with partitions and doors. Plumbing fixtures and trim shall be in accordance with Table III.

(g) All spaces occupied by people, machinery, and equipment within buildings, approaches to buildings, and parking lots shall be provided with artificial lighting commensurate with the tasks to be performed in, and the function intended for, the space.

(h) Ceiling mounted racks and cubicle curtains shall be provided for privacy at each bed in multiple occupancy resident bedrooms. In instances where the use of cubicle curtains is contraindicated by the resident's condition or the attending physician's orders, the facility shall make provision for an alternate, effective method for ensuring resident privacy, approved by the AHCA. In facilities where portable screens have been accepted by the AHCA in lieu of ceiling mounted racks and cubicle curtains, such screens may continue to be used.

(i) All facilities shall be supplied with potable water which is in compliance with the provisions of Chapter 62-550 or 64E-8, F.A.C., whichever is applicable. Whenever a municipal or community water supply is available to the property, such water supply shall be used in lieu of installing a privately owned water system.

(j) A safe method of sewage collection, treatment, and disposal shall be provided for each nursing home and shall be in compliance with the provisions of Chapter 62-600 or 64E-6, F.A.C., whichever is applicable. Whenever a municipal or public sewer system is available to the property, such system shall be used.

(k) All windows in resident bedrooms shall be provided with light control devices appropriate to the needs of the residents occupying the room.

(l) All ice making equipment installed in resident access areas subsequent to April 1, 1982, shall be the self-dispensing type.

(m) All wiring for power and light feeders, subfeeders and branch circuits in the normal, emergency, essential, and equipment systems including nurse call, emergency communication, alarm, and alerting systems, shall be installed in metal raceways except: Schedule 40 PVC minimum conduit may be used:

1. In underground or in concrete slabs.

2. For ungrounded, isolated power branch.

3. Above non-fire rated ceilings and where ceiling cavity is not used for a return air plenum.

(17) Alterations:

(a) If, within a period of 12 months, alterations, conversions, renovations, or repairs, costing in excess of 50 percent

of the then physical value of the nonconforming building as determined by the sponsor, architect, or engineer and approved by the AHCA are made, such buildings shall be made to conform to each and every standard for a new facility.

(b) If a nonconforming building is damaged by fire or otherwise, in excess of 50 percent of its then physical value before such damage is repaired, it shall be made to conform to each and every standard for a new facility.

(c) If the cost of such alterations, conversions, renovations, or repairs, or the amount of such damage is more than 25 percent but not more than 50 percent of the then physical value of the nonconforming building, the degree of compliance with new facility standards shall be determined by the AHCA.

(d) Alterations, renovations, or repairs not covered by the three preceding paragraphs to restore a nonconforming building to its condition previous to damage or deterioration shall minimally meet standards for new facilities.

(18) Physical Plant Requirements for Disaster Preparedness of New Nursing Home Construction.

(a) Definitions. The following definitions shall apply specifically to all new facilities as used in subsection 59A-4.133(18), F.A.C.:

1. "New facility" means a nursing home, or an addition of a wing or floor to an existing nursing home, which has not received a Stage II Preliminary Plan approval pursuant to Chapter 59A-4, F.A.C., prior to the effective date of this rule. Interior renovation, refurbishing, modifications or conversions inside of an existing structure licensed as a nursing home, shall not have to meet the standards contained in this paragraph;

2. "Net square footage" means the clear floor space of an area excluding cabinetry and other fixed furniture or equipment;

3. "During and immediately following" means a period of 72 hours following the loss of normal support utilities to the facility;

4. "Occupied resident area(s)" means the location of residents inside of the new facility or in the addition of a wing or floor to an existing facility during and immediately following a disaster;

5. "Building code" means the building codes as described in Section 553.73, F.S.

6. "Resident support area(s)" means the area(s) required to ensure the health, safety and well-being of residents during and immediately following a disaster, such as a nursing station, clean and soiled utility areas, food preparation area, and other areas as determined by the facility.

(b) New Facility Construction Standards. The following construction standards are in addition to the physical plant requirements described in subsections (1) through (11) of Rule 59A-4.133, F.A.C. These minimum standards are intended to increase the ability of the new facility to be structurally capable of serving as a shelter for residents, staff and the family of residents and staff and equipped to be self-supporting during and immediately following a disaster:

1. Space Standards.

a. For planning purposes, as estimated by the facility, each new facility shall provide a minimum of 30 net square feet per resident served in the occupied resident area(s).

b. As determined by the facility, space for administrative and support activities shall be provided for use by facility staff to allow for care of residents in the occupied resident area(s).

c. As determined by the facility, space shall be provided for all staff and family members of residents and staff.

2. Site standards.

a. All new facilities and additions to existing facilities shall be located above the 100-year flood plain or hurricane Category 3 (Saffir-Simpson scale) hurricane surge inundation elevation, whichever requires the highest elevation, or;

b. The floor elevation of all new occupied resident area(s) and all resident support area(s) and resident support utilities, including mechanical, electrical, and food services shall be located above the 100-year flood plain or hurricane Category 3 (Saffir-Simpson scale) hurricane surge inundation elevations, whichever requires the highest elevation, or

c. New additions or floors added to existing facilities, as determined by their site locations, shall be so designed and constructed as to be in compliance with the current standards of the National Flood Insurance Program of the Federal Emergency Management Agency, incorporated by reference and available from Federal Emergency Management Agency, Federal Insurance Administration, Attn. Publications, P. O. Box 70274, Washington, D.C. 20024.

d. Where an off-site public access route is available to the new facility at or above the 100-year flood plain, a minimum of one on-site emergency access route shall be provided that is located at the same elevation as the public access route;

e. New landscaping elements shall be located so if damaged they will not block the on-site emergency access route to the facility. Outdoor signs and their foundations shall be designed to meet the wind load criteria of the applicable building code;

f. New light standards and their foundations used for lighting the on-site emergency access route shall be designed to meet the wind load criteria of the American Society of Civil Engineers (ASCE 7-95), fifty-year recurrence interval of wind velocity with appropriate exposure category dependent on site location, incorporated by reference and available from the American Society of Civil Engineers, United Engineering Center, 345 East 47th Street, New York, NY 10017-2398.

3. Structural Standards. Wind load design of the building structure and exterior envelope including exterior wall systems shall be designed in accordance with the building code.

4. Roofing Standards.

a. Roofing membrane material shall resist the uplift forces specified in the building code. Roof coverings shall be installed according to the specifications provided by the manufacturer.

b. Loose-laid ballasted roofs shall not be permitted;

c. All new roof appendages such as ducts, tanks, ventilators, receivers, dx condensing units and decorative mansard roofs and their attachment systems shall be structurally engineered to meet the wind load requirements of the applicable building code. All of these attachment systems shall be connected directly to the underlying roof structure or roof support structure.

5. Exterior Unit Standards.

a. All exterior window units, skylights, exterior louvers and exterior door units including vision panels and their anchoring systems shall be designed to resist the wind load requirements of the building code and the debris impact requirements as specified by Section 2315 of the South Florida Building Code, Dade edition 1994, incorporated by reference and available from the Metropolitan Dade County Building Code Compliance Department, 140 West Flagler Street, Suite 1603, Miami, FL 33130.

b. Permanently attached protective systems such as shutters and baffling shall be designed to meet the wind load requirements and the debris impact requirements as specified by Section 2315 of the South Florida Building Code, Dade edition 1994, incorporated by reference and available from the Metropolitan Dade County Building Code Compliance Department, 140 West Flagler Street, Suite 1603, Miami, FL 33130;

c. Removable protective systems designed to intricately fit with the wall/window system of the facility and stored on-site at the facility and that meet the wind load requirements of the building code, and the debris impact requirements specified by Section 2315 of the South Florida Building Code, Dade edition 1994, incorporated by reference and available from the Metropolitan Dade County Building Code Compliance Department, 140 West Flagler Street, Suite 1603, Miami, FL 33130 may be utilized to protect the exterior units;

d. All anchoring and attachment to the building of both the permanently attached and removable protective systems shall be designed to meet wind load requirements of the building code, and the impact requirements specified by Section 2315 of the South Florida Building Code, Dade edition 1994, incorporated by reference and available from the Metropolitan Dade County Building Code Compliance Department, 140 West Flagler Street, Suite 1603, Miami, FL 33130. These designs shall be signed, sealed and dated by a registered structural engineer;

e. The glazed openings inside or outside of the protective systems shall meet the cyclical loading requirements specified by Section 2315 of the South Florida Building Code, Dade edition 1994, incorporated by reference and available from the Metropolitan Dade County Building Code Compliance Department, 140 West Flagler Street, Suite 1603, Miami, FL 33130;

f. All of the exterior impact protective systems shall be designed and installed so that they do not come in contact with the glazing under uniform, impact or cyclic pressure loading;

g. When not being utilized to protect the windows, the protective system shall not restrict the operability of the windows in the occupied resident bedrooms.

h. When not being utilized to protect the windows, the protective systems shall not reduce the clear window opening below 8% of the gross square footage of the resident room.

6. Heating, Ventilation and Air Conditioning (HVAC) Standards.

a. Air moving equipment, dx condensing units, through-wall units and other HVAC equipment located outside of or on the roof of the facility shall be permitted only when either of the following are met:

(I) They are located inside a penthouse designed to meet the wind load requirements of the building code, or;

(II) Their fastening systems are designed to meet the wind load requirements of the building code and they are protected from impact as specified by Section 2315 of the South Florida Building Code, Dade edition 1994, incorporated by reference and available from the Metropolitan Dade County Building Code Compliance Department, 140 West Flagler Street, Suite 1603, Miami, FL 33130.

b. All occupied resident areas and resident support areas shall be supplied with sufficient HVAC as determined by the facility to ensure the health, safety and well being of all residents and staff during and immediately following a disaster.

c. As determined by the facility these selected HVAC systems and their associated support equipment such as a control air compressor essential to the maintenance of the occupied resident and resident support area(s) shall receive their power from the emergency power supply system(s).

d. Ventilation air change rates in occupied resident areas shall be maintained as specified in Chapter 59A-4, F.A.C., during and immediately following a disaster.

e. Auxiliary equipment and specialties such as hydronic supply piping and pneumatic control piping shall be located, routed and protected in such a manner as determined by the facility to ensure the equipment receiving the services will not be interrupted.

7. Plumbing Standards.

a. There shall be an independent on-site supply (i.e., water well) or on-site storage capability of potable water at a minimum quantity of 3 gallons per resident served per day during and immediately following a disaster.

b. There shall be an independent on-site supply or storage capability of potable water at a minimum quantity of 1 gallon per facility staff, and other personnel in the facility per day during and immediately following a disaster. For planning purposes, the number of these personnel shall be estimated by the facility.

c. The facility shall determine what amount of water will be sufficient to provide for resident services, and shall maintain an on-site supply or on-site storage of the determined amount.

d. When utilized to meet the minimum requirements of this rule, selected system appurtenances such as water pressure maintenance house pumps, and emergency water supply well pumps shall take power from the emergency power supply system(s).

8. Medical Gas Systems Standards. The storage, distribution piping system and appurtenances shall be contained within a protected area(s) designed and constructed to meet the structural and debris impact requirements as specified by Section 2315 of the South Florida Building Code, Dade edition 1994, incorporated by reference and available from the Metropolitan Dade County Building Code Compliance Department, 140 West Flagler Street, Suite 1603, Miami, FL 33130.

9. Emergency Electrical Generator and Essential Electrical System Standards.

a. There shall be an on-site Level I emergency electrical generator system designed to support the occupied resident area (s) and resident support area (s) with at least the following support services:

(I) Ice making equipment to produce ice for the residents served, or freezer storage equipment for the storage of ice for the residents served;

(II) Refrigerator unit(s) and food service equipment if required by the emergency food plan;

(III) Life safety and critical branch lighting and systems as required by Chapter 59A-4, F.A.C.;

(IV) Selected HVAC systems as determined by the facility and other systems required by this rule;

b. The emergency generator system shall be fueled by a fuel supply stored on-site sized to fuel the generator for 100 percent load for 64 hours or 72 hours for actual demand load of the occupied resident area (s) and resident support area(s) and resident support utilities during and immediately following a disaster, whichever is greater.

(I) The fuel supply shall either be located below ground or contained within a protected area that is designed and constructed to meet the structural and debris impact requirements as specified by Section 2315 of the South Florida Building Code, Dade edition 1994, incorporated by reference and available from the Metropolitan Dade County Building Code Compliance Department, 140 West Flagler Street, Suite 1603, Miami, FL 33130. If an underground system is

utilized, it shall be designed so as to exclude the entrance of any foreign solids or liquids;

(II) All fuel lines supporting the generator system(s) shall be protected also with a method designed and constructed to meet the structural and debris impact requirements as specified by Section 2315 of the South Florida Building Code, Dade edition 1994, incorporated by reference and available from the Metropolitan Dade County Building Code Compliance Department, 140 West Flagler Street, Suite 1603, Miami, FL 33130.

(III) All panel boards, transfer switches, disconnect switches, enclosed circuit breakers or emergency system raceway systems required to support the occupied resident area(s), resident support area(s) or support utilities shall be contained within a protected area(s) designed and constructed to meet the structural and debris impact requirements as specified by Section 2315 of the South Florida Building Code, Dade edition 1994, incorporated by reference and available from the Metropolitan Dade County Building Code Compliance Department, 140 West Flagler Street, Suite 1603, Miami, FL 33130, and shall not rely on systems or devices outside of this protected area(s) for their reliability or continuation of service.

(IV) The emergency generator(s) shall be air or self-contained liquid cooled and it and other essential electrical equipment shall be installed in a protected area(s) designed and constructed to meet the structural and debris impact requirements as specified by Section 2315 of the South Florida Building Code, Dade edition 1994, incorporated by reference and available from the Metropolitan Dade County Building Code Compliance Department, 140 West Flagler Street, Suite 1603, Miami, FL 33130.

10. Fire Protection Standards.

a. If the facility requires fire sprinklers as part of its fire protection, either of the following shall be met:

(I) On site water storage capacity to continue sprinkler coverage, in accordance with the requirements of NFPA 13, 1996 edition, incorporated by reference and available from NFPA, 1 Batterymarch Park, P. O. Box 9101, Quincy, MA 02269-9101 or

(II) If the facility plans to provide a Fire Watch, it shall use the following procedure as approved by the Office of Plans and Construction for all areas of the facility that are without sprinkler coverage due to interrupted water flow.

(A) Notify the local fire department and document instructions.

(B) Notify the Agency through the Area Office.

(C) Assess the extent of the condition and effect correction action, with a documented time frame. If the corrective action will take more than four (4) hours, do the following items:

I. Implement a contingency plan to the facility fire plan containing: a description of the problem, specifically what the system is not doing that it normally does, and the projected correction time frame. All staff on shifts involved shall have documented in-servicing and drilling for the contingency.

II. Begin a documented firewatch, until the system is restored. Persons used for firewatch must be trained in what to look for, what to do, and be able to expeditiously contact the fire department. For a firewatch, a facility can use only: public safety persons (i.e., fire service), a guard service, or staff (e.g., a nurse, maintenance, drill or safety coordinator); if the persons are:

A. Off duty from their regular position; in compliance with current state staffing ratios and personnel policies (i.e., not in a condition that would impair performance);

B. Trained and competent in what to look for and what to do;

C. Have a provision for priority communication (i.e., a radio or special telephone).

D. Notify Agency and local authorities, if the time-frame changes or system is restored.

b. If the facility provides a Fire Watch in lieu of sprinkler on-site water or water storage, then one 4-A type fire extinguisher or equivalent shall be provided for every 3 or less 2-A fire extinguishers required by NFPA 10, 1998 edition, incorporated by reference and available from NFPA, 1 Batterymarch Park, P. O. Box 9101, Quincy, MA 02269-9101, for the area served. These additional extinguishers shall be equally distributed throughout the area they are protecting.

11. External Emergency Communications Standards. Each new facility shall provide for external electronic communication not dependent on terrestrial telephone lines, cellular, radio or microwave towers, such as on-site radio transmitter, satellite communication systems or a written agreement with an amateur radio operator volunteer group(s). This agreement shall provide for a volunteer operator and communication equipment to be re-located into the facility in the event of a disaster until communications are restored. Other methods which can be shown to maintain uninterrupted

electronic communications not dependent on land-based transmission shall be pre-approved by the Office of Plans and Construction.

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

59A-4.150 Geriatric Outpatient Nurse Clinic.

(1) Definitions:

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

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

(c) Agency for Health Care Administration – AHCA.

(d) Geriatric Outpatient Nurse Clinic – a site in a nursing home treatment room for the provision of health care to geriatric patients on an outpatient basis which is staffed by a registered nurse or by a physician's assistant.

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

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

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

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

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

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

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

(l) Responsible Physician – the licensed physician delegated by the supervising physician as responsible for the services rendered by the physician's assistant in the absence of the supervising physician.

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

(n) Substantive Change – when the patient's condition changes to such an extent that a change in treatment and/or medication orders is indicated or when pre-established protocols are not applicable.

(o) Supervising Physician – the licensed physician assuming responsibility and legal liability for the services rendered by the physician's assistant. (Sections 458.135(2)(e); 459.151(2), (3), F.S.)

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

(2) Applications.

(a) A letter shall be sent through the local county Health unit to the AHCA by the operator of a currently licensed nursing home stating intent to establish a geriatric outpatient nurse clinic in compliance with Chapter 400, F.S., Chapter 77-401, Laws of Florida, and the rules pertaining to these chapters. A copy of said letter shall be sent to the Health Program Office of the Department of Health and Rehabilitative Services by the local county health unit. This letter shall be sent at least sixty (60) days prior to the anticipated date of establishment of the clinic. The Director, County Health Unit shall provide specific recommendations for operation of the clinic when transmitting the letter.

(b) The AHCA shall ascertain compliance with all applicable laws, rules, regulations, and codes and by letter notify the operator of compliance or non-compliance.

(c) Receipt of the letter of notification stating compliance shall constitute authority to operate a geriatric outpatient

nurse clinic within the facility.

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

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

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

(3) Treatment Rooms and Access Areas.

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

(b) Every facility conducting a geriatric outpatient nurse clinic shall:

1. Use an existing treatment room exclusively for the examination and treatment of patients.
2. Store supplies and equipment in such a manner that safeguards patients and staff from hazards.
3. Have a waiting area which does not interfere with regular in-patient functions.
4. Provide clinic patients with the most direct route to and from the treatment room.

(4) Administration.

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

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

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

3. Personnel records for each clinic employee and/or contractual provider. These records will be kept updated and include current Florida license and certificate numbers. Original application for the position, references furnished and an annual performance evaluation shall be included.

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

5. Clinic Schedule.

6. Compliance with requirements of Title VI of the Civil Rights Act of 1964.

(b) The provision of health services through geriatric outpatient nurse clinics shall be under the direct management control of the registered nurse or physician's assistant providing those services. Management control of the provision of health services shall contain the following:

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

2. Maintenance and confidentiality of clinical records for each patient as required in this chapter.

3. Responsibility for development and periodic review of written policies and protocols governing patient care, including emergency procedures.

4. Responsibility for development and periodic review of patient referral system.

5. Responsibility for the administration and handling of drugs and biological as required in these rules.

6. Maintenance of an individual and cumulative clinic census record.

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

8. Maintenance of a safe, sanitary clinic environment.

(5) Fiscal Management.

(a) There shall be a recognized system of accounting used to accurately reflect business details of the clinic operation and services kept separate from the facility fiscal records.

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

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

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

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

(6) Personnel Policies.

(a) Staff in the geriatric outpatient nurse clinic will be governed by their Personnel Standards in rules and Regulations governing Nursing Homes and Related Health Care Facilities, Rule 59A-4.157, F.A.C.

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

(c) Services of this clinic will in no way reduce the minimum staffing standards for in-patient care.

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

(7) Personnel Functions and Responsibilities.

(a) Registered Nurse (Sections 464.021(2)(a)1., 2., F.S.)

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

2. The nurse shall note findings and activities on the clinical record.

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

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

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

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

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

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

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

(8) Patient Eligibility Criteria.

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

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

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

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

(9) Patient's Rights.

(a) The facility shall adopt and make public a statement of the rights and responsibilities of the clinic patients and shall treat such patients in accordance with the provisions of said statement. This statement shall be conspicuously posted and available to clinic patients in pamphlet form. The statement shall insure each patient the following:

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

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

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

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

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

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

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

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

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

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

(10) Scope of Services of the Geriatric Outpatient Nurse Clinic.

(a) Observation of signs and symptoms.

(b) Assessment of health status/progress.

(c) Nursing diagnosis and plan of care.

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

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

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

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

(h) Referral for additional services as needed.

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

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

(11) Clinical Records.

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

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

2. Assessment of problems.

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

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

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

b. Services rendered with progress reports.

c. Observations.

d. Instructions to the patient and family.

e. Referrals made.

f. Consultation reports.

g. Case conferences.

h. Reports to physicians.

i. Termination summary.

(I) Date of first and last visit.

(II) Total number of visits by discipline.

(III) Reason for termination of service.

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

(V) Condition of patient on discharge.

j. Clinical records shall be confidential. Information may be released by the nurse or physician's assistant responsible for clinical services only:

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

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

(III) When so ordered by the courts.

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

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

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

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

(d) An emergency plan for reversal of drug reaction to include the facility's PRN standing orders for medications available in the emergency medication kit.

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

(f) A drug storage system which includes:

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

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

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

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

59A-4.165 Nursing Home Guide.

(1) Pursuant to Section 400.191 F.S., the Agency shall provide information to the public in consumer-friendly printed and electronic formats (hereafter collectively the "Guide") to assist consumers and their families in comparing and evaluating nursing home facilities.

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

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

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

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

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

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

(b) General guidance about selecting a nursing home.

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

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

1. Name;
2. Address;
3. Voice and fax phone numbers;
4. Web address of facility;
5. A recognition if the facility has been awarded a Gold Seal;
6. The current licensee;
7. Which calendar year the current licensee became the licensee;
8. Whether the licensee is a for-profit, or non-profit entity, and whether or not the facility is part of a retirement community;
9. Any corporate or religious affiliations;
10. The number of private, semi-private, and total beds at the facility;
11. The lowest daily charge for a semi-private room;
12. The payment forms accepted;
13. Any special services or amenities, or recreational programs provided;
14. Any non-English languages spoken by the administrator or staff of the facility; and
15. A summary of the deficiencies found at the facility over a 45 month period prior to the publication of the Guide.

The summarization procedure is discussed in detail below.

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

(a) All deficiencies cited over the most recently available 45 month period prior to the publication of the Guide will be collected.

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

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

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

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

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

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

(h) (b) through (g) shall be repeated for subsets of the citations. These subsets are discussed in the "Nursing Home Guide Performance Measures Algorithm" document, dated July 2000, incorporated by reference herein.

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

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

(6) The internet version of the guide will be available at www.fdhc.state.fl.us and www.floridahealthstat.com.

Specific Authority 400.191(6) FS. Law Implemented 400.191 FS. History–New 2-15-01.

59A-4.166 Nursing Home Consumer Satisfaction Survey.

(1) Pursuant to Section 400.0225, F.S., the Agency or its contractor shall conduct consumer satisfaction surveys of all nursing homes and skilled nursing units of hospitals in the state. These nursing homes and skilled nursing units shall hereafter be referred to as “nursing facilities”.

(2) The Agency or its contractor will survey family members and guardians of residents of these nursing facilities by way of mail surveys. This will require each nursing facility to provide to the Agency or its contractor, upon request, the names and addresses of at least one family member or guardian for each resident.

(3) The Agency or its contractor will interview residents of these facilities in person. This will require each nursing facility to provide to the Agency or its contractor, upon request, a list of all residents, along with each resident’s room number, and each resident’s birth date.

(4) The Agency or its contractor shall conduct these surveys and interviews at each nursing facility at least annually.

(5) The specific protocol for conducting these surveys and interviews is shown in the “Nursing Home and Skilled Nursing Unit Resident and Family Member Survey Project” document, dated July 2000, incorporated by reference herein.

(6) Only data summarized to the level of the facility may be released.

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

Specific Authority 400.0225 FS. Law Implemented 400.0225 FS. History–New 2-15-01.

59A-4.200 Definitions.

(1) Agency means the Agency for Health Care Administration.

(2) Panel means the Panel on Excellence in Long Term Care.

(3) Parent company means an entity that owns, leases, or through any other device controls a group of two or more health care facilities or at least one health care facility and any other business. A related party management company is considered to be a parent company.

(4) Region means a geographical area of the state of Florida defined by a list of counties reflected by the agency’s 11 inspection regions. The regions are defined, as part of the Nursing Home Guide Performance Measures Algorithm, July 2000 which is incorporated by reference. Copies of this form may be obtained from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, MS 33, Tallahassee, FL 32308 or from the Agency website at <http://ahcaxnet.fdhc.state.fl.us/nhcguid/>.

(5) Quality of Care score means all of the parameters included in the Nursing Home Guide that reflect the results of the overall inspection. These parameters are defined in the Nursing Home Guide Performance Measures Algorithm, July 2000, as specified in Rule 59A-4.165, F.A.C.

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

59A-4.201 Gold Seal Award.

(1) To to be considered for recommendation for a Gold Seal Award, a nursing home licensee must submit to the Agency’s Long Term Care Unit:

(a) A letter of recommendation;

(b) A completed application for Gold Seal Award (AHCA Form 3110-0007 (Rev. March 07)) which is incorporated by reference. Copies of this form may be obtained from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, MS 33, Tallahassee, FL 32308 or from the Agency website at http://ahca.myflorida.com/MCHQ/Long_Term_Care/LTC/index.shtml;

- (c) The financial documentation required by Rule 59A-4.203, F.A.C.; and
- (d) The stable workforce documentation required by Rule 59A-4.204, F.A.C.

(2) During the effective dates of the award, a nursing home licensee may use the Gold Seal designation in facility advertising and marketing. All advertising and marketing of the Gold Seal designation must include the range of dates for which the Gold Seal was awarded and shall only represent the facility to which it has been designated. Within 90 days after termination or expiration of the Gold Seal award, the Gold Seal designation must be removed from all advertising and marketing materials.

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

59A-4.2015 Review Process.

(1) A review process is established which provides submission deadlines for applications, and Panel meeting timeframes to review applications. Facilities may submit applications at any time for review as follows.

(2) Review Period 1 requires applications be submitted by March 15 each year to be eligible for review during this period. The quality of care score for this review period will be obtained from the preceding quarter ending December 31, and will be available by February 15 to ensure facilities qualify for this criterion prior to submitting an application. Application reviews will be complete by April 15. Site visits will be conducted after April 15 and a meeting will be held to determine those licensees to be recommended for the Gold Seal. This meeting must be held prior to June 15.

(3) Review Period 2 requires applications be submitted by September 15 each year to be eligible for review during this period. The quality of care score for this review period will be obtained from the preceding quarter ending June 30 and will be available by August 15 to ensure facilities qualify under this criterion prior to submitting an application. Application reviews will be complete by October 15. Site visits will be conducted after October 15 and a meeting will be held to determine those licensees to be recommended for the Gold Seal. This meeting must be held prior to December 15.

(4) Quality of care scoring information may be obtained by contacting the Bureau of Long Term Care Services at (850)488-5861 or from the Agency website at http://ahca.myflorida.com/MCHQ/Long_Term_Care/index.shtml under the heading Nursing Home Gold Seal Award/ Governor's Panel on Excellence in Long-Term Care.

(5) Any nursing home licensee not meeting all requirements or having omissions in financial information will be notified to allow a licensee to submit additional information or withdraw the application. Licensees have 10 business days after the Agency's request to provide required documentation to continue to be eligible for consideration.

(6) If the panel determines that an applicant has failed to meet all Gold Seal criteria and the application is not withdrawn, a recommendation to deny the Gold Seal award will be made to the Governor.

Specific Authority 400.235(9) FS. Law Implemented 400.235 FS. History-New 5-15-07.

59A-4.202 Quality of Care.

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

(2) The agency shall compute a quality of care score and rank nursing home licensees, in accordance with the Nursing Home Guide Performance Measures Algorithm, July 2000.

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

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

59A-4.203 Financial Requirements.

(1) To be eligible for a Gold Seal designation, a facility must have been in operation for a minimum of 30 months prior to the date of application and must provide evidence of financial soundness and stability. This subsection provides the criteria for use of financial statements. To demonstrate 30 months of financial soundness and stability prior to the

date of the application:

(a) The licensee of the facility shall submit financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP) for the three consecutive fiscal years immediately preceding the date of application, including: a balance sheet, income statement and statement of cash flows and all relevant notes. The licensee concurrently shall submit a report from a certified public accountant (CPA) who has audited or reviewed these financial statements. A report of audited financial statements must specify an unqualified opinion. A report on reviewed financial statements must be a standard report and must not contain any departure from GAAP. Financial statements that have been reviewed by a CPA may not be substituted for audited financial statements when the audit was conducted for the same financial accounting period. Each licensee shall also submit a one-year set of pro-forma financial statements, including balance sheet, income statement and statement of cash flows. For a licensee whose audited or reviewed financial statements are prepared as part of a consolidated entity, the licensee can satisfy the requirements for submitting financial statements by submitting the three most recent consecutive years of CPA audited or reviewed consolidated financial statements if the statements break out the balance sheet, income statement and statement of cash flows of the individual licensee or submit accreditation documents in accordance with Section 400.235(5)(b) Florida Statutes. In the event a continuing care retirement center has its designation as a CCRC revoked by the Department of Financial Services, the CCRC is required to submit financial statements as described in this rule.

(b) Each licensee must meet at least two of the three following financial soundness and stability thresholds listed below for at least two of three years of the statements, to include the most recent year submitted and the pro-forma statements. Otherwise, its facilities cannot be recommended for the Gold Seal Award except as described in subsection (2) below.

1. A positive current ratio of at least one (1). The current ratio is determined by dividing current liabilities into current assets. Current assets are those held for conversion within a year or less, such as cash, temporary investments, receivables, inventory, and prepaid expenses. Board designated assets of cash or near cash instruments, where the board of directors has the option to change the authorized use of the assets and the assets are otherwise unencumbered as disclosed by the auditor, can be considered current assets for this calculation. Current liabilities are short-term debts and unearned revenues to be paid out of current assets within a year or less.

2. A positive tangible net worth as determined by the balance sheet. This shall be determined as equity (total assets less total liabilities) net of intangible assets. An intangible asset is a capital asset having no physical existence, its value being dependent on the rights that possession confers upon the owner. Examples include goodwill and trademarks.

3. A times interest earned ratio of at least 1.15 or 115 percent. This shall be determined by dividing interest expense into net income before deducting such interest and income tax. Net income is defined as revenues (receipts or earnings) less expenses (costs). Not-for-profit providers may include non-operating income, such as public or governmental support and foundation transfers in determining net income.

(2) If the licensee can meet only one of the three financial ratios in paragraph (1)(b) above for one of the two required years, the licensee may be recommended for a Gold Seal Award only if the most recent CPA prepared financial statements provided are for a period ending within six months of the date of the application and these financial statements meet all three of the financial criteria set forth in paragraph (1)(b) above.

(3) Neither the licensee nor its parent company shall have been the subject of bankruptcy proceedings during the period beginning 30 months prior to the date of the application and ending on the date of the award of the Gold Seal.

Specific Authority 400.235 FS. Law Implemented 400.235(9) FS. History-New 8-21-01, Amended 5-19-02, 3-21-04.

59A-4.204 Turnover Ratio.

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

(a) Have a turnover rate no greater than 50 percent for the most recent 12 month period ending on the last workday of the most recent calendar quarter prior to submission of an application. The turnover rate will be computed in accordance with Section 400.141(15)(b), F.S., or

(b) Have a stability rate indicating that at least 50 percent of its staff have been employed at the facility for at least one year. The stability rate will be computed in accordance with Section 400.141(15)(c), F.S.

(2) Each applicant for Gold Seal Award must submit evidence of an effective recruitment and retention program.

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

59A-4.205 The State Long Term Care Ombudsman Council Review.

The State Long Term Care Ombudsman Council shall provide a profile of substantiated ombudsman program complaints against licensees applying for the Gold Seal Award. Upon request, the State Long Term Care Ombudsman Council shall provide the findings of ombudsman program administrative inspections of facilities applying for the Gold Seal Award. The Panel on Excellence in Long Term Care shall make the final determination regarding whether the licensee demonstrated an outstanding history in regard to substantiated ombudsman complaints.

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

59A-4.206 Termination and Frequency of Review.

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

- (a) The filing of a petition by or against the owner or its parent company under the Bankruptcy Code;
- (b) The issuance of a Class I or Class II deficiency or the assignment of a conditional license.

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

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

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

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

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