

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 1 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0000 - INITIAL COMMENTS**

**Title** INITIAL COMMENTS

**Statute or Rule**

**Type** Memo Tag

**Regulation Definition**

**Interpretive Guideline**

These guidelines are meant solely to provide guidance to surveyors in the survey process.

**ST - N0001 - License Required**

**Title** License Required

**Statute or Rule** 400.062(1-2) FS

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

(1) The requirements of part II of chapter 408 apply to the provision of services that require licensure pursuant to this part and part II of chapter 408 and to entities licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to this part. A license issued by the agency is required for the operation of a nursing home in this state.

(2) Separate licenses shall be required for facilities maintained in separate premises, even though operated under the same management. However, a separate license shall not be required for separate buildings on the same grounds.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 2 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0002 - Application for Licensure**

**Title** Application for Licensure

**Statute or Rule** 400.062(3) FS; 59A-4.103(1)(a) FAC

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

400.062(3)

In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application submitted under this part, part II of chapter 408, and applicable rules. The license fee shall be comprised of two parts. Part I of the license fee shall be the basic license fee. The rate per bed for the basic license fee shall be established biennially and shall be \$100 per bed unless modified by rule. Part II of the license fee shall be the resident protection fee, which shall be at the rate of not less than 50 cents per bed. The rate per bed shall be the minimum rate per bed, and such rate shall remain in effect until the effective date of a rate per bed adopted by rule by the agency pursuant to this part. At such time as the amount on deposit in the Health Care Trust Fund for resident protection is less than \$1 million, the agency may adopt rules to establish a rate which may not exceed \$20 per bed. The rate per bed shall revert back to the minimum rate per bed when the amount on deposit in the Health Care Trust Fund for resident protection reaches \$1 million, except that any rate established by rule shall remain in effect until such time as the rate has been equally required for each license issued under this part. Any amount in the fund in excess of \$2 million may not be expended without prior approval of the Legislature. The agency may prorate the biennial license fee for those licenses which it issues under this part for less than 2 years. The resident protection fee collected shall be deposited in the Health Care Trust Fund for the sole purpose of paying, in accordance with the provisions of s. 400.063, for the

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 3 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

appropriate alternate placement, care, and treatment of a resident removed from a nursing home facility on a temporary, emergency basis or for the maintenance and care of residents in a nursing home facility pending removal and alternate placement.

59A-4.103(1)(a)

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

(a) All of the information required by this rule, Chapter 400, Part II, F.S., and Chapter 408, Part II, on the Health Care Licensing Application Nursing Homes, AHCA Form 3110-6001, July 2014, which is incorporated by reference.

These forms may be obtained at

<<http://www.flrules.org/Gateway/reference.asp?No=Ref-06014>>

and are available from the Agency for Health Care Administration, Long-Term Care Unit, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308 or at the web address: <http://ahca.myflorida.com/HQALicensureforms>; and,

(b) Proof of Financial Ability to Operate, AHCA Form 3100-0009, July 2009, which is incorporated by reference in subsection 59A-35.062(1), F.A.C., available from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or online at <http://ahca.myflorida.com/HQALicensureforms>

**ST - N0010 - Administrator Required**

**Title** Administrator Required

**Statute or Rule** 400.141(1)(a); 400.20; 59A-4.103(4)(b)

**Type** Rule

**Regulation Definition**

400.141(1), FS

Every licensed facility shall comply with all applicable

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 4 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

standards and rules of the agency and shall:

(a) Be under the administrative direction and charge of a licensed administrator.

400.20, FS

No nursing home shall operate except under the supervision of a licensed nursing home administrator, and no person shall be a nursing home administrator unless he or she is the holder of a current license as provided in chapter 468.

59A-4.103(4)(b), FAC

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

**ST - N0011 - Table of Organization**

**Title** Table of Organization

**Statute or Rule** 59A-4.103(4)(c) FAC

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Each nursing home must be organized according to a written table of organization.

**ST - N0020 - Fiscal Records**

**Title** Fiscal Records

**Statute or Rule** 400.141(1)(k) FS; 59A-4.103(5)(a) FAC

**Type** Rule

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 5 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

400.141(1), FS

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(k) Keep such fiscal records of its operations and conditions as may be necessary to provide information pursuant to this part.

59A-4.103(5)(a)

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

**Interpretive Guideline**

**ST - N0025 - Resident Property and Personal Affairs**

**Title** Resident Property and Personal Affairs

**Statute or Rule** 400.162 FS

**Type** Rule

**Regulation Definition**

(1) The admission of a resident to a facility and his or her presence in the facility shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of the aforementioned persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safety and orderly management of the facility.

(2) No licensee, owner, administrator, employee, or representative thereof shall act as guardian, trustee, or conservator for any resident of the facility or any of such resident's property unless the person is the resident's spouse or a blood relative within the third degree of consanguinity.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

*Printed 11/03/2016*

Page 6 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

(3) A licensee shall provide for the safekeeping of personal effects, funds, and other property of the resident in the facility. Whenever necessary for the protection of valuables, or in order to avoid unreasonable responsibility therefor, the licensee may require that such valuables be excluded or removed from the facility and kept at some place not subject to the control of the licensee. At the request of a resident, the facility shall mark the resident's personal property with the resident's name or another type of identification, without defacing the property. Any theft or loss of a resident's personal property shall be documented by the facility. The facility shall develop policies and procedures to minimize the risk of theft or loss of the personal property of residents. A copy of the policy shall be provided to every employee and to each resident and the resident's representative if appropriate at admission and when revised. Facility policies must include provisions related to reporting theft or loss of a resident's property to law enforcement and any facility waiver of liability for loss or theft.

(4) A licensee shall keep complete and accurate records of all funds and other effects and property of its residents received by it for safekeeping.

(5)(a) Any funds or other property belonging to a resident which are received by a licensee shall be held in trust. Funds held in trust shall be kept separate from the funds and property of the facility; shall be deposited in a bank, savings association, trust company, or credit union located in this state and, if possible, located in the same district in which the facility is located; shall not be represented as part of the assets of the facility on a financial statement; and shall be used or otherwise expended only for the account of the resident.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 7 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

(b)1. Any licensee which holds resident funds in trust, as provided in paragraph (a), during the period for which a license is requested or issued shall file a surety bond with the agency in an amount equal to twice the average monthly balance in the resident trust fund during the prior year or \$5,000, whichever is greater. The bond shall be executed by the licensee as principal and by a surety company authorized and licensed to do business in the state as surety. The bond shall be conditioned upon the faithful compliance of the licensee with the provisions of this section and shall run to the agency for the benefit of any resident injured by the violation by the licensee of the provisions of this section.

2. A new bond or a proper continuation certificate shall be required on the annual renewal date of each licensee's bond. Such bond or certificate shall be filed with the agency as provided in subparagraph 1.

3. Any surety company which cancels or does not renew the bond of any licensee shall notify the agency, in writing, not less than 30 days in advance of such action, giving the reason for the cancellation or nonrenewal.

(c) As an alternative to posting a surety bond, the licensee may enter into a self-insurance agreement as specified in rules adopted by the agency. Funds contained in the pool shall run to any resident suffering financial loss as a result of the violation by the licensee of the provisions of this section. Such funds shall be awarded to any resident in an amount equal to the amount that the resident can establish, by affidavit or other adequate evidence, was deposited in trust with the licensee and which could not be paid to the resident within 30 days of the resident's request. The agency shall promulgate rules with regard to the establishment, organization, and operation of such self-insurance pools. Such rules shall include, but shall not be limited to, requirements for monetary reserves to be

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

*Printed 11/03/2016*

Page 8 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

maintained by such self-insurers to assure their financial solvency.

(d) If, at any time during the period for which a license is issued, a licensee that has not purchased a surety bond or entered into a self-insurance agreement, as provided in paragraphs (b) and (c), is requested to provide safekeeping for the personal funds of a resident, the licensee shall notify the agency of the request and make application for a surety bond or for participation in a self-insurance agreement within 7 days after 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 by the licensee for review by the agency and the State Long-Term Care Ombudsman Program.

(e) Moneys or securities received as advance payment for care may at no time exceed the cost of care for a 6-month period.

(f) At least every 3 months, the licensee shall furnish the resident and the guardian, trustee, or conservator, if any, for the resident a complete and verified statement of all funds and other property to which this subsection applies, detailing the amounts and items received, together with their sources and disposition. In any event, the licensee shall furnish such a statement annually and upon the discharge or transfer of a resident. Any governmental agency or private charitable agency contributing funds or other property on account of a resident also shall be entitled to receive such statement annually and upon discharge or transfer and such other report as it may require pursuant to law.

(6) In the event of the death of a resident, a licensee shall return all refunds and funds held in trust to the resident's personal representative, if one has been appointed at the time

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

*Printed 11/03/2016*

Page 9 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

the nursing home disburses such funds, and if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the nursing home to the resident. In the event the resident has no spouse or adult next of kin or such person cannot be located, funds due to the resident shall be placed in an interest-bearing account in a bank, savings association, trust company, or credit union located in this state and, if possible, located within the same district in which the facility is located, which funds shall not be represented as part of the assets of the facility on a financial statement, and the licensee shall maintain such account until such time as the trust funds are disbursed pursuant to the provisions of the Florida Probate Code. All other property of a deceased resident being held in trust by the licensee shall be returned to the resident's personal representative, if one has been appointed at the time the nursing home disburses such property, and if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the nursing home to the resident. In the event the resident has no spouse or adult next of kin or such person cannot be located, property being held in trust shall be safeguarded until such time as the property is disbursed pursuant to the provisions of the Florida Probate Code. The trust funds and property of deceased residents shall be kept separate from the funds and the property of the licensee and from the funds and property of the residents of the facility. The nursing home needs to maintain only one account in which the trust funds amounting to less than \$100 of deceased residents are placed. However, it shall be the obligation of the nursing home to maintain adequate records to permit compilation of interest due each individual resident's account. Separate accounts shall be maintained with respect to trust funds of deceased residents equal to or in excess of \$100. In the event the trust funds of the deceased resident are not disbursed pursuant to the provisions of the Florida Probate Code within 2 years of the

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 10 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

death of the resident, the trust funds shall be deposited in the Health Care Trust Fund and expended as provided for in s. 400.063, notwithstanding the provisions of any other law of this state. Any other property of a deceased resident held in trust by a licensee which is not disbursed in accordance with the provisions of the Florida Probate Code shall escheat to the state as provided by law.

**ST - N0026 - Penalty - Misapp or Conv of Resident Property**

**Title** Penalty - Misapp or Conv of Resident Property

**Statute or Rule** 400.102(2) FS

**Type** Rule

**Regulation Definition**

In addition to the grounds listed in part II of chapter 408, any of the following conditions shall be grounds for action by the agency against a licensee:

(2) Misappropriation or conversion of the property of a resident of the facility;

**Interpretive Guideline**

**ST - N0030 - Resident Notice of Policies**

**Title** Resident Notice of Policies

**Statute or Rule** 59A-4.106(1)(a) FAC

**Type** Rule

**Regulation Definition**

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

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

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

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 11 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

2. A copy of the facility ' s admission and discharge policies;  
and
3. Information regarding advance directives.

**ST - N0031 - Resident Contracts**

**Title** Resident Contracts

**Statute or Rule** 400.151(1-2) FS; 59A-4.106(1)(b) FAC

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

400.151, F.S.

(1) The presence of each resident in a facility shall be covered by a contract, executed by the licensee and the resident or his or her designee or legal representative at the time of admission or prior thereto and at the expiration of the term of a previous contract, and modified by the licensee and the resident or his or her designee or legal representative at the time the source of payment for the resident's care changes. Each party to the contract is entitled to a duplicate original thereof, printed in boldfaced type, and the licensee shall keep on file all contracts which it has with residents. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration or such longer period as may be provided in the rules of the agency. Microfilmed records or records reproduced by a similar process of duplication may be kept in lieu of the original records.

(2) Each contract to which this section applies shall contain express provisions specifically setting forth the services and accommodations to be provided by the licensee, the rates or charges therefor, bed reservation and refund policies, and any other matters which the parties deem appropriate. The licensee shall attach to the contract a list of services and supplies available but not covered by the per diem rate of the facility or by Titles XVIII and XIX of the Social Security Act and the

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 12 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

standard charge to the resident for each item. The licensee shall provide written notification to each party to the contract of any changes in any attachment thereto, no fewer than 14 days in advance of the effective date of those changes. The agency shall specify by rule an alternative method for notification of changes in the cost of supplies. If the resident is a party to the contract, the licensee shall provide him or her with a written and oral notification of the changes.

59A-4.106(1)(b), FAC

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

1. A list of services and supplies, complete with a list of standard charges for those services and supplies, available to the resident, but not covered by the facility 's per diem or by Title XVIII and Title XIX of the Social Security Act and a copy of the bed reservation and refund policies of the facility.
2. When a resident is in a facility offering continuing care, and is transferred from independent living or assisted living to the nursing home section, a new contract need not be executed; an addendum must be attached to describe any additional services, supplies or costs not included in the most recent contract that is in effect.

**ST - N0032 - Residents - Communicable Disease**

**Title** Residents - Communicable Disease

**Statute or Rule** 59A-4.106(1)(c), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 13 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

isolation measures are available to control transmission of the disease.

**ST - N0033 - Resident Not Retained**

**Title** Resident Not Retained

**Statute or Rule** 59A-4.106(1)(d) FAC

**Type** Rule

**Regulation Definition**

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.

**Interpretive Guideline**

**ST - N0034 - Resident Bedroom Assignment**

**Title** Resident Bedroom Assignment

**Statute or Rule** 59A-4.106(1)(e) FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - N0035 - Bed Placement in Nursing Homes**

**Title** Bed Placement in Nursing Homes

**Statute or Rule** 400.23(2)(a), FS

**Type** Rule

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 14 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

400.23

(2) Pursuant to the intention of the Legislature, the agency, in consultation with the Department of Health and the Department of Elderly Affairs, shall adopt and enforce rules to implement this part and part II of chapter 408, which shall include reasonable and fair criteria in relation to:

(a) The location of the facility and housing conditions that will ensure the health, safety, and comfort of residents, including an adequate call system. In making such rules, the agency shall be guided by criteria recommended by nationally recognized reputable professional groups and associations with knowledge of such subject matters. The agency shall update or revise such criteria as the need arises. The agency may require alterations to a building if it determines that an existing condition constitutes a distinct hazard to life, health, or safety. In performing any inspections of facilities authorized by this part or part II of chapter 408, the agency may enforce the special-occupancy provisions of the Florida Building Code and the Florida Fire Prevention Code which apply to nursing homes. Residents or their representatives shall be able to request a change in the placement of the bed in their room, provided that at admission they are presented with a room that meets requirements of the Florida Building Code. The location of a bed may be changed if the requested placement does not infringe on the resident's roommate or interfere with the resident's care or safety as determined by the care planning team in accordance with facility policies and procedures. In addition, the bed placement may not be used as a restraint. Each facility shall maintain a log of resident rooms with beds that are not in strict compliance with the Florida Building Code in order for such log to be used by surveyors and nurse monitors during inspections and visits. A resident or resident representative who requests that a bed be moved shall sign a

**Interpretive Guideline**

At admission was the resident presented with a room that meets the requirements of the building code?

Did the resident/resident representative request the bed be moved? If so, did the resident/representative sign a statement indicating their understanding the room will not be in compliance with the Florida Building Code. Is the statement included in the residents care plan?

Does the bed change infringe on the roommate, if applicable?

Do the facility policies outline their procedures should a resident/resident representative request the bed be moved?

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 15 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

statement indicating that he or she understands the room will not be in compliance with the Florida Building Code, but they would prefer to exercise their right to self-determination. The statement must be retained as part of the resident ' s care plan. Any facility that offers this option must submit a letter signed by the nursing home administrator of record to the agency notifying it of this practice with a copy of the policies and procedures of the facility. The agency is directed to provide assistance to the Florida Building Commission in updating the construction standards of the code relative to nursing homes.

**ST - N0036 - Advanced Directives**

**Title** Advanced Directives

**Statute or Rule** 59A-4.106(6) FAC

**Type** Rule

**Regulation Definition**

Advance directives.

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

(b)The facility ' s policy must include:

1. 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, " revised April 2006, which is hereby incorporated by reference, and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-06021>, and from the Agency for Health Care Administration at <http://www.floridahealthfinder.gov/reports-guides/advance-dir>

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 16 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

ectives.aspx or with a copy of some other substantially similar document which is a written description of Florida ' s state law regarding advance directives;

2. Providing each adult individual, at the time of the admission as a resident, with written information concerning the nursing home ' s policies respecting advance directives; and
3. Providing documentation of the existence of an advance directive be contained in the medical record. A nursing home licensee that is provided with the individual ' s advance directive must make the advance directive or a copy thereof a part of the individual ' s medical record.

**ST - N0040 - Facility Policies Required**

**Title** Facility Policies Required

**Statute or Rule** 59A-4.106(2-3) FAC

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

(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.

**ST - N0041 - Facility Policy Components**

**Title** Facility Policy Components

**Statute or Rule** 59A-4.106(4) FAC

**Type** Rule

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 17 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

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; as required by section 381.0035, F.S.;
- (g) Diagnostic services;
- (h) Dietary services;
- (i) Disaster preparedness;
- (j) Fire prevention and control;
- (k) Housekeeping;
- (l) Infection control;
- (m) Laundry service;
- (n) Loss of power, water, air conditioning or heating;
- (o) Medical director/consultant services;
- (p) Medical records;
- (q) Mental health;
- (r) Nursing services;
- (s) Pastoral services;
- (t) Pharmacy services;
- (u) Podiatry services;
- (v) Resident care planning;
- (w) Resident identification;
- (x) Resident ' s rights;
- (y) Safety awareness;
- (z) Social services;
- (aa) Specialized rehabilitative and restorative services;
- (bb) Therapeutic spa services, if offered;
- (cc) Volunteer services; and,
- (dd) The reporting of accidents or unusual incidents involving any resident, staff member, volunteer or visitor. This policy shall include reporting within the facility and to the Agency as

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 18 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

required by Section 400.147, F.S.

**ST - N0042 - Resident Grievances and Complaints**

**Title** Resident Grievances and Complaints

**Statute or Rule** 400.1183 FS

**Type** Rule

**Regulation Definition**

- (1) Every nursing home must have a grievance procedure available to its residents and their families. The grievance procedure must include:
- (a) An explanation of how to pursue redress of a grievance.
  - (b) The names, job titles, and telephone numbers of the employees responsible for implementing the facility's grievance procedure. The list must include the address and the toll-free telephone numbers of the ombudsman and the agency.
  - (c) A simple description of the process through which a resident may, at any time, contact the toll-free telephone hotline of the ombudsman or the agency to report the unresolved grievance.
  - (d) A procedure for providing assistance to residents who cannot prepare a written grievance without help.
- (2) Each nursing home facility shall maintain records of all grievances and a report, subject to agency inspection, of the total number of grievances handled, a categorization of the cases underlying the grievances, and the final disposition of the grievances.
- (3) Each facility must respond to the grievance within a reasonable time after its submission.
- (4) The agency may investigate any grievance at any time.

**Interpretive Guideline**

Use interviews to obtain information on the facility's grievance process. Conduct individual resident, and family interviews, to assess if residents are aware, how to file a grievance, and if their grievance was responded to and resolved timely. If their grievance was not resolved, did they know what options were available to them (i.e., contact the toll free hotline for the ombudsman and/or AHCA). If the resident needed assistance to prepare a written grievance, was this assistance provided? Also interview direct care staff to determine if they know what to do if a resident wanted to file a grievance, verbally or in writing.

If an issue concerning the grievance process is identified from resident and/or family interviews, then review the facility's grievance policy & procedure. Determine if the facility's policy and procedure for grievances was made available to residents and family members. Interview the employee(s) responsible for implementing the grievance procedure, and review a sample of grievances, in particular, any that are similar to the identified concern.

Determine if the facility made a reasonable attempt to resolve the grievance(s).

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 19 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0046 - Medical Director Qualifications**

**Title** Medical Director Qualifications

**Statute or Rule** 59A-4.1075(2)(a-c) FAC

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

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

(b) A Medical Director who does not have hospital privileges must be certified or credentialed through a recognized certifying or credentialing body, such as The Joint Commission, 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 or her principal office within 60 miles of all facilities for which he/ or she serves as Medical Director. The principal office is the office maintained by a physician as required by Section 458.348 or 459.025(3)(c)(1), F.S., and where the physician delivers the majority of medical services. The physician must specify the address of his/ or her principal office at the time of becoming Medical Director. The agency may approve a request to waive this requirement for rural facilities that exceed this distance requirement as outlined in Section 120.542(2), F.S. 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

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 20 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

same county.

**ST - N0048 - Medical Director Responsibilities Requirement**

**Title** Medical Director Responsibilities Requirement

**Statute or Rule** 59A-4.1075(2)(d)-(5) FAC

**Type** Rule

**Regulation Definition**

- (2)(d) The nursing home licensee must appoint a Medical Director who must visit the facility at least once a month. The Medical Director must review all new policies and procedures; review all new incident and new accident reports from the facility to identify clinical risk and safety hazards. The Medical Director must review the most recent grievance logs for any complaints or concerns related to clinical issues. Each visit must be documented in writing by the Medical Director.
- (3) A physician may be Medical Director of a maximum of 10 nursing homes at any one time. The Medical Director, in an emergency where the health of a resident is in jeopardy and the attending physician or covering physician cannot be located, may assume temporary responsibility of the care of the resident and provide the care deemed necessary.
- (4) The Medical Director must meet at least quarterly with the risk management and quality assurance committee of the facility.
- (5) The Medical Director must participate in the development of the comprehensive care plan for the resident when he or she is also the attending physician of the resident.

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 21 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0050 - Medical Director Required**

**Title** Medical Director Required

**Statute or Rule** 400.141(1)(b), FS; 59A-4.1075(1) FAC

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

400.141(1) FS

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(b) Appoint a medical director licensed pursuant to chapter 458 or chapter 459. The agency may establish by rule more specific criteria for the appointment of a medical director.

59A-4.1075(1) FAC

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

**ST - N0051 - Physician - Resident Selects**

**Title** Physician - Resident Selects

**Statute or Rule** 59A-4.107(2), FAC

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Each resident or legal representative, must be allowed to select his or her own private physician.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 22 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0052 - Physician Orders**

**Title** Physician Orders

**Statute or Rule** 59A-4.107(3), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - N0053 - Physician Fax Orders**

**Title** Physician Fax Orders

**Statute or Rule** 59A-4.107(4), FAC

**Type** Rule

**Regulation Definition**

Physician orders may be transmitted by facsimile machine..., email or electronic medical record as required Section 501.171, F.S. and 45 Code of Federal Regulation, Section 164, effective October 1, 2014, which is incorporated by reference and is available at <http://www.gpo.gov/fdsys/pkg/CFR-2014-title45-vol1/xml/CFR-2014-title45-vol1-part164.xml>. It is not necessary for a physician to re-sign a facsimile order when he or she visits a facility.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 23 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0054 - Follow Physician Orders**

**Title** Follow Physician Orders

**Statute or Rule** 59A-4.107(5), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - N0055 - Physician Visit Timeframes**

**Title** Physician Visit Timeframes

**Statute or Rule** 59A-4.107(6), FAC

**Type** Rule

**Regulation Definition**

Each resident must 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.

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 24 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0056 - Physician Designee**

**Title** Physician Designee

**Statute or Rule** 59A-4.107(7), FAC

**Type** Rule

**Regulation Definition**

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.

**Interpretive Guideline**

**ST - N0057 - Emergency Physician Services**

**Title** Emergency Physician Services

**Statute or Rule** 400.141(1)(c), FS; 59A-4.107(8) FAC

**Type** Rule

**Regulation Definition**

400.141(1), FS

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(c) Have available the regular, consultative, and emergency services of physicians licensed by the state.

59A-4.107(8), FAC

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

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 25 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0060 - Director of Nursing**

**Title** Director of Nursing

**Statute or Rule** 59A-4.108(1), FAC

**Type** Rule

**Regulation Definition**

The Administrator of each nursing home must designate one registered nurse as a Director of Nursing (DON) who shall be responsible and accountable for the supervision and administration of the total nursing services program. When a director of nursing is delegated institutional responsibilities, a full time qualified registered nurse (RN), as defined in Chapter 464, F.S., must 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.

**Interpretive Guideline**

**ST - N0061 - Director of Nursing Limitations**

**Title** Director of Nursing Limitations

**Statute or Rule** 59A-4.108(2), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 26 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0062 - Nurse Required Each Shift**

**Title** Nurse Required Each Shift

**Statute or Rule** 59A-4.108(3), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - N0063 - Minimum Nursing Staff**

**Title** Minimum Nursing Staff

**Statute or Rule** 400.23(3)(a)1 FS; 59A-4.108(4) FAC

**Type** Rule

**Regulation Definition**

59A-4.108(4)  
In accordance with the requirements outlined in subsection 400.23(3)(a), F.S., the nursing home licensee must 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.

400.23(3)(a)1. The agency shall adopt rules providing minimum staffing requirements for nursing home facilities. These requirements must include, for each facility:  
a. A minimum weekly average of certified nursing assistant and licensed nursing staffing combined of 3.6 hours of direct care per resident per day. As used in this sub-subparagraph, a

**Interpretive Guideline**

Use N0066 for the posting requirement noted in 400.23(3)(a)3.

Provide the Nursing Home Administrator the AHCA form "Calculating Staffing for Long Term Care Facilities" during the Entrance Conference to complete. Review the completed form to determine if the facility meets with this requirement. If the facility has failed to comply with the state minimum staffing requirements for 2 consecutive days, determine if the facility did not accept any new admissions for those days (review admission log, or similar information). Interview the Director of Nursing about the failure to meet minimum staffing requirements. Investigate if this impacted on resident care and services. If deficient practice exists with this, notify the Field Office.

Select the two-week period preceding the survey. If conducting a complaint survey involving staff issues, select the two-week time period that was identified in the complaint. Multiply the census on each day by the number of hours required for CNAs and nurses. Compare the require hours with the actual time worked. Request time cards, payroll records, or computer printouts of actual time worked for the same two-week period.

If the facility that licensed nurses are used as certified nursing assistants, then:

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 27 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

week is defined as Sunday through Saturday.

b. A minimum certified nursing assistant staffing of 2.5 hours of direct care per resident per day. A facility may not staff below one certified nursing assistant per 20 residents.

c. A minimum licensed nursing staffing of 1.0 hour of direct care per resident per day. A facility may not staff below one licensed nurse per 40 residents.

2. Nursing assistants employed under s. 400.211(2) may be included in computing the staffing ratio for certified nursing assistants if their job responsibilities include only nursing-assistant-related duties.

3. Each nursing home facility must document compliance with staffing standards as required under this paragraph and post daily the names of staff on duty for the benefit of facility residents and the public.

4. The agency shall recognize the use of licensed nurses for compliance with minimum staffing requirements for certified nursing assistants if the nursing home facility otherwise meets the minimum staffing requirements for licensed nurses and the licensed nurses are performing the duties of a certified nursing assistant. Unless otherwise approved by the agency, licensed nurses counted toward the minimum staffing requirements for certified nursing assistants must exclusively perform the duties of a certified nursing assistant for the entire shift and not also be counted toward the minimum staffing requirements for licensed nurses. If the agency approved a facility's request to use a licensed nurse to perform both licensed nursing and certified nursing assistant duties, the facility must allocate the amount of staff time specifically spent on certified nursing assistant duties for the purpose of documenting compliance with minimum staffing requirements for certified and licensed nursing staff. The hours of a licensed nurse with dual job responsibilities may not be counted twice.

Ask the administrator or director of nursing for a position description for the staff nurses showing that staff person is performing the functions of a CNA.

Ask the staff nurse in the position what duties he/she performs during a shift. Verify those duties include function as a CNA normally performs.

Ask resident and other staff about the duties performed by the staff nurse designate as a CNA.

Observe staff person functioning as a CNA performing duties normally attributed to certified nursing assistants.

If a licensed nurse is used as a CNA on a particular day that the facility does not meet minimum required CNA hours, a resident assignment for the licensed nurse must be made available for review showing the licensed nurse must be made available for review showing the licensed nurse's duties were strictly (no licensed nursing duties on that shift) CNA duties, in order to be counted toward CNA minimum staffing hours for that day, unless otherwise approved by the Agency.

If the nurse is performing both licensed nursing and certified nursing assistant duties, verify they received approval from the Agency and how the hours are allocated. Ensure the hours are not counted twice.

Non-nursing staff who feed cannot be counted towards the minimum staffing standards.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 28 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0064 - Nursing Staff at All Times**

**Title** Nursing Staff at All Times

**Statute or Rule** 59A-4.108(5), FAC

**Type** Rule

**Regulation Definition**

In multi-story, multi-wing, or multi-station nursing home facilities, there must 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.

**Interpretive Guideline**

**ST - N0065 - 16 Hour Limit for Staff**

**Title** 16 Hour Limit for Staff

**Statute or Rule** 59A-4.108(6), FAC

**Type** Rule

**Regulation Definition**

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 must be for a limited, specified period of time.

**Interpretive Guideline**

**ST - N0066 - Posting Staff**

**Title** Posting Staff

**Statute or Rule** 400.23(3)(a)3, FS

**Type** Rule

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 29 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

Each nursing home facility must document compliance with staffing standards as required under this paragraph and post daily the names of staff on duty for the benefit of facility residents and the public.

**Interpretive Guideline**

During tour observe for the posting of the daily list of the names of the CNA and Licensed Nurse staff on duty. Verify that the facility posts the names of nursing staff on duty for each shift, in a 24 hour period. It should be posted in an area where it is of benefit to residents and the public.

**ST - N0067 - Dining & Hospitality Attendant**

**Title** Dining & Hospitality Attendant

**Statute or Rule** 400.141(1)(p), FS; 400.23(3)(b), FS

**Type** Rule

**Regulation Definition**

400.141(1)(p)

If the facility implements a dining and hospitality attendant program, ensure that the program is developed and implemented under the supervision of the facility director of nursing. A licensed nurse, licensed speech or occupational therapist, or a registered dietitian must conduct training of dining and hospitality attendants. A person employed by a facility as a dining and hospitality attendant must perform tasks under the direct supervision of a licensed nurse.

400.23(3)(b)

Nonnursing staff providing eating assistance to residents shall not count toward compliance with minimum staffing standards.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 30 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0068 - LPN Supervision**

**Title** LPN Supervision

**Statute or Rule** 400.23(3)(c), FS

**Type** Rule

**Regulation Definition**

Licensed practical nurses licensed under chapter 464 who are providing nursing services in nursing home facilities under this part may supervise the activities of other licensed practical nurses, certified nursing assistants, and other unlicensed personnel providing services in such facilities in accordance with rules adopted by the Board of Nursing.

**Interpretive Guideline**

Review staffing assignments to verify licensed practical nurses are supervising within rules adopted by the Board of Nursing, i.e. license practical nurses cannot supervise registered nurses.

**ST - N0069 - Moratorium for Staff Shortages**

**Title** Moratorium for Staff Shortages

**Statute or Rule** 400.141(1)(n) FS

**Type** Rule

**Regulation Definition**

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(n) Comply with state minimum-staffing requirements:

1. A facility that has failed to comply with state minimum-staffing requirements for 2 consecutive days is prohibited from accepting new admissions until the facility has achieved the minimum-staffing requirements for 6 consecutive days. For the purposes of this subparagraph, any person who was a resident of the facility and was absent from the facility for the purpose of receiving medical care at a separate location or was on a leave of absence is not considered a new

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 31 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

admission. Failure by the facility to impose such an admissions moratorium is subject to a \$1,000 fine.

2. A facility that does not have a conditional license may be cited for failure to comply with the standards in s. 400.23(3) (a)1.b. and c. only if it has failed to meet those standards on 2 consecutive days or if it has failed to meet at least 97 percent of those standards on any one day.

3. A facility that has a conditional license must be in compliance with the standards in s. 400.23 (3)(a) at all times.

**ST - N0071 - Components of Care Plan**

**Title** Components of Care Plan

**Statute or Rule** 59A-4.109(1), FAC

**Type** Rule

**Regulation Definition**

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

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

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

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

1. Reviewed no less than once every 3 months;

2. Reviewed promptly after a significant change, which is a need to stop a form of treatment because of adverse consequences (e.g., an adverse drug reaction), or commence a new form of treatment to deal with a problem, in the resident ' s physical or mental condition; and,

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

**Interpretive Guideline**

Determine if the facility developed the care plan interventions/approaches/treatments with specific type and frequency of services to meet the residents' needs. Treatment as ordered and medications as ordered, is not an acceptable approach.

Does the care plan address all the resident needs as identified in the comprehensive assessment and physician orders?

Are objectives measurable and realistic?

Are timetables identified to meet the needs of the resident?

Are care plans consistently evaluated and revised based on response, outcomes and the needs of the resident? If the interventions/approaches/treatments are not working, or if there is a decline in the resident's condition, when and how does the facility make changes to the interventions/approaches/treatments, and the plan of care?

If the resident refuses care/services did the facility council the resident about alternatives and consequences, if appropriate?

Did the facility provide adequate information so the resident was able to make an informed decision regarding treatment?

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 32 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0072 - Comprehensive Care Plans**

**Title** Comprehensive Care Plans

**Statute or Rule** 59A-4.109(2), FAC; 400.021(18), FS

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

59A-4.109(2) FAC

The nursing home licensee 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.

400.021(18) FS

"Resident care plan" means a written plan developed, maintained, and reviewed not less than quarterly by a registered nurse, with participation from other facility staff and the resident or his or her designee or legal representative, which includes a comprehensive assessment of the needs of an individual resident, the type and frequency of services required to provide the necessary care for the resident to attain or maintain the highest practicable physical, mental, and psychosocial well-being, a listing of services provided within or outside the facility to meet those needs, and an explanation of service goals.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 33 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0073 - Care Plan - Resident Involvement**

**Title** Care Plan - Resident Involvement

**Statute or Rule** 59A-4.109(3), FAC; 400.021(18), FS

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

59A-104.109(3)

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

Also see N0199 - Right to be informed of medical condition.

400.021(18)

"Resident care plan" means a written plan developed, maintained, and reviewed not less than quarterly by a registered nurse, with participation from other facility staff and the resident or his or her designee or legal representative, which includes a comprehensive assessment of the needs of an individual resident; the type and frequency of services required to provide the necessary care for the resident to attain or maintain the highest practicable physical, mental, and psychosocial well-being; a listing of services provided within or outside the facility to meet those needs; and an explanation of service goals.

**ST - N0074 - Staff Knowledge/ Access to Care Plan**

**Title** Staff Knowledge/ Access to Care Plan

**Statute or Rule** 59A-4.109(4), FAC

**Type** Rule

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 34 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

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

**Interpretive Guideline**

**ST - N0075 - Care Plan / Adv Dir Sent with Resident**

**Title** Care Plan / Adv Dir Sent with Resident

**Statute or Rule** 59A-4.109(5), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - N0080 - Dietary Serv - Full Time Supervisor**

**Title** Dietary Serv - Full Time Supervisor

**Statute or Rule** 59A-4.110(1), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 35 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0081 - Dietary Serv - Qualified Dietitian**

**Title** Dietary Serv - Qualified Dietitian

**Statute or Rule** 59A-4.110(2), FAC

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

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

- (a) Is a registered dietitian or nutritionist as defined by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics; or
- (b) Has a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, as defined by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics, has one year of supervisory experience in the dietetic service of a health care facility, and participates annually in continuing dietetic education.

**ST - N0082 - Dietary Serv - Supervisor Qualifications**

**Title** Dietary Serv - Supervisor Qualifications

**Statute or Rule** 59A-4.110(3), FAC

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

A Director of Food Services shall be a person who:

- (a) Is a qualified dietitian as defined in paragraphs 59A-4.110(2)(a), (b), F.A.C.; or
- (b) Has successfully completed a college or university degree program which meets the education standard established by the Academy of Nutrition and Dietetics for a Dietetic

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 36 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

Technician, Registered; or

(c) Has successfully completed a Dietetic Assistant correspondence or class room training program, approved by the Academy of Nutrition and Dietetics; 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 paragraphs (3)(b), (c) or (d) of this rule; or

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

**ST - N0083 - Food Supply - One Week**

**Title** Food Supply - One Week

**Statute or Rule** 59A-4.110(4), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 37 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0090 - Pharmacy Policies and Procedures**

**Title** Pharmacy Policies and Procedures

**Statute or Rule** 59A-4.112(1), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - N0091 - Consultant Pharmacist**

**Title** Consultant Pharmacist

**Statute or Rule** 59A-4.112(2), FAC

**Type** Rule

**Regulation Definition**

As required by the Department of Health, 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 Health, Board of Pharmacy and registered as a consultant pharmacist by the Board of Pharmacy in accordance with Rule 64B16-26.300 and 64B16-28.501, F.A.C., and who provides consultation on all aspects of the provision of pharmacy services in the facility.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 38 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0092 - Controlled Drugs - Records**

**Title** Controlled Drugs - Records

**Statute or Rule** 59A-4.112(3), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - N0093 - Controlled Drug - Accounting**

**Title** Controlled Drug - Accounting

**Statute or Rule** 59A-4.112(4), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - N0094 - Drug Labeling**

**Title** Drug Labeling

**Statute or Rule** 59A-4.112(5), FAC

**Type** Rule

**Regulation Definition**

Drugs and biologicals used in the facility shall be labeled in accordance with currently accepted professional principles,

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 39 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

Chapter 499, F.S. and Rules 64B16-28.108 and 64B16-28.502, F.A.C., as required by the Department of Health.

**ST - N0095 - Drug Storage**

**Title** Drug Storage

**Statute or Rule** 59A-4.112(6), FAC

**Type** Rule

**Regulation Definition**

Prescription drugs and non-prescription medications requiring refrigeration must be stored in a refrigerator. The refrigerator must be locked or located within a locked medication room and accessible only to licensed staff.

**Interpretive Guideline**

**ST - N0096 - Drug Disposal**

**Title** Drug Disposal

**Statute or Rule** 59A-4.112(7), FAC

**Type** Rule

**Regulation Definition**

All controlled substances must be disposed of Prescription drugs and non-prescription medications requiring refrigeration must be stored in a refrigerator. The refrigerator must be locked or located within a locked medication room and accessible only to licensed staff.as required by the Department of Health, Rule 64B16-28.303, F.A.C. 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 and a copy of the disposition must be filed in the resident ' s record or maintained electronically in a

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 40 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

readily accessible format.

**ST - N0097 - Returning Drugs**

**Title** Returning Drugs

**Statute or Rule** 59A-4.112(8), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - N0098 - Resident Discharged with Drugs**

**Title** Resident Discharged with Drugs

**Statute or Rule** 59A-4.112(9), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - N0099 - Emergency Medication Kit**

**Title** Emergency Medication Kit

**Statute or Rule** 59A-4.112(10), FAC; 400.142(2), FS

**Type** Rule

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 41 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

59A-4.112(10) FAC

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

400.142(2) FS

The agency shall adopt such rules as it may deem appropriate to the effective implementation of this act, including, but not limited to, rules which:

- (a) Define the term "emergency medication kit."
- (b) Describe the medicinal drugs eligible to be placed in emergency medication kits.
- (c) Establish requirements for the storing of medicinal drugs in emergency medication kits and the maintenance of records with respect thereto.
- (d) Establish requirements for the administration of medicinal drugs to residents under emergency conditions from emergency medication kits.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 42 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0100 - Medical Records Staff**

**Title** Medical Records Staff

**Statute or Rule** 59A-4.118(1), FAC

**Type** Rule

**Regulation Definition**

The licensee must designate a full-time employee as being responsible and accountable for the facility ' s medical records.

**Interpretive Guideline**

**ST - N0101 - Resident Medical Records**

**Title** Resident Medical Records

**Statute or Rule** 400.141(1)(j), FS; 59A-4.118(2), FAC

**Type** Rule

**Regulation Definition**

400.141(1)(j) FS  
Keep full records of resident admissions and discharges; medical and general health status, including medical records, personal and social history, and identity and address of next of kin or other persons who may have responsibility for the affairs of the resident; and individual resident care plans, including, but not limited to, prescribed services, service frequency and duration, and service goals. The records must be open to agency inspection. The licensee shall maintain clinical records on each resident in accordance with accepted professional standards and practices, which must be complete, accurately documented, readily accessible, and systematically organized.

59A-4.118(2) FAC

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 43 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

Each medical record must contain sufficient information to clearly identify the resident, his or her diagnosis and treatment, and results

**ST - N0103 - Retention of Medical Records**

**Title** Retention of Medical Records

**Statute or Rule** 59A-4.118(3), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - N0110 - Physical Environment - Safe, Clean, Homelike**

**Title** Physical Environment - Safe, Clean, Homelike

**Statute or Rule** 400.141(1)(h) FS; 59A-4.122(1) FAC

**Type** Rule

**Regulation Definition**

400.141(1)(h) FS

Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.

59A-4.122(1) FAC

The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 44 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0111 - Physical Environment - Specifics**

**Title** Physical Environment - Specifics

**Statute or Rule** 59A-4.122(2), FAC

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

The licensee must 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) Furniture, such as a bed-side cabinet, drawer space;
- (d) Adequate and comfortable lighting levels in all areas;
- (e) Comfortable and safe room temperature levels; in accordance with 42 CFR, Section 483.15(h)(6), which is effective October 1, 2014 and, is incorporated by reference and available at

<http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-15.xml>; and,

- (f) 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.

**ST - N0130 - Disaster Preparedness Plan**

**Title** Disaster Preparedness Plan

**Statute or Rule** 59A-4.126(1), FAC

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Each nursing home licensee must have a written plan with procedures to be followed in the event of an internal or externally caused disaster. The initiation, development, and

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 45 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

maintenance of this plan is the responsibility of the facility administrator, and must be accomplished in consultation with the Division of Emergency Management County Emergency Management Agency.

**ST - N0131 - Disaster Plan Components**

**Title** Disaster Plan Components

**Statute or Rule** 59A-4.126(2), FAC; 400.23(2)(g), FS

**Type** Rule

**Regulation Definition**

59A-4.126(2) FAC

The plan must include, the following:

- (a) Criteria, as shown, in Section 400.23(2)(g), F.S.; and,
- (b) The Emergency Management Planning Criteria for Nursing Home Facilities, AHCA 3110-6006, March, 1994, which is incorporated herein by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-06022> and from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #24, Tallahassee, Florida 32308 or on the website at <http://ahca.myflorida.com/MCHQ/Plans/index.shtml#forms>.

400.23(2) FS

Pursuant to the intention of the Legislature, the agency, in consultation with the Department of Health and the Department of Elderly Affairs, shall adopt and enforce rules to implement this part and part II of chapter 408, which shall include reasonable and fair criteria in relation to:

- (g) The preparation and annual update of a comprehensive emergency management plan. The agency shall adopt rules establishing minimum criteria for the plan after consultation with the Division of Emergency Management. At a minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate sheltering

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 46 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

arrangements; postdisaster activities, including emergency power, food, and water; postdisaster transportation; supplies; staffing; emergency equipment; individual identification of residents and transfer of records; and responding to family inquiries. The comprehensive emergency management plan is subject to review and approval by the local emergency management agency. During its review, the local emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review the plan: the Department of Elderly Affairs, the Department of Health, the Agency for Health Care Administration, and the Division of Emergency Management. Also, appropriate volunteer organizations must be given the opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions.

**ST - N0150 - Staff Education Plan**

**Title** Staff Education Plan

**Statute or Rule** 59A-4.106(5)(a), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 47 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0151 - Staff Education Plan - Preservice/ Inservice**

**Title** Staff Education Plan - Preservice/ Inservice

**Statute or Rule** 59A-4.106(5)(b), FAC

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

The staff education plan must include both pre-service and in-service programs.

**ST - N0152 - Staff Education - Annual Requirements**

**Title** Staff Education - Annual Requirements

**Statute or Rule** 59A-4.106(5)(c), FAC

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

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

1. Prevention and control of infection;
2. Fire prevention, life safety, and disaster preparedness;
3. Accident prevention and safety awareness program;
4. Resident ' s rights ' ;
5. Federal law, 42 CFR 483, Requirements for State and Long Term Care Facilities, October 1, 2014, which is incorporated by reference, and available at <http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-part483.xml>, Chapter 400, Part II, F.S., and subsection 59A-4.106(5), F.A.C.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 48 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0153 - Staff Education - HIV/AIDS**

**Title** Staff Education - HIV/AIDS

**Statute or Rule** 59A-4.106(5)(d), FAC

**Type** Rule

**Regulation Definition**

The staff education plan must ensure that all employees of the nursing home complete an initial educational course on HIV/AIDS as required by Section 381.0035, F.S. If the employee does not have a certificate of completion at the time they are hired, they must complete the course within six months of employment or before the employee provides care for an HIV/AIDS diagnosed resident.

**Interpretive Guideline**

**ST - N0156 - Bribes/ Kickbacks Prohibited**

**Title** Bribes/ Kickbacks Prohibited

**Statute or Rule** 400.17, FS

**Type** Rule

**Regulation Definition**

(1) As used in this section, the term:

- (a) "Bribe" means any consideration corruptly given, received, promised, solicited, or offered to any individual with intent or purpose to influence the performance of any act or omission.
- (b) "Kickback" means that part of the payment for items or services which is returned to the payor by the provider of such items or services with the intent or purpose to induce the payor to purchase the items or services from the provider.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

*Printed 11/03/2016*

Page 49 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

(2) Whoever furnishes items or services directly or indirectly to a nursing home resident and solicits, offers, or receives any:

- (a) Kickback or bribe in connection with the furnishing of such items or services or the making or receipt of such payment; or
- (b) Return of part of an amount given in payment for referring any such individual to another person for the furnishing of such items or services; is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or by fine not exceeding \$5,000, or both.

(3) No person shall, in connection with the solicitation of contributions to nursing homes, willfully misrepresent or mislead anyone, by any manner, means, practice, or device whatsoever, to believe that the receipts of such solicitation will be used for charitable purposes, if such is not the fact.

(4) Solicitation of contributions of any kind in a threatening, coercive, or unduly forceful manner by or on behalf of a nursing home by any agent, employee, owner, or representative of a nursing home shall be grounds for denial, suspension, or revocation of the license for any nursing home on behalf of which such contributions were solicited.

(5) The admission, maintenance, or treatment of a nursing home resident whose care is supported in whole or in part by state funds may not be made conditional upon the receipt of any manner of contribution or donation from any person. However, this may not be construed to prohibit the offer or receipt of contributions or donations to a nursing home which are not related to the care of a specific resident. Contributions solicited or received in violation of this subsection shall be grounds for denial, suspension, or revocation of a license for any nursing home on behalf of which such contributions were solicited.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 50 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0158 - Rebates Prohibited/ Penalties**

**Title** Rebates Prohibited/ Penalties

**Statute or Rule** 400.176, FS

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

(1) It is unlawful for any person to pay or receive any commission, bonus, kickback, or rebate or engage in any split-fee arrangement in any form whatsoever with any physician, surgeon, organization, agency, or person, either directly or indirectly, for residents referred to a nursing home licensed under this part.

(2) The agency shall adopt rules which assess administrative penalties for acts prohibited by subsection (1). In the case of an entity licensed by the agency, such penalties may include any disciplinary action available to the agency under the appropriate licensing laws. In the case of an entity not licensed by the agency, such penalties may include:

- (a) A fine not to exceed \$5,000; and
- (b) If applicable, a recommendation by the agency to the appropriate licensing board that disciplinary action be taken.

**ST - N0159 - Alzheimer's Disclosure**

**Title** Alzheimer's Disclosure

**Statute or Rule** 400.175, FS

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

A facility licensed under this part which claims that it provides special care for persons who have Alzheimer's disease or other related disorders must disclose in its advertisements or in a

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 51 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

separate document those services that distinguish the care as being especially applicable to, or suitable for, such persons. The facility must give a copy of all such advertisements or a copy of the document to each person who requests information about programs and services for persons with Alzheimer's disease or other related disorders offered by the facility and must maintain a copy of all such advertisements and documents in its records. The agency shall examine all such advertisements and documents in the facility's records as part of the license renewal procedure.

**ST - N0160 - Alzheimer's Information**

**Title** Alzheimer's Information

**Statute or Rule** 400.1755(1), FS

**Type** Rule

**Regulation Definition**

As a condition of licensure, facilities licensed under this part must provide to each of their employees, upon beginning employment, basic written information about interacting with persons with Alzheimer's disease or a related disorder.

**Interpretive Guideline**

Look at policies and procedures regarding training and related disorders and ensure compliance.

**ST - N0163 - Alzheimer's Training**

**Title** Alzheimer's Training

**Statute or Rule** 400.1755(2-6), FS

**Type** Rule

**Regulation Definition**

(2) All employees who are expected to, or whose responsibilities require them to, have direct contact with residents with Alzheimer's disease or a related disorder must, in addition to being provided the information required in

**Interpretive Guideline**

If quality of care deficient practices have been identified review, as appropriate, training received by staff in that corresponding subject area.

NOTE: For licensed health care professionals, the continuing education requirements required by the licensing board

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 52 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

subsection (1), also have an initial training of at least 1 hour completed in the first 3 months after beginning employment. This training must include, but is not limited to, an overview of dementias and must provide basic skills in communicating with persons with dementia.

(3) An individual who provides direct care shall be considered a direct caregiver and must complete the required initial training and an additional 3 hours of training within 9 months after beginning employment. This training shall include, but is not limited to, managing problem behaviors, promoting the resident's independence in activities of daily living, and skills in working with families and caregivers.

(a) The required 4 hours of training for certified nursing assistants are part of the total hours of training required annually.

(b) For a health care practitioner as defined in s. 456.001, continuing-education hours taken as required by that practitioner's licensing board shall be counted toward this total of 4 hours.

(4) For an employee who is a licensed health care practitioner as defined in s. 456.001, training that is sanctioned by that practitioner's licensing board shall be considered to be approved by the Department of Elderly Affairs.

(5) The Department of Elderly Affairs or its designee must approve the initial and continuing training provided in the facilities. The department must approve training offered in a variety of formats, including, but not limited to, Internet-based training, videos, teleconferencing, and classroom instruction. The department shall keep a list of current providers who are approved to provide initial and continuing training. The department shall adopt rules to establish standards for the

are accepted in lieu of the four (4) hours of Alzheimer's disease or related disorders training required in this section.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 53 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

trainers and the training required in this section.

(6) Upon completing any training listed in this section, the employee or direct caregiver shall be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different facility or to an assisted living facility, home health agency, adult day care center, or adult family-care home. The direct caregiver must comply with other applicable continuing education requirements.

**ST - N0165 - Closing a Nursing Home - Requirements**

**Title** Closing a Nursing Home - Requirements

**Statute or Rule** 400.18, FS

**Type** Rule

**Regulation Definition**

(1) In addition to the requirements of part II of chapter 408, the licensee also shall inform the resident or the next of kin, legal representative, or agency acting on behalf of the resident of the fact, and the proposed time, of such discontinuance of operation and give at least 90 days' notice so that suitable arrangements may be made for the transfer and care of the resident. In the event any resident has no such person to represent him or her, the licensee shall be responsible for securing a suitable transfer of the resident before the discontinuance of operation. The agency shall be responsible for arranging for the transfer of those residents requiring transfer who are receiving assistance under the Medicaid program.

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 54 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

- (2) A representative of the agency shall be placed in a facility 30 days before the voluntary discontinuance of operation, or immediately upon the determination by the agency that the licensee is discontinuing operation or that existing conditions or practices represent an immediate danger to the health, safety, or security of the residents in the facility, to:
- (a) Monitor the transfer of residents to other facilities.
  - (b) Ensure that the rights of residents are protected.
  - (c) Observe the operation of the facility.
  - (d) Assist the management of the facility by advising the management on compliance with state and federal laws and rules.
  - (e) Recommend further action by the agency.

- (3) The agency shall discontinue the monitoring of a facility pursuant to subsection (2) when:
- (a) All residents in the facility have been relocated; or
  - (b) The agency determines that the conditions which gave rise to the placement of a representative of the agency in the facility no longer exist and the agency is reasonably assured that those conditions will not recur.

**ST - N0181 - Right to Civil, Religious Liberties & Choice**

**Title** Right to Civil, Religious Liberties & Choice

**Statute or Rule** 400.022(1)(a), FS

**Type** Rule

**Regulation Definition**

- (1) All licensees of nursing home facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that statement. The statement shall assure each resident the following:

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 55 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

(a) The right to civil and religious liberties including knowledge of available choices and the right to independent personal decision which will not be infringed upon, and the right to encouragement and assistance from the staff of the facility in the fullest possible exercise of these rights.

**ST - N0182 - Right to Private, Uncensored Communication/Vi**

**Title** Right to Private, Uncensored Communication/Vi

**Statute or Rule** 400.022(1)(b), FS

**Type** Rule

**Regulation Definition**

(b) The right to private and uncensored communication, including, but not limited to, receiving and sending unopened correspondence, access to a telephone, visiting with any person of the resident's choice during visiting hours, and overnight visitation outside the facility with family and friends in accordance with facility policies, physician orders, and Title XVIII (Medicare) and Title XIX (Medicaid) of the Social Security Act regulations, without the resident's losing his or her bed. Facility visiting hours shall be flexible, taking into consideration special circumstances such as, but not limited to, out-of-town visitors and working relatives or friends. Unless otherwise indicated in the resident care plan, the licensee shall, with the consent of the resident and in accordance with policies approved by the agency, permit recognized volunteer groups, representatives of community-based legal, social, mental health, and leisure programs, and members of the clergy access to the facility during visiting hours for the purpose of visiting with and providing services to any resident.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 56 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0185 - Access to Residents - Govt Officials**

**Title** Access to Residents - Govt Officials

**Statute or Rule** 400.022(1)(c)1, & 2 FS

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

(c) Any entity or individual that provides health, social, legal, or other services to a resident has the right to have reasonable access to the resident. The resident has the right to deny or withdraw consent to access at any time by any entity or individual. Notwithstanding the visiting policy of the facility, the following individuals must be permitted immediate access to the resident:

1. Any representative of the federal or state government, including, but not limited to, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elderly Affairs; any law enforcement officer; any representative of the State Long-Term Care Ombudsman Program; and the resident ' s individual physician.
2. Subject to the resident ' s right to deny or withdraw consent, immediate family or other relatives of the resident. The facility must allow representatives of the State Long-Term Care Ombudsman Program to examine a resident ' s clinical records with the permission of the resident or the resident ' s legal representative and consistent with state law.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 57 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0188 - Right to File Grievances**

**Title** Right to File Grievances

**Statute or Rule** 400.022(1)(d), FS.

**Type** Rule

**Regulation Definition**

The right to present grievances on behalf of himself or herself or others to the staff or administrator of the facility, to governmental officials, or to any other persons; to recommend changes in policies and services to facility personnel; and to join with other residents or individuals within or outside the facility to work for improvements in resident care, free from restraint, interference, coercion, discrimination, or reprisal. This right includes access to ombudsmen and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. The right also includes the right to prompt efforts by the facility to resolve resident grievances, including grievances with respect to the behavior of other residents.

**Interpretive Guideline**

**ST - N0189 - Right to Organize Resident/ Family Groups**

**Title** Right to Organize Resident/ Family Groups

**Statute or Rule** 400.022(1)(e), FS

**Type** Rule

**Regulation Definition**

The right to organize and participate in resident groups in the facility and the right to have the resident's family meet in the facility with the families of other residents.

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 58 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0190 - Right to Activities - Social, Religious, Comm**

**Title** Right to Activities - Social, Religious, Comm

**Statute or Rule** 400.022(1)(f), FS

**Type** Rule

**Regulation Definition**

The right to participate in social, religious, and community activities that do not interfere with the rights of other residents.

**Interpretive Guideline**

**ST - N0191 - Right to View Inpection Results**

**Title** Right to View Inpection Results

**Statute or Rule** 400.022(1)(g), FS

**Type** Rule

**Regulation Definition**

The right to examine, upon reasonable request, the results of the most recent inspection of the facility conducted by a federal or state agency and any plan of correction in effect with respect to the facility.

**Interpretive Guideline**

**ST - N0192 - Right to Handle Finances**

**Title** Right to Handle Finances

**Statute or Rule** 400.022(1)(h), FS

**Type** Rule

**Regulation Definition**

The right to manage his or her own financial affairs or to

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 59 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

delegate such responsibility to the licensee, but only to the extent of the funds held in trust by the licensee for the resident. A quarterly accounting of any transactions made on behalf of the resident shall be furnished to the resident or the person responsible for the resident. The facility may not require a resident to deposit personal funds with the facility. However, upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility as follows:

**ST - N0193 - Resident Funds Accounting**

**Title** Resident Funds Accounting

**Statute or Rule** 400.022(1)(h)1, FS

**Type** Rule

**Regulation Definition**

The facility must establish and maintain a system that ensures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.

**Interpretive Guideline**

**ST - N0194 - Accounting Precludes Commingling of Funds**

**Title** Accounting Precludes Commingling of Funds

**Statute or Rule** 400.022(1)(h)2, FS

**Type** Rule

**Regulation Definition**

The accounting system established and maintained by the facility must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 60 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0195 - Right to Quarterly Accounting of Funds**

**Title** Right to Quarterly Accounting of Funds

**Statute or Rule** 400.022(1)(h)3, FS

**Type** Rule

**Regulation Definition**

A quarterly accounting of any transaction made on behalf of the resident shall be furnished to the resident or the person responsible for the resident.

**Interpretive Guideline**

**ST - N0196 - Deceased Resident Funds to Estate**

**Title** Deceased Resident Funds to Estate

**Statute or Rule** 400.022(1)(h)4, FS

**Type** Rule

**Regulation Definition**

Upon the death of a resident with personal funds deposited with the facility, the facility must convey within 30 days the resident's funds, including interest, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate, or, if a personal representative has not been appointed within 30 days, to the resident's spouse or adult next of kin named in the beneficiary designation form provided for in s. 400.162(6).

**Interpretive Guideline**

**ST - N0197 - Charge Against Resident Funds**

**Title** Charge Against Resident Funds

**Statute or Rule** 400.022(1)(h)5, FS

**Type** Rule

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 61 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

The facility may not impose a charge against the personal funds of a resident for any item or service for which payment is made under Title XVIII or Title XIX of the Social Security Act.

**Interpretive Guideline**

**ST - N0198 - Right to be Informed of Charges**

**Title** Right to be Informed of Charges

**Statute or Rule** 400.022(1)(i), FS

**Type** Rule

**Regulation Definition**

The right to be fully informed, in writing and orally, prior to or at the time of admission and during his or her stay, of services available in the facility and of related charges for such services, including any charges for services not covered under Title XVIII or Title XIX of the Social Security Act or not covered by the basic per diem rates and of bed reservation and refund policies of the facility.

**Interpretive Guideline**

**ST - N0199 - Right to be Informed of Medical Condition**

**Title** Right to be Informed of Medical Condition

**Statute or Rule** 400.022(1)(j), FS

**Type** Rule

**Regulation Definition**

The right to be adequately informed of his or her medical condition and proposed treatment, unless the resident is determined to be unable to provide informed consent under Florida law, or the right to be fully informed in advance of any nonemergency changes in care or treatment that may affect the

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 62 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

resident's well-being; and, except with respect to a resident adjudged incompetent, the right to participate in the planning of all medical treatment, including the right to refuse medication and treatment, unless otherwise indicated by the resident's physician; and to know the consequences of such actions.

**ST - N0200 - Right to Refuse Treatment**

**Title** Right to Refuse Treatment

**Statute or Rule** 400.022(1)(k), FS

**Type** Rule

**Regulation Definition**

The right to refuse medication or treatment and to be informed of the consequences of such decisions, unless determined unable to provide informed consent under state law. When the resident refuses medication or treatment, the nursing home facility must notify the resident or the resident ' s legal representative of the consequences of such decision and must document the resident ' s decision in his or her medical record. The nursing home facility must continue to provide other services the resident agrees to in accordance with the resident ' s care plan.

**Interpretive Guideline**

**ST - N0201 - Right to Adequate and Appropriate Health Care**

**Title** Right to Adequate and Appropriate Health Care

**Statute or Rule** 400.022(1)(l), FS

**Type** Rule

**Regulation Definition**

The right to receive adequate and appropriate health care and protective and support services, including social services;

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 63 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.

**ST - N0202 - Right to Privacy**

**Title** Right to Privacy

**Statute or Rule** 400.022(1)(m), FS

**Type** Rule

**Regulation Definition**

The right to have privacy in treatment and in caring for personal needs; to close room doors and to have facility personnel knock before entering the room, except in the case of an emergency or unless medically contraindicated; and to security in storing and using personal possessions. Privacy of the resident's body shall be maintained during, but not limited to, toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. Resident's personal and medical records shall be confidential and exempt from the provisions of s.119.07(1).

**Interpretive Guideline**

**ST - N0203 - Right to be Treated with Dignity**

**Title** Right to be Treated with Dignity

**Statute or Rule** 400.022(1)(n), FS

**Type** Rule

**Regulation Definition**

The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement and an oral explanation of the services provided by the licensee,

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 64 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

including those required to be offered on an as-needed basis.

**ST - N0204 - Right to be Free from Abuse, Restraints, etc**

**Title** Right to be Free from Abuse, Restraints, etc

**Statute or Rule** 400.022(1)(o), FS

**Type** Rule

**Regulation Definition**

The right to be free from mental and physical abuse, corporal punishment, extended involuntary seclusion, and from physical and chemical restraints, except those restraints authorized in writing by a physician for a specified and limited period of time or as are necessitated by an emergency. In case of an emergency, restraint may be applied only by a qualified licensed nurse who shall set forth in writing the circumstances requiring the use of restraint, and, in the case of use of a chemical restraint, a physician shall be consulted immediately thereafter. Restraints may not be used in lieu of staff supervision or merely for staff convenience, for punishment, or for reasons other than resident protection or safety.

**Interpretive Guideline**

**ST - N0205 - Rights to Choose Physician/ Pharmacy**

**Title** Rights to Choose Physician/ Pharmacy

**Statute or Rule** 400.022(1)(q), FS

**Type** Rule

**Regulation Definition**

The right to freedom of choice in selecting a personal physician; to obtain pharmaceutical supplies and services from a pharmacy of the resident's choice, at the resident's own expense or through Title XIX of the Social Security Act; and to obtain information about, and to participate in,

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 65 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

community-based activities programs, unless medically contraindicated as documented by a physician in the resident's medical record. If a resident chooses to use a community pharmacy and the facility in which the resident resides uses a unit-dose system, the pharmacy selected by the resident shall be one that provides a compatible unit-dose system, provides service delivery, and stocks the drugs normally used by long-term care residents. If a resident chooses to use a community pharmacy and the facility in which the resident resides does not use a unit-dose system, the pharmacy selected by the resident shall be one that provides service delivery and stocks the drugs normally used by long-term care residents.

**ST - N0206 - Right to Use Personal Belongings and Possess**

**Title** Right to Use Personal Belongings and Possess

**Statute or Rule** 400.022(1)(r), FS

**Type** Rule

**Regulation Definition**

The right to retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other residents or unless medically contraindicated as documented in the resident's medical record by a physician. If clothing is provided to the resident by the licensee, it shall be of reasonable fit.

**Interpretive Guideline**

**ST - N0207 - Right to Copies of Rules and Regulations**

**Title** Right to Copies of Rules and Regulations

**Statute or Rule** 400.022(1)(s), FS

**Type** Rule

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 66 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

The right to have copies of the rules and regulations of the facility and an explanation of the responsibility of the resident to obey all reasonable rules and regulations of the facility and to respect the personal rights and private property of the other residents.

**Interpretive Guideline**

**ST - N0208 - Right to Notice of Room Change**

**Title** Right to Notice of Room Change

**Statute or Rule** 400.022(1)(t), FS

**Type** Rule

**Regulation Definition**

The right to receive notice before the room of the resident in the facility is changed.

**Interpretive Guideline**

**ST - N0209 - Right to Bed Hold Policy**

**Title** Right to Bed Hold Policy

**Statute or Rule** 400.022(1)(u), FS

**Type** Rule

**Regulation Definition**

The right to be informed of the bed reservation policy for a hospitalization. The nursing home shall inform a private-pay resident and his or her responsible party that his or her bed will be reserved for any single hospitalization for a period up to 30 days provided the nursing home receives reimbursement. Any resident who is a recipient of assistance under Title XIX of the Social Security Act, or the resident's designee or legal representative, shall be informed by the licensee that his or her bed will be reserved for any single hospitalization for the

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 67 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

length of time for which Title XIX reimbursement is available, up to 15 days; but that the bed will not be reserved if it is medically determined by the agency that the resident will not need it or will not be able to return to the nursing home, or if the agency determines that the nursing home's occupancy rate ensures the availability of a bed for the resident. Notice shall be provided within 24 hours of the hospitalization.

**ST - N0210 - Right to Challenge Discharge/ Transfer Dec**

**Title** Right to Challenge Discharge/ Transfer Dec

**Statute or Rule** 400.022(1)(v), FS

**Type** Rule

**Regulation Definition**

For residents of Medicaid or Medicare certified facilities, the right to challenge a decision by the facility to discharge or transfer the resident, as required under 42 C.F.R. s. 483.12.

**Interpretive Guideline**

**ST - N0211 - Resident Rights Notice**

**Title** Resident Rights Notice

**Statute or Rule** 400.022(2), FS

**Type** Rule

**Regulation Definition**

The licensee for each nursing home shall orally inform the resident of the resident ' s rights and provide a copy of the statement required by subsection (1) to each resident or the resident ' s legal representative at or before the resident ' s admission to a facility. The licensee shall provide a copy of the resident ' s rights to each staff member of the facility. Each such licensee shall prepare a written plan and provide appropriate staff training to implement the provisions of this

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 68 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

section. The written statement of rights must include a statement that a resident may file a complaint with the agency or state or local ombudsman council. The statement must be in boldfaced type and include the telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the numbers of the local ombudsman council and the Elder Abuse Hotline operated by the Department of Children and Families.

**ST - N0212 - Violation of Rights - Grounds for Action**

**Title** Violation of Rights - Grounds for Action

**Statute or Rule** 400.022(3), FS

**Type** Rule

**Regulation Definition**

Any violation of the resident ' s rights set forth in this section constitutes grounds for action by the agency under s. 400.102, s. 400.121, or part II of chapter 408. In order to determine whether the licensee is adequately protecting residents ' rights, the licensure inspection of the facility must include private informal conversations with a sample of residents to discuss residents ' experiences within the facility with respect to rights specified in this section and general compliance with standards, and consultation with the State Long-Term Care Ombudsman Program.

**Interpretive Guideline**

**ST - N0213 - Right for Discharge/Transfer**

**Title** Right for Discharge/Transfer

**Statute or Rule** 400.022(1)(p), FS

**Type** Rule

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 69 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

The right to be transferred or discharged only for medical reasons or for the welfare of other residents, and the right to be given reasonable advance notice of no less than 30 days of any involuntary transfer or discharge, except in the case of an emergency as determined by a licensed professional on the staff of the nursing home, or in the case of conflicting rules and regulations which govern Title XVIII or Title XIX of the Social Security Act. For nonpayment of a bill for care received, the resident shall be given 30 days' advance notice. A licensee certified to provide services under Title XIX of the Social Security Act may not transfer or discharge a resident solely because the source of payment for care changes. Admission to a nursing home facility operated by a licensee certified to provide services under Title XIX of the Social Security Act may not be conditioned upon a waiver of such right, and any document or provision in a document which purports to waive or preclude such right is void and unenforceable. Any licensee certified to provide services under Title XIX of the Social Security Act that obtains or attempts to obtain such a waiver from a resident or potential resident shall be construed to have violated the resident's rights as established herein and is subject to disciplinary action as provided in subsection (3). The resident and the family or representative of the resident shall be consulted in choosing another facility.

**Interpretive Guideline**

**ST - N0214 - Falsifying Records**

**Title** Falsifying Records

**Statute or Rule** 400.1415(1), FS

**Type** Rule

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 70 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

Any person who fraudulently alters, defaces, or falsifies any medical record or releases medical records for the purposes of solicitation or marketing the sale of goods or services absent a specific written release or authorization permitting utilization of patient information, or other nursing home record, or causes or procures any of these offenses to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

**Interpretive Guideline**

**ST - N0215 - Penalty for Falsifying of Records**

**Title** Penalty for Falsifying of Records

**Statute or Rule** 400.1415(2), FS; 400.102(4), FS

**Type** Rule

**Regulation Definition**

400.1415(2) FS

A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges.

400.102 FS

In addition to the grounds listed in part II of chapter 408, any of the following conditions shall be grounds for action by the agency against a licensee:

(4) Fraudulent altering, defacing, or falsifying any medical or nursing home records, or causing or procuring any of these offenses to be committed.

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 71 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0216 - Health and Safety of Resident**

**Title** Health and Safety of Resident

**Statute or Rule** 400.102(1), FS

**Type** Rule

**Regulation Definition**

In addition to the grounds listed in part II of chapter 408, any of the following conditions shall be grounds for action by the agency against a licensee:

(1) An intentional or negligent act materially affecting the health or safety of residents of the facility.

**Interpretive Guideline**

Use this deficiency where a resident's safety has been materially affected and in conjunction with other cited non-compliance.

**ST - N0217 - Orders Not to Resuscitate**

**Title** Orders Not to Resuscitate

**Statute or Rule** 400.142(3) FS

**Type** Rule

**Regulation Definition**

Facility staff may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45. Facility staff and facilities are not subject to criminal prosecution or civil liability, or considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such order. The absence of an order not to resuscitate executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation as otherwise permitted by law.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 72 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0270 - Pediatric Residents - Standards**

**Title** Pediatric Residents - Standards

**Statute or Rule** 59A-4.1295, FAC

**Type** Rule

**Regulation Definition**

(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

**Interpretive Guideline**

Refer to Chapter 400.23(5) for additional information regarding staffing.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 73 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

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.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 74 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

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

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 75 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

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

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 76 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

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

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 77 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

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

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 78 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

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

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 79 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

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

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 80 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

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.

**ST - N0280 - Geriatric Outpatient Clinic Standards**

**Title** Geriatric Outpatient Clinic Standards

**Statute or Rule** 59A-4.150, FAC

**Type** Rule

**Regulation Definition**

(1) Definitions:

- (a) Appropriate Resources - those service providers who provide most effectively and efficiently the specific services needed by the geriatric patient.
- (b) Geriatric Outpatient Clinic - a site in a nursing home treatment room for the provision of health care to geriatric patients on an outpatient basis which is staffed by a registered nurse or by a physician 's assistant or a licensed practical nurse under the direct supervision of a registered nurse, advanced registered nurse practitioner, physical assistant or a physician.
- (c) Geriatric Patient - any patient who is 60 years of age or older.
- (d) Pre-established Protocols - a statement prepared by or with the responsible or attending physician and/or physician assistant and advanced registered nurse practitioner defining

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 81 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

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.

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

(f) Routine Health Care - preventive care, detection of health problems, referral for medical care, and management of chronic illness within medical prescriptions.

(g) Substantive Change - a change in the patient ' s condition indicating the need for change in treatment and/or medication orders.

(h) Supervising Physician - the licensed physician assuming responsibility and legal liability for the services rendered by the registered nurse, physician ' s assistant., advanced registered nurse practitioner or a licensed practical nurse under the direct supervision of a registered nurse, advanced registered nurse practitioner, physician assistant or a physician. (Sections 458.135(2)(e), 459.151(2), (3), F.S.)

(p

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

(2) Applications.

(a) The nursing home licensee must submit a letter to the Agency for Health Care Administration, Long-Term Care Unit, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308, stating intent to establish a geriatric outpatient clinic in compliance with Chapter 400, F.S., and this rule. Such notice may also be provided at the time of initial licensure or licensure renewal. This letter must be sent at least sixty (60)

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 82 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

days prior to the anticipated date of the establishment of the clinic.

(b) The licensee must be compliant with Chapter 400, Part II, Chapter 408, Part II, F.S. this rule chapter and Florida Building Code during an inspection by the Agency

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

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

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

(3) Treatment Rooms and Access Areas.

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

(b) Every nursing home licensee conducting a geriatric outpatient clinic must :

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 clinic must be under the management control of the nursing home administrator. This must include, maintenance of the following written records;

1. An accident and incident record, containing a clear description of each accident and any other incident hazardous

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 83 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

or deviant behavior of a patient or staff member with names of individuals involved, description of medical and other services provided, by whom such services were provided and the steps taken to prevent recurrence.

2. Personnel records for each clinic employee and/or contractual provider. Employees of a geriatric outpatient clinic must have a Level 2 background screening as required in Section 408.809 and chapter 435, F.S. These records must be kept updated and include current Florida license and certificate numbers. The original application for the position, references furnished and an annual performance evaluation must be included.

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

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4. Clinic Schedule.

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

, Section 2000, effective date July 2, 1964, is incorporated herein by reference at

<http://www.gpo.gov/fdsys/pkg/USCODE-2008-title42/html/USCODE-2008-title42-chap21-subchapV.htm>.

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

1. Maintain the confidentiality of clinical records for each patient as required in this rule, section 400.022(m) 400.0222, F.S., Title 42 Code of Federal Regulation section 483.10,

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 84 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

effective October 1, 2003, Title 45 Code of Federal Regulation chapters 160, 162 and 164 with an effective date of August 14, 2002, which is incorporated by reference and available at

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=%2Findex.tpl>.

2. Develop and periodically review the of written policies and protocols governing patient care, including emergency procedures.

3. Develop and periodically review the of patient referral system.

4 Administer and handle drugs and biological as required in this rule, Chapter 400 Part II, F.S., Title 42 C.F.R. 483.25(1) and Title 42 C.F.R. 483.25(m), effective October 1, 2014 and incorporated by reference and available at

<http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-25.xml>; and 42 C.F.R. 483.60, effective October 1, 2014, which is incorporated by reference and available at

<http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-60.xml>.

5. Maintain an individual and cumulative clinic census record.

6. Coordinate patient care with the attending physician and other community health and social agencies and/or facilities.

7. Maintain a safe and, sanitary clinic environment.

(5) Fiscal Management.

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

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

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

1. Pay any commission, bonus, rebate or gratuity to any

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 85 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

organization, agency, physician, employee or other person for referral of any patients to the clinic.

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

(6) Personnel Policies.

(a) Staff in the geriatric outpatient nurse clinic must be governed by the personnel standards in this rule, Section 400.141, F.S., Title 42 Code of Federal Regulation 483.75, effective October 1, 2014 and incorporated by reference and available at

<http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-75.xml>, 42 CFR 483.30, effective October 1, 2014, which is incorporated by reference and available at

<http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-30.xml>

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

(c) Services of this clinic must not 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) The registered nurse, advanced registered nurse practitioner (ARNP), physician assistant or a licensed practical nurse under the direct supervision of a registered nurse, ARNP, physician assistant or physician staffing the geriatric outpatient clinic must:

1. Be responsible 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..

2. Provide treatment for the medical aspects of care according

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 86 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

to pre-established protocols or physician ' s orders.

3. Note findings and activities on the clinical record.

4. 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.

(8) Patient Eligibility Criteria.

(a) Acceptance of patients and discharge policies must include the following:

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

2. 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.

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

(9) Patient ' s Rights.

(a) The nursing home licensee must adopt, implement and make public a statement of the rights and responsibilities of the clinic patients and must treat such patients in accordance with the provisions of the statement. This statement must be conspicuously posted and available to clinic patients in pamphlet form. The statement must ensure each patient the following:

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

(c)

2. 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

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 87 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

patient care.

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

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

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

6. The right to have privacy in treatment and in caring for personal needs, and confidentiality of personal and medical records.

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

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

(10) The scope of services of the Geriatric Outpatient Nurse Clinic.

must include:.

(a) Observation of signs and symptoms.

(b) Assessment of health status/progress.

(c) Nursing diagnosis and plan of care.

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

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

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 88 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

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

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

(h) Referral for additional services as needed.

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

(j) When staffed by an ARNP or physician ' s assistant, additional services may be provided dependent upon their respective certification authority. (Sections 458.347 and, 459.022, F.S.)

(11) Clinical Records.

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

1. Identification data including name, address, telephone number, date of birth, sex, social security number, clinic case number if used, next of kin or guardian and telephone number, name and telephone number of patient ' s attending physician.
2. Assessment of problems.
3. A health care plan including diagnoses, type, and frequency of services and when receiving medications and medical treatments, the medical treatment plan and dated signature of the physician or designee 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.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 89 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

which must include:

- (I) Date of first and last visit.
  - (II) Total number of visits by discipline.
  - (III) Reason for termination of service.
  - (IV) Evaluation of achievements of previously established goals at time of termination.
  - (V) Condition of patient on discharge.
- j. Clinical records must be confidential. Information may be released by the nurse, ARNP or physician ' s assistant responsible for clinical services only: in accordance with state and federal regulations related to patient records and confidentiality.;
- (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 the Department of Health, Chapter 464, Part I, F.S. and Rule 64B9-15.002, F.A.C. which must include, the following:
- (a) All prescriptions for medications must be noted on the patient record, and include the date, drug, dosage, frequency, method or site of administration, and the authorized health care professional ' s signature.
  - (b) All verbal orders for medication or medication changes must be taken by the clinic registered nurse, ARNP or physician ' s assistant. Such must be in writing and signed by the authorized health care professional within eight (8) days and added to the patient ' s record.
  - (c) The clinic registered nurse, ARNP or physician ' s assistant must record and sign for each medication administered, by drug, dosage, method, time and site on patient ' s record.
  - (d) An emergency plan for reversal of drug reaction to include the nursing licensee ' s pro re nata (P.R.N.) or " as needed " ) standing orders for medications available in the emergency drug kit.
  - (e) If there is not a separate emergency drug kit in the clinic, the nursing home licensee ' s emergency drug kit must be

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 90 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

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 must be stored separately from those of the nursing home in-patients for preventive measures and the treatment of minor illnesses.
2. Multi-dose containers must be limited to medications or biologicals commonly prescribed for preventive measures and the treatment of minor illnesses.
3. A list must be kept of patients receiving medication from multi-dose medication containers.

**ST - N0300 - Life Safety & Building Code Standards**

**Title** Life Safety & Building Code Standards

**Statute or Rule** 59A-4.130(1), FAC

**Type** Rule

**Regulation Definition**

Each nursing home licensee must provide fire protection through the elimination of fire hazards as evidenced by compliance with the fire codes adopted by the State Fire Marshall. The fire codes adopted by the State Fire Marshal for nursing homes is contained Rule Chapter 69A-53, F.A.C., and is known as " Uniform Fire Safety Standards for Hospitals and Nursing Homes. "

**Interpretive Guideline**

**ST - N0301 - Administrator Responsible for Fire/ Life Safe**

**Title** Administrator Responsible for Fire/ Life Safe

**Statute or Rule** 59A-4.130(2), FAC

**Type** Rule

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 91 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

All fires or explosions shall be reported to the Agency 's Office of Plans and Construction by telephone at (850)412-4477 or by fax at (850)922-6483 by the next working day after the occurrence. The nursing home licensee shall complete and submit a Fire Incident Report, AHCA form 3500-0031, July 2014, incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-06023>, to the Office of Plans and Construction and a copy to the appropriate Agency field office within 15 calendar days of the incident. All reports shall be complete and thorough and shall record the cause of the fire or explosion, the date and time of day it occurred, the location within the facility, how it was extinguished, any injuries which may have occurred and a description of the local fire department participation. The Fire Incident Report is available from the Agency for Health Care Administration, Office of Plans and Construction, 2727 Mahan Drive, Mail Stop 24, Tallahassee, Florida 32308 or at the web address: <http://ahca.myflorida.com/plansandconstruction>.

**Interpretive Guideline**

**ST - N0302 - Reports of Fire/ Explosion**

**Title** Reports of Fire/ Explosion

**Statute or Rule** 59A-4.130(3), FAC

**Type** Rule

**Regulation Definition**

If a system failure of the fire alarm system, smoke detection system, or sprinkler system occurs, the following actions shall be taken by the licensee:  
(a) Immediately notify the local fire department and document the response and any instructions given by the local fire

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 92 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

department.

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

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

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

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

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

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

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

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

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 93 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0303 - Copies of Fire Reports to AHCA - 10 days**

**Title** Copies of Fire Reports to AHCA - 10 days

**Statute or Rule** 59A-4.130(4), FAC

**Type** Rule

**Regulation Definition**

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

**Interpretive Guideline**

**ST - N0400 - Clinical Laboratory Standards**

**Title** Clinical Laboratory Standards

**Statute or Rule** 400.0625(1), FS

**Type** Rule

**Regulation Definition**

Each nursing home, as a requirement for issuance or renewal of its license, shall require that all clinical laboratory tests performed for the nursing home be performed by a clinical

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 94 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

laboratory licensed under the provisions of chapter 483, except for such self-testing procedures as are approved by the agency by rule. Results of clinical laboratory tests performed prior to admission which meet the minimum standards provided in s. 483.181(3) shall be accepted in lieu of routine examinations required upon admission and clinical laboratory tests which may be ordered by a physician for residents of the nursing home.

**ST - N0401 - Xray Standards**

**Title** Xray Standards

**Statute or Rule** 400.0625(2), FS

**Type** Standard

**Regulation Definition**

Each nursing home, as a requirement for issuance or renewal of its license, shall establish minimum standards for acceptance of results of diagnostic X rays performed by or for the nursing home. Such minimum standards shall require licensure or registration of the source of ionizing radiation under the provisions of chapter 404. Diagnostic X-ray results which meet the minimum standards shall be accepted in lieu of routine examinations required upon admission and in lieu of diagnostic X rays which may be ordered by a physician for residents of the nursing home.

**Interpretive Guideline**

**ST - N0402 - Provide Resident Access to Services**

**Title** Provide Resident Access to Services

**Statute or Rule** 400.141(1)(e), FS

**Type** Rule

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 95 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(e) Provide for the access of the facility residents to dental and other health-related services, recreational services, rehabilitative services, and social work services appropriate to their needs and conditions and not directly furnished by the licensee. When a geriatric outpatient nurse clinic is conducted in accordance with rules adopted by the agency, outpatients attending such clinic shall not be counted as part of the general resident population of the nursing home facility, nor shall the nursing staff of the geriatric outpatient clinic be counted as part of the nursing staff of the facility, until the outpatient clinic load exceeds 15 a day.

**Interpretive Guideline**

**ST - N0403 - Respite, Adult Day Care Conditions**

**Title** Respite, Adult Day Care Conditions

**Statute or Rule** 400.141(1)(f), FS

**Type** Rule

**Regulation Definition**

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(f) Be allowed and encouraged by the agency to provide other needed services under certain conditions. If the facility has a standard licensure status, it may provide services, including, but not limited to, respite, therapeutic spa, and adult day services to nonresidents of the facility. A facility is not subject to any additional licensure requirements for providing these services. Respite care may be offered to persons in need of short-term or temporary nursing home services. Respite care

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 96 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

must be provided in accordance with this part. Providers of adult day services must comply with the requirements of s. 429.905(2). The agency shall allow for shared programming and staff in a facility which meets minimum standards and offers services pursuant to this paragraph, but, if the facility is cited for deficiencies in patient care, may require additional staff and programs appropriate to the needs of service recipients. A person who receives respite care may not be counted as a resident of the facility for purposes of the facility 's licensed capacity unless that person receives 24-hour respite care. A person receiving either respite care for 24 hours or longer or adult day services must be included when calculating minimum staffing for the facility. Any costs and revenues generated by a nursing home facility from nonresidential programs or services shall be excluded from the calculations of Medicaid per diems for nursing home institutional care reimbursement.

**ST - N0405 - Shared Programming and Staff**

**Title** Shared Programming and Staff

**Statute or Rule** 400.141(1)(g), FS

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(g) If the facility has a standard license, exceeds the minimum required hours of licensed nursing and certified nursing assistant direct care per resident per day, and is part of a continuing care facility licensed under chapter 651 or a retirement community that offers other services pursuant to part III of this chapter or part I or part III of chapter 429 on a single campus, be allowed to share programming and staff. At the time of inspection, a continuing care facility or retirement

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 97 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

community that uses this option must demonstrate through staffing records that minimum staffing requirements for the facility were met. Licensed nurses and certified nursing assistants who work in the facility may be used to provide services elsewhere on campus if the facility exceeds the minimum number of direct care hours required per resident per day and the total number of residents receiving direct care services from a licensed nurse or a certified nursing assistant does not cause the facility to violate the staffing ratios required under s. 400.23(3)(a). Compliance with the minimum staffing ratios must be based on the total number of residents receiving direct care services, regardless of where they reside on campus. If the facility receives a conditional license, it may not share staff until the conditional license status ends. This paragraph does not restrict the agency ' s authority under federal or state law to require additional staff if a facility is cited for deficiencies in care which are caused by an insufficient number of certified nursing assistants or licensed nurses. The agency may adopt rules for the documentation necessary to determine compliance with this provision.

**ST - N0407 - Dietary Services**

**Title** Dietary Services

**Statute or Rule** 400.141(1)(i), FS

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

- (i) If the licensee furnishes food service, provide a wholesome and nourishing diet sufficient to meet generally accepted standards of proper nutrition for its residents and provide such therapeutic diets as may be prescribed by attending physicians. In making rules to implement this paragraph, the agency shall

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 98 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

be guided by standards recommended by nationally recognized professional groups and associations with knowledge of dietetics.

**ST - N0410 - Share Personnel Records with Other Facilities**

**Title** Share Personnel Records with Other Facilities

**Statute or Rule** 400.141(1)(l), FS

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(l) Furnish copies of personnel records for employees affiliated with such facility, to any other facility licensed by this state requesting this information pursuant to this part. Such information contained in the records may include, but is not limited to, disciplinary matters and any reason for termination. Any facility releasing such records pursuant to this part shall be considered to be acting in good faith and may not be held liable for information contained in such records, absent a showing that the facility maliciously falsified such records.

**ST - N0411 - Community Pharmacy/ Repackaging**

**Title** Community Pharmacy/ Repackaging

**Statute or Rule** 400.141(1)(d), FS

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 99 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

(d) Provide for resident use of a community pharmacy as specified in s. 400.022(1)(q). Any other law to the contrary notwithstanding, a registered pharmacist licensed in Florida, that is under contract with a facility licensed under this chapter or chapter 429, shall repackage a nursing facility resident's bulk prescription medication which has been packaged by another pharmacist licensed in any state in the United States into a unit dose system compatible with the system used by the nursing facility, if the pharmacist is requested to offer such service. In order to be eligible for the repackaging, a resident or the resident's spouse must receive prescription medication benefits provided through a former employer as part of his or her retirement benefits a qualified pension plan as specified in s. 4972 of the Internal Revenue Code, a federal retirement program as specified under 5 C.F.R. s. 831, or a long-term care policy as defined in s. 627.9404(1). A pharmacist who correctly repackages and relabels the medication and the nursing facility which correctly administers such repackaged medication under this paragraph may not be held liable in any civil or administrative action arising from the repackaging. In order to be eligible for the repackaging, a nursing facility resident for whom the medication is to be repackaged shall sign an informed consent form provided by the facility which includes an explanation of the repackaging process and which notifies the resident of the immunities from liability provided in this paragraph. A pharmacist who repackages and relabels prescription medications, as authorized under this paragraph, may charge a reasonable fee for costs resulting from the implementation of this provision.

**ST - N0412 - Immunization Requirements**

**Title** Immunization Requirements

**Statute or Rule** 400.141(1)(s-u), FS

**Type** Rule

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 100 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(s) Before November 30 of each year, subject to the availability of an adequate supply of the necessary vaccine, provide for immunizations against influenza viruses to all its consenting residents in accordance with the recommendations of the United States Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or personal beliefs. Subject to these exemptions, any consenting person who becomes a resident of the facility after November 30 but before March 31 of the following year must be immunized within 5 working days after becoming a resident. Immunization shall not be provided to any resident who provides documentation that he or she has been immunized as required by this paragraph. This paragraph does not prohibit a resident from receiving the immunization from his or her personal physician if he or she so chooses. A resident who chooses to receive the immunization from his or her personal physician shall provide proof of immunization to the facility. The agency may adopt and enforce any rules necessary to comply with or implement this paragraph.

(t) Assess each resident within 5 business days after admission for eligibility for pneumococcal vaccination or revaccination. If indicated, the resident shall be vaccinated or revaccinated within 60 days after admission in accordance with the recommendations of the United States Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or personal beliefs. Immunization may not be provided to a resident who provides documentation that he or she has been immunized as required by this paragraph. A resident may elect to receive the immunization from his or her personal physician and, if such election is made, the resident shall provide proof of the

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 101 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

immunization to the facility. The agency may adopt and enforce any rules necessary to comply with or implement this paragraph.

(u) Annually encourage and promote to its employees the benefits associated with immunizations against influenza viruses in accordance with the recommendations of the United States Centers for Disease Control and Prevention. The agency may adopt and enforce any rules necessary to comply with or implement this paragraph.

**ST - N0415 - Itemized Bill for Resident**

**Title** Itemized Bill for Resident

**Statute or Rule** 400.165(1), FS

**Type** Rule

**Regulation Definition**

Within 7 days following discharge or release from a nursing home, or within 7 days after the earliest date at which the cost of all goods or services provided on behalf of the resident are billed to the facility, the nursing home shall submit to the resident, or to his or her survivor or legal guardian, an itemized statement detailing in language comprehensible to an ordinary layperson the specific nature of charges or expenses incurred by the resident. The initial billing shall contain a statement of specific services received and expenses incurred for such items of service, enumerating in detail the constituent components of the services received within each department of the nursing home and including unit price data on rates charged by the nursing home as may be prescribed by the agency.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 102 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0416 - Content of Itemized Bill Statement**

**Title** Content of Itemized Bill Statement

**Statute or Rule** 400.165(2-5) FS

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

(2) Each statement shall:

- (a) Not include charges of nursing home-based physicians if billed separately.
- (b) Not include any generalized category of expenses such as " other " or " miscellaneous " or similar categories.
- (c) List drugs by brand or generic name and may not refer to drug code numbers when referring to drugs of any sort.
- (d) Specifically identify therapy treatment as to the date, type, and length of treatment when therapy treatment is a part of the statement. The person receiving a statement pursuant to this section shall be fully and accurately informed as to each charge and service provided by the institution preparing the statement.
- (3) On each itemized statement there shall appear the words " A FOR-PROFIT (or NOT-FOR-PROFIT or PUBLIC) NURSING HOME LICENSED BY THE STATE OF FLORIDA " or substantially similar words sufficient to identify clearly and plainly the ownership status of the nursing home.
- (4) In any billing for services subsequent to the initial billing for such services, the resident, or the resident ' s survivor or legal guardian, may elect, at his or her option, to receive a copy of the detailed statement of specific services received and expenses incurred for each such item of service as provided in subsection (1).
- (5) No physician, dentist, or nursing home may add to the price charged by any third party except for a service or handling charge representing a cost actually incurred as an

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 103 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

item of expense; however, the physician, dentist, or nursing home is entitled to fair compensation for all professional services rendered. The amount of the service or handling charge, if any, shall be set forth clearly in the bill to the resident.

**ST - N0420 - Dementia/ Cog Impairment Refer for Eval**

**Title** Dementia/ Cog Impairment Refer for Eval

**Statute or Rule** 400.141(1)(o), FS

**Type** Rule

**Regulation Definition**

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(o) Notify a licensed physician when a resident exhibits signs of dementia or cognitive impairment or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such dementia or impairment. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall, with the appropriate health care provider, arrange for the necessary care and services to treat the condition.

**Interpretive Guideline**

**ST - N0424 - Liability Insurance Required**

**Title** Liability Insurance Required

**Statute or Rule** 400.141(1)(q), FS

**Type** Rule

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 104 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(q) Maintain general and professional liability insurance coverage that is in force at all times. In lieu of such coverage, a state-designated teaching nursing home and its affiliated assisted living facilities created under s. 430.80 may demonstrate proof of financial responsibility as provided in s. 430.80(3)(g).

**Interpretive Guideline**

**ST - N0426 - Charting A D Ls**

**Title** Charting A D Ls

**Statute or Rule** 400.141(1)(r), FS

**Type** Rule

**Regulation Definition**

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(r) Maintain in the medical record for each resident a daily chart of certified nursing assistant services provided to the resident. The certified nursing assistant who is caring for the resident must complete this record by the end of his or her shift. This record must indicate assistance with activities of daily living, assistance with eating, and assistance with drinking, and must record each offering of nutrition and hydration for those residents whose plan of care or assessment indicates a risk for malnutrition or dehydration.

**Interpretive Guideline**

Facilities must:

1) Identify residents at nutritional risk and risk of dehydration; 2) Develop a plan of care to prevent a decline in nutritional status and/or hydration; 3) Implement interventions/approaches from the plan; 4) Evaluate the effectiveness of the interventions/approaches; 5) Determine and provide necessary services for resident ADLs.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 105 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0428 - AHCA Information Poster Required**

**Title** AHCA Information Poster Required

**Statute or Rule** 400.141(1)(m), FS

**Type** Rule

**Regulation Definition**

Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(m) Publicly display a poster provided by the agency containing the names, addresses, and telephone numbers for the state's abuse hotline, the State Long-Term Care Ombudsman, the Agency for Health Care Administration consumer hotline, the Advocacy Center for Persons with Disabilities, the Florida Statewide Advocacy Council, and the Medicaid Fraud Control Unit, with a clear description of the assistance to be expected from each.

**Interpretive Guideline**

Verify facility is displaying the Agency poster containing the names, addresses, and telephone numbers for the state's abuse hotline, the State Long-Term Care Ombudsman, the Agency for Health Care Administration consumer hotline, the Advocacy Center for Persons with Disabilities, the Florida Statewide Advocacy Council, and the Medicaid Fraud Control Unit.

**ST - N0430 - Survey Results Posted**

**Title** Survey Results Posted

**Statute or Rule** 400.191(5)(a)1, FS

**Type** Rule

**Regulation Definition**

(5) Every nursing home facility licensee shall:

(a) Post, in a sufficient number of prominent positions in the nursing home so as to be accessible to all residents and to the general public:

1. A concise summary of the last inspection report pertaining to the nursing home and issued by the agency, with references

**Interpretive Guideline**

The "last inspection report" means the report from the most recent standard survey and any subsequent extended surveys and any deficiencies resulting from any subsequent complaint investigations(s).

Check that the reports are posted in more than one location that is accessible to residents. This is to ensure that all residents, families, visitors and the general public have access to the reports without having to ask a staff person for them.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 106 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

to the page numbers of the full reports, noting any deficiencies found by the agency and the actions taken by the licensee to rectify such deficiencies and indicating in such summaries where the full reports may be inspected in the nursing home.

If the facility has a locked unit or an area of the facility with a separate entrance, check to see that the reports are posted in these locations.

**ST - N0433 - Nursing Home Guide Posted**

**Title** Nursing Home Guide Posted

**Statute or Rule** 400.191(5)(a)2, FS

**Type** Rule

**Regulation Definition**

(5) Every nursing home facility licensee shall:

(a) Post, in a sufficient number of prominent positions in the nursing home so as to be accessible to all residents and to the general public:

2. A copy of all of the pages that list the facility in the most recent version of the Nursing Home Guide.

**Interpretive Guideline**

Verify that the facility has posted all the pages listing the facility from the most recent version of the Florida Nursing Home Guide.

**ST - N0500 - Discharge/ Transfer Requirements**

**Title** Discharge/ Transfer Requirements

**Statute or Rule** 400.0255(1-2), FS; 59A-4.106(1)(f), FAC

**Type** Rule

**Regulation Definition**

400.0255 FS

(1) As used in this section, the term:

(a) "Discharge" means to move a resident to a noninstitutional setting when the releasing facility ceases to be responsible for the resident's care.

(b) "Transfer" means to move a resident from the facility to another legally responsible institutional setting.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 107 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

(2) Each facility licensed under this part must comply with subsection (9) and s. 400.022(1)(p) when deciding to discharge or transfer a resident.

59A-4.106(1)(f) FAC

All resident transfers and discharges must shall be in accordance with the facility ' s policies and procedures, provisions of Sections 400.022 and 400.0255, F.S., this rule, and Title 42 Code of Federal Regulations section 483.12(a), revision date October 1, 2014, herein incorporated by reference and available at <http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-12.xml> and will include notices provided to residents by using Nursing Home Transfer and Discharge Notice, AHCA Form 3120-0002, April 2014, herein incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-06017>, the Fair Hearing Request for Transfer or Discharge From a Nursing Home, " AHCA Form 3120-0003, April 2014, herein incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-06018>, the Long-Term Care Ombudsman Council Request for Review of Nursing Home Discharge and Transfer. " , AHCA Form 3120-0004, April 2014, herein incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-06019> or the Spanish language version, Solicitud de Revisión de Long-Term Care Ombudsman de la Dada de Alta o El Traslado de un Hogar de Ancianos, AHCA Form 3120-0004A, April 2014, herein incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-06020>. These forms may also be obtained from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308. or at the web address <http://ahca.myflorida.com>

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 108 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0501 - Discharge/ Transfer Notice Signatures**

**Title** Discharge/ Transfer Notice Signatures

**Statute or Rule** 400.0255(3), FS

**Type** Rule

**Regulation Definition**

When a discharge or transfer is initiated by the nursing home, the nursing home administrator employed by the nursing home that is discharging or transferring the resident, or an individual employed by the nursing home who is designated by the nursing home administrator to act on behalf of the administration, must sign the notice of discharge or transfer. Any notice indicating a medical reason for transfer or discharge must either be signed by the resident's attending physician or the medical director of the facility, or include an attached written order for the discharge or transfer. The notice or the order must be signed by the resident's physician, medical director, treating physician, nurse practitioner, or physician assistant.

**Interpretive Guideline**

**ST - N0502 - Notify AHCA of DC/ Transfer Physical Plant**

**Title** Notify AHCA of DC/ Transfer Physical Plant

**Statute or Rule** 400.0255(4)(a), FS

**Type** Rule

**Regulation Definition**

Each facility must notify the agency of any proposed discharge or transfer of a resident when such discharge or transfer is necessitated by changes in the physical plant of the facility that make the facility unsafe for the resident.

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 109 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0503 - Resident May Challenge Discharge/ Transfer**

**Title** Resident May Challenge Discharge/ Transfer

**Statute or Rule** 400.0255(5), FS

**Type** Rule

**Regulation Definition**

A resident of any Medicaid or Medicare certified facility may challenge a decision by the facility to discharge or transfer the resident.

**Interpretive Guideline**

**ST - N0504 - Bed Reservation Refund**

**Title** Bed Reservation Refund

**Statute or Rule** 400.0255(6), FS

**Type** Rule

**Regulation Definition**

A facility that has been reimbursed for reserving a bed and, for reasons other than those permitted under this section, refuses to readmit a resident within the prescribed timeframe shall refund the bed reservation payment.

**Interpretive Guideline**

**ST - N0505 - 30- Day Notice Required**

**Title** 30- Day Notice Required

**Statute or Rule** 400.0255(7), FS

**Type** Rule

**Regulation Definition**

At least 30 days prior to any proposed transfer or discharge, a

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 110 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

facility must provide advance notice of the proposed transfer or discharge to the resident and, if known, to a family member or the resident's legal guardian or representative, except, in the following circumstances, the facility shall give notice as soon as practicable before the transfer or discharge:

(a) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility, and the circumstances are documented in the resident's medical records by the resident's physician; or

(b) The health or safety of other residents or facility employees would be endangered, and the circumstances are documented in the resident's medical records by the resident's physician or the medical director if the resident's physician is not available.

**ST - N0506 - Discharge/ Transfer Notice**

**Title** Discharge/ Transfer Notice

**Statute or Rule** 400.0255(8), FS

**Type** Rule

**Regulation Definition**

The notice required by subsection (7) must be in writing and must contain all information required by state and federal law, rules, or regulations applicable to Medicaid or Medicare cases. The agency shall develop a standard document to be used by all facilities licensed under this part for purposes of notifying residents of a discharge or transfer. Such document must include a means for a resident to request the local long-term care ombudsman council to review the notice and request information about or assistance with initiating a fair hearing with the department ' s Office of Appeals Hearings. In addition to any other pertinent information included, the form shall specify the reason allowed under federal or state law that

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 111 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

the resident is being discharged or transferred, with an explanation to support this action. Further, the form must state the effective date of the discharge or transfer and the location to which the resident is being discharged or transferred. The form must clearly describe the resident ' s appeal rights and the procedures for filing an appeal, including the right to request the local ombudsman council review the notice of discharge or transfer. A copy of the notice must be placed in the resident ' s clinical record, and a copy must be transmitted to the resident ' s legal guardian or representative and to the local ombudsman council within 5 business days after signature by the resident or resident designee.

**ST - N0507 - Notify Ombudsman if Requested**

**Title** Notify Ombudsman if Requested

**Statute or Rule** 400.0255(9), FS

**Type** Rule

**Regulation Definition**

A resident may request that the State Long-Term Care Ombudsman Program or local ombudsman council review any notice of discharge or transfer given to the resident. When requested by a resident to review a notice of discharge or transfer, the local ombudsman council shall do so within 7 days after receipt of the request. The nursing home administrator, or the administrator ' s designee, must forward the request for review contained in the notice to the State Long-Term Care Ombudsman Program or local ombudsman council within 24 hours after such request is submitted. Failure to forward the request within 24 hours after the request is submitted shall toll the running of the 30-day advance notice period until the request has been forwarded.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 112 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0508 - Discharge/ Transfer Fair Hearing**

**Title** Discharge/ Transfer Fair Hearing

**Statute or Rule** 400.0255(10), FS

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

(a) A resident is entitled to a fair hearing to challenge a facility's proposed transfer or discharge. The resident, or the resident's legal representative or designee, may request a hearing at any time within 90 days after the resident's receipt of the facility's notice of the proposed discharge or transfer.

(b) If a resident requests a hearing within 10 days after receiving the notice from the facility, the request shall stay the proposed transfer or discharge pending a hearing decision. The facility may not take action, and the resident may remain in the facility, until the outcome of the initial fair hearing, which must be completed within 90 days after receipt of a request for a fair hearing.

(c) If the resident fails to request a hearing within 10 days after receipt of the facility notice of the proposed discharge or transfer, the facility may transfer or discharge the resident after 30 days from the date the resident received the notice.

**ST - N0509 - Emergency Discharge/ Transfer**

**Title** Emergency Discharge/ Transfer

**Statute or Rule** 400.0255(11), FS

**Type** Rule

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 113 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

Notwithstanding paragraph (10)(b), an emergency discharge or transfer may be implemented as necessary pursuant to state or federal law during the time after the notice is given and before the time a hearing decision is rendered. Notice of an emergency discharge or transfer to the resident, the resident's legal guardian or representative, and the State Long-Term Care Ombudsman Program or the local ombudsman council if requested pursuant to subsection (9) must be by telephone or in person. This notice shall be given before the transfer, if possible, or as soon thereafter as practicable. The State Long-Term Care Ombudsman Program or a local ombudsman council conducting a review under this subsection shall do so within 24 hours after receipt of the request. The resident's file must be documented to show who was contacted, whether the contact was by telephone or in person, and the date and time of the contact. If the notice is not given in writing, written notice meeting the requirements of subsection (8) must be given the next working day.

**Interpretive Guideline**

Guidelines for Baker Act Discharges:

State statutes, Chapter 394.F.S., is to be followed to determine adherence to discharges specifically to psychiatric facilities. The revisions to the Florida Mental Health Act, Chapter 394.F.S., better known as the Baker Act, provide for enforcement authority for the Agency for Health Care Administration to take action against licensed providers found to be in violation of the act.

As provided in section 400.0255,F.S., notice of an emergency transfer of a nursing home resident must be given to the resident's guardian or representative by telephone or in person. This notice is required whether the transfer is voluntary or involuntary, and if possible be given before the transfer or as soon thereafter as possible.

Summary of Transfers:

Voluntary transfers to mental health facilities, facility must have evidence of a determination by mental health professional that resident is able to give advised consent.

Guidelines for Involuntary Examination: Persons in nursing homes, shall only be removed for involuntary examination based on:

Professional certificate completed by a physician, clinical psychologist, psychiatric nurse or clinical social worker; or

Law enforcement officer's report. Procedures: Surveyors should review the records of residents who have been transferred from the facility for involuntary examination.

Ex-parte order, issued by a court, which states that the person appears to meet the criteria for involuntary examination; or

Professional certificate signed by a licensed mental health professional; or

Law enforcement officer's report which has been completed prior to the patient being transported to a receiving facility.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 114 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0510 - Ombudsman Assistance Discharge/ Transfer**

**Title** Ombudsman Assistance Discharge/ Transfer

**Statute or Rule** 400.0255(12), FS

**Type** Rule

**Regulation Definition**

After receipt of any notice required under this section, the State Long-Term Care Ombudsman Program or local ombudsman council may request a private informal conversation with a resident to whom the notice is directed, and, if known, a family member or the resident ' s legal guardian or designee, to ensure that the facility is proceeding with the discharge or transfer in accordance with this section. If requested, the State Long-Term Care Ombudsman Program or the local ombudsman council shall assist the resident with filing an appeal of the proposed discharge or transfer.

**Interpretive Guideline**

**ST - N0511 - Hearing Participation - Discharge/ Transfer**

**Title** Hearing Participation - Discharge/ Transfer

**Statute or Rule** 400.0255(13), FS

**Type** Rule

**Regulation Definition**

The following persons must be present at all hearings authorized under this section:

- (a) The resident, or the resident ' s legal representative or designee.
- (b) The facility administrator, or the facility ' s legal representative or designee.

A representative of the State Long-Term Care Ombudsman Program or the local long-term care ombudsman council may

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 115 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

be present at all hearings authorized by this section.

ST - N0512 - Hearing Information Confidential - D/C/Trans

**Title** Hearing Information Confidential - D/C/Trans

**Statute or Rule** 400.0255(14), FS

**Type** Rule

**Regulation Definition**

**Interpretive Guideline**

In any hearing under this section, the following information concerning the parties shall be confidential and exempt from s. 119.07(1):

- (a) Names and addresses.
- (b) Medical services provided.
- (c) Social and economic conditions or circumstances.
- (d) Evaluation of personal information.
- (e) Medical data, including diagnosis and past history of disease or disability.
- (f) Any information received verifying income eligibility and amount of medical assistance payments. Income information received from the Social Security Administration or the Internal Revenue Service must be safeguarded according to the requirements of the agency that furnished the data. The exemption created by this subsection does not prohibit access to such information by the State Long-Term Care Ombudsman Program or a local long-term care ombudsman council upon request, by a reviewing court if such information is required to be part of the record upon subsequent review, or as specified in s. 24(a), Art. I of the State Constitution.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 116 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0513 - Readmission after Fair Hearings**

**Title** Readmission after Fair Hearings

**Statute or Rule** 400.0255(15), FS

**Type** Rule

**Regulation Definition**

The department ' s Office of Appeals Hearings shall conduct hearings under this section. The office shall notify the facility of a resident ' s request for a hearing.

(b) The department shall, by rule, establish procedures to be used for fair hearings requested by residents. These procedures shall be equivalent to the procedures used for fair hearings for other Medicaid cases, chapter 10-2, part VI, Florida Administrative Code. The burden of proof must be clear and convincing evidence. A hearing decision must be rendered within 90 days after receipt of the request for hearing.

(c) If the hearing decision is favorable to the resident who has been transferred or discharged, the resident must be readmitted to the facility ' s first available bed.

(d) The decision of the hearing officer shall be final. Any aggrieved party may appeal the decision to the district court of appeal in the appellate district where the facility is located. Review procedures shall be conducted in accordance with the Florida Rules of Appellate Procedure.

**Interpretive Guideline**

**ST - N0514 - Penalty -Baker Act Criteria/Procedures**

**Title** Penalty -Baker Act Criteria/Procedures

**Statute or Rule** 400.102(3), FS

**Type** Rule

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 117 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

In addition to the grounds listed in part II of chapter 408, any of the following conditions shall be grounds for action by the agency against a licensee:

(3) Failure to follow the criteria and procedures provided under part I of chapter 394 relating to the transportation, voluntary admission, and involuntary examination of a nursing home resident;

**Interpretive Guideline**

**ST - N0600 - C N A Qualifications**

**Title** C N A Qualifications

**Statute or Rule** 400.211(1), FS

**Type** Rule

**Regulation Definition**

To serve as a nursing assistant in any nursing home, a person must be certified as a nursing assistant under part II of chapter 464, unless the person is a registered nurse or practical nurse licensed in accordance with part I of chapter 464 or an applicant for such licensure who is permitted to practice nursing in accordance with rules adopted by the Board of Nursing pursuant to part I of chapter 464.

**Interpretive Guideline**

If surveyors have concerns regarding the care and services that are being provided by certified nursing assistants, they should review the personnel files to determine if the staff is properly certified.

**ST - N0601 - Nursing Assistants Up to 4- Months**

**Title** Nursing Assistants Up to 4- Months

**Statute or Rule** 400.211(2), FS

**Type** Rule

**Regulation Definition**

The following categories of persons who are not certified as nursing assistants under part II of chapter 464 may be

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 118 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

employed by a nursing facility for a period of 4 months:

- (a) Persons who are enrolled in, or have completed, a state-approved nursing assistant program;
- (b) Persons who have been positively verified as actively certified and on the registry in another state with no findings of abuse, neglect, or exploitation in that state; or
- (c) Persons who have preliminarily passed the state's certification exam. The certification requirement must be met within 4 months after initial employment as a nursing assistant in a licensed nursing facility.

**ST - N0602 - C N A Employment History Required**

**Title** C N A Employment History Required

**Statute or Rule** 400.211(3), FS

**Type** Rule

**Regulation Definition**

Nursing homes shall require persons seeking employment as a certified nursing assistant to submit an employment history to the facility. The facility shall verify the employment history unless, through diligent efforts, such verification is not possible. There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, a former employer who reasonably and in good faith communicates his or her honest opinion about a former employee's job performance.

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 119 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0603 - C N A Inservice & Evaluation**

**Title** C N A Inservice & Evaluation

**Statute or Rule** 400.211(4), FS

**Type** Rule

**Regulation Definition**

When employed by a nursing home facility for a 12-month period or longer, a nursing assistant, to maintain certification, shall submit to a performance review every 12 months and must receive regular inservice education based on the outcome of such reviews. The inservice training must:

(a) Be sufficient to ensure the continuing competence of nursing assistants and must meet the standard specified in s. 464.203(7);

(b) Include, at a minimum:

1. Techniques for assisting with eating and proper feeding;
2. Principles of adequate nutrition and hydration;
3. Techniques for assisting and responding to the cognitively impaired resident or the resident with difficult behaviors;
4. Techniques for caring for the resident at the end-of-life; and
5. Recognizing changes that place a resident at risk for pressure ulcers and falls; and

(c) Address areas of weakness as determined in nursing assistant performance reviews and may address the special needs of residents as determined by the nursing home facility staff.

Costs associated with this training may not be reimbursed from additional Medicaid funding through interim rate adjustments.

**Interpretive Guideline**

If deficient care practices, or resident rights issues are identified during the survey, review as appropriate, the training received by nursing assistants in that corresponding subject area.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 120 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0900 - Risk Mgmt & Q A Plan Required in Application**

**Title** Risk Mgmt & Q A Plan Required in Application

**Statute or Rule** 400.071(5), FS

**Type** Rule

**Regulation Definition**

As a condition of licensure, each facility must establish and submit with its application a plan for quality assurance and for conducting risk management.

**Interpretive Guideline**

Requested by Central Office (Tallahassee) as a requirement of application for licensure.

**ST - N0901 - Risk Mgmt & Q A Program Required**

**Title** Risk Mgmt & Q A Program Required

**Statute or Rule** 400.147(1), FS

**Type** Rule

**Regulation Definition**

Every facility shall, as part of its administrative functions, establish an internal risk management and quality assurance program, the purpose of which is to assess resident care practices; review facility quality indicators, facility incident reports, deficiencies cited by the agency, and resident grievances; and develop plans of action to correct and respond quickly to identified quality deficiencies. The program must include:

**Interpretive Guideline**

Review the nursing homes QA&A program during revisits.

**ST - N0902 - Risk Manager Required**

**Title** Risk Manager Required

**Statute or Rule** 400.147(1)(a), FS

**Type** Rule

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 121 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

A designated person to serve as risk manager, who is responsible for the implementation and oversight of the facility's risk management and quality assurance program as required by this section.

**Interpretive Guideline**

**ST - N0903 - Risk Mgmt & Q A Committee**

**Title** Risk Mgmt & Q A Committee

**Statute or Rule** 400.147(1)(b), FS

**Type** Rule

**Regulation Definition**

A risk management and quality assurance committee consisting of the facility risk manager, the administrator, the director of nursing, the medical director and at least three other members of the facility staff. The risk management and quality assurance committee shall meet at least monthly.

**Interpretive Guideline**

**ST - N0904 - Risk Mgmt & Q A Policies and Procedures**

**Title** Risk Mgmt & Q A Policies and Procedures

**Statute or Rule** 400.147(1)(c), FS

**Type** Rule

**Regulation Definition**

Policies and procedures to implement the internal risk management and quality assurance program which must include the investigation and analysis of the frequency and causes of general categories and specific types of adverse incidents to residents.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 122 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**ST - N0905 - Incident Reporting System**

**Title** Incident Reporting System

**Statute or Rule** 400.147(1)(d), FS

**Type** Rule

**Regulation Definition**

The development and implementation of an incident reporting system based upon the affirmative duty of all health care providers and all agents and employees of the licensed health care facility to report adverse incidents to the risk manager, or to his or her designee, within 3 business days after their occurrence.

**Interpretive Guideline**

How does the facility present this affirmative duty of their health care providers, agents, employees, to report incidents within the three business days?

**ST - N0906 - Measures to Minimize Risk**

**Title** Measures to Minimize Risk

**Statute or Rule** 400.147(1)(e), FS

**Type** Rule

**Regulation Definition**

The development of appropriate measures to minimize the risk of adverse incidents to residents, including, but not limited to, education and training in risk management and risk prevention for all nonphysician personnel, as follows:

**Interpretive Guideline**

**ST - N0907 - Risk Mgmt Training at Orientation**

**Title** Risk Mgmt Training at Orientation

**Statute or Rule** 400.147(1)(e)1, FS

**Type** Rule

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 123 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

Such education and training of all nonphysician personnel must be part of their initial orientation;

**Interpretive Guideline**

If quality of care deficient practices have been identified review, as appropriate, training received by staff in that corresponding subject area.

**ST - N0908 - Risk Mgmt Training - 1 Hr Annually**

**Title** Risk Mgmt Training - 1 Hr Annually

**Statute or Rule** 400.147(1)(e)2, FS

**Type** Rule

**Regulation Definition**

At least 1 hour of such education and training must be provided annually for all nonphysician personnel of the licensed facility working in clinical areas and providing resident care.

**Interpretive Guideline**

The training should focus on the risk management program and how to minimize risk to the residents.

**ST - N0909 - Resident Grievances in Risk Mgmt Program**

**Title** Resident Grievances in Risk Mgmt Program

**Statute or Rule** 400.147(1)(f), FS

**Type** Rule

**Regulation Definition**

The analysis of resident grievances that relate to resident care and the quality of clinical services.

**Interpretive Guideline**

Is there a prompt response and correction of systems, which may negatively impact other residents?

**ST - N0910 - Administrator Responsible for Risk Mgmt & Q A**

**Title** Administrator Responsible for Risk Mgmt & Q A

**Statute or Rule** 400.147(2), FS

**Type** Rule

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 124 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

**Regulation Definition**

The internal risk management and quality assurance program is the responsibility of the facility administrator.

**Interpretive Guideline**

Is the risk manager designated and empowered by the administrator for the internal risk management and quality assurance program? Does the administrator maintain an active role throughout the process from problem identification, frequency trending, analysis, minimizing risk, and developing corrective actions? Is the program facility-wide including all department and services which may impact or cause risk to residents?

**ST - N0911 - Risk Mgmt - Other Innovative Approaches**

**Title** Risk Mgmt - Other Innovative Approaches

**Statute or Rule** 400.147(3), FS

**Type** Rule

**Regulation Definition**

In addition to the programs mandated by this section, other innovative approaches intended to reduce the frequency and severity of adverse incidents to residents and violations of residents' rights shall be encouraged and their implementation and operation facilitated.

**Interpretive Guideline**

**ST - N0912 - Incident Report Use in Risk Mgmt Program**

**Title** Incident Report Use in Risk Mgmt Program

**Statute or Rule** 400.147(4), FS

**Type** Rule

**Regulation Definition**

(4) Each internal risk management and quality assurance program shall include the use of incident reports to be filed with the risk manager and the facility administrator. The risk manager shall have free access to all resident records of the licensed facility. The incident reports are part of the workpapers of the attorney defending the licensed facility in litigation relating to the licensed facility and are subject to

**Interpretive Guideline**

Conduct an interview with the risk manager to ascertain if they have free access to all records, this should also be in the overall facility Internal risk management and quality assurance program plan.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 125 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

discovery, but are not admissible as evidence in court. A person filing an incident report is not subject to civil suit by virtue of such incident report. As a part of each internal risk management and quality assurance program, the incident reports shall be used to develop categories of incidents which identify problem areas. Once identified, procedures shall be adjusted to correct the problem areas.

**ST - N0913 - Adverse Incidents Defined**

**Title** Adverse Incidents Defined

**Statute or Rule** 400.147(5), FS

**Type** Rule

**Regulation Definition**

For purposes of reporting to the agency under this section, the term "adverse incident" means:

(a) An event over which facility personnel could exercise control and which is associated in whole or in part with the facility's intervention, rather than the condition for which such intervention occurred, and which results in one of the following:

1. Death;
2. Brain or spinal damage;
3. Permanent disfigurement;
4. Fracture or dislocation of bones or joints;
5. A limitation of neurological, physical, or sensory function;
6. Any condition that required medical attention to which the resident has not given his or her informed consent, including failure to honor advanced directives;
7. Any condition that required the transfer of the resident, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the resident's condition prior to the adverse incident; or
8. An event that is reported to law enforcement or its personnel for investigation; or

**Interpretive Guideline**

If surveyor identifies an adverse incident, which the facility failed to determine to meet adverse incident criteria, direct the facility to send the report immediately to AHCA Central Office for final determination. This may reflect deficient practice in proper identification and investigation of adverse incidents.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 126 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

(b) Resident elopement, if the elopement places the resident at risk of harm or injury.

**ST - N0914 - Risk Manager Investigation & Report**

**Title** Risk Manager Investigation & Report

**Statute or Rule** 400.147(6), FS

**Type** Rule

**Regulation Definition**

The internal risk manager of each licensed facility shall:

- (a) Investigate every allegation of sexual misconduct which is made against a member of the facility's personnel who has direct patient contact when the allegation is that the sexual misconduct occurred at the facility or at the grounds of the facility;
- (b) Report every allegation of sexual misconduct to the administrator of the licensed facility; and
- (c) Notify the resident representative or guardian of the victim that an allegation of sexual misconduct has been made and that an investigation is being conducted.

**Interpretive Guideline**

The facility must also immediately report allegations of this nature to the law enforcement and abuse registry. Proper medical evaluation should not be delayed in allegations of rape or sexual assault.

**ST - N0915 - Adverse Incident**

**Title** Adverse Incident

**Statute or Rule** 400.147(7), FS

**Type** Rule

**Regulation Definition**

The nursing home facility shall initiate an investigation within 1 business day after the risk manager or his or her designee has received a report pursuant to paragraph (1)(d). The facility must complete the investigation and submit a report to the agency within 15 calendar days after the adverse incident

**Interpretive Guideline**

In the incident report review, note if the risk manager started an investigation. Referrals for practitioner disciplinary review will be conducted by the Florida Center.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 11/03/2016

Page 127 of 127

**Aspen State Regulation Set: N 4.03 Nursing Home Licensure**

occurred. The agency shall develop a form for the report which must include the name of the risk manager, information regarding the identity of the affected resident, the type of adverse incident, the initiation of an investigation by the facility, and whether the events causing or resulting in the adverse incident represent a potential risk to any other resident. The report is confidential as provided by law and is not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or the appropriate regulatory board. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each report and determine whether it potentially involved conduct by the health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply.

**ST - N0917 - Report Abuse, Neglect, & Exploitation**

**Title** Report Abuse, Neglect, & Exploitation

**Statute or Rule** 400.147(8), FS

**Type** Rule

**Regulation Definition**

Abuse, neglect, or exploitation must be reported to the agency as required by 42 C.F.R. s. 483.13(c) and to the department as required by chapters 39 and 415.

**Interpretive Guideline**