

CHARLIE CRIST
GOVERNOR



THOMAS W. ARNOLD
SECRETARY

April 27, 2010

RE: Revisions to Rule Chapter 58A-14, Adult Family Care Homes (AFCH), Florida Administrative Code (F.A.C.)

Dear Adult Family Care Home provider:

This is to notify you of changes that became effective April 15, 2010 to Rule Chapter 58A-14, AFCH, F.A.C.

Below is a summary of the sections of Chapter 58A-14, F.A.C. that have changed:

1. 58A-14.002, Definitions: Adds the definitions of “reside” or “resides,” specifying that the licensee or applicant must live in the AFCH as a primary residence.
2. 58A-14.003, License Application, Renewal and Conditional Licenses: Requires that the AFCH provider provide proof that he or she lives in the home.
3. 58A-14.004, License Requirements: Prohibits a change of ownership for an AFCH and requires that the following addresses and toll-free telephone numbers be posted in the AFCH:
 - (a) District Long-Term Care Ombudsman Council;
 - (b) Advocacy Center for Persons with Disabilities;
 - (c) Florida Local Advocacy Council;
 - (d) Agency Consumer Hotline; and
 - (e) Florida Abuse Hotline.
4. 58A-14.008, Staff Qualifications, Responsibilities and Training: Provides clarification to the existing rule, which requires a statement from a licensed health care provider that the provider, staff, each relief person and all adult household members are free from apparent signs and symptoms of communicable diseases, including tuberculosis. The statement must be based on an examination conducted within the six months prior to employment. Also, annually, the individual must submit documentation from a licensed health care provider that he or she is free from signs and symptoms of a communicable disease, including tuberculosis.



Please be aware that the Resident Health Assessment for Adult Family Care Homes has not changed. The form will be amended in the near future through the rulemaking process. We will notify you when the new form is effective. You may access the above changes to Rule Chapter 58A-14 and the current Resident Health Assessment on the Agency's website at:
http://ahca.myflorida.com/MCHQ/Long_Term_Care/Assisted_living/afc.shtml

Should you have questions about this information please contact the Bureau of Long Term Care Services at (850) 412-4303.

Sincerely,

A handwritten signature in black ink that reads "Bernard E. Hudson". The signature is written in a cursive style with a large initial "B".

Bernard E. Hudson, Manager
Long Term Care Unit