

Notice of Development of Rulemaking

DEPARTMENT OF CHILDREN AND FAMILIES

Agency for Persons with Disabilities

RULE NOS.:RULE TITLES:

65G-2.002 License Application and Renewal Procedures
65G-2.0021 Change of Ownership
65G-2.003 Length of Licenses
65G-2.0032 Agency Monitoring and Oversight
65G-2.004 License Violations
65G-2.0041 License Violations - Disciplinary Actions
65G-2.005 License Denial, Suspension or Revocation
65G-2.006 Licensed Capacity
65G-2.007 General Standards
65G-2.0071 Foster Care Facility Standards
65G-2.0072 Group Home Facility Standards
65G-2.0073 Residential Habilitation Center Standards
65G-2.0074 Adult Day Training Program Standards
65G-2.008 Staffing Requirements
65G-2.009 Resident Care and Supervision Standards
65G-2.010 Fire and Emergency Procedures
65G-2.014 Comprehensive Transitional Education Program Standards
65G-2.015 Siting
65G-2.017 Health Safety Standards for Licensed Facilities

PURPOSE AND EFFECT: The Agency for Persons with Disabilities (APD) proposes to update Rule Chapter 65G-2, Florida Administrative Code (F.A.C.), which governs licensure of APD-licensed Residential Facilities and Adult Day Training (ADT) Facilities. These proposed changes are a result of direct feedback and data analysis related to incidents that have occurred in these facilities. This effort strives to accomplish several guiding principles including greater clarification and alignment for the provider community as well as enhanced agility and streamlining to ensure appropriate levels of accountability. The modifications will ensure rule language empowers optimal health and safety outcomes for the individuals served through APD licensed facilities. The proposed rule amendments streamline the length and type of licenses available to be issued. First, the Standard License lengths are 1 year for Residential Licenses and 3 years for ADT Licenses. Second, the rules combine pending administrative action one month and deficiency three-month licenses into one license type. The proposed rule amendments create Provisional Licenses to replace the one-month and three-month license for a license that is pending renewal, but which has an issue affecting the approval timeframe, such as a pending administrative action/investigation, or correction of deficiencies, if applicable. The proposed rule amendments also create Conditional Licenses, which is a license with additional conditions, placed due to conditions of the facility or its operation, that must be maintained throughout the length of the license to ensure resident health and safety. The proposed rule amendments also impose clear consequences and timelines for deficiencies noted during the relicensing renewal process. A specific type of provisional license is dedicated for this purpose and cannot be issued for more than 6 months. The proposed rules establish a disciplinary chart aligning with leading practices identified through research and development, clearly identifying penalties for certain types of violations. These proposed changes will include additional types of required reportable incidents to adjust to current environmental threats and trend analysis. Examples include: reporting of suspected or known cases of human trafficking, clients left in vehicles unattended, voluntary commitment to mental health services, and injuries sustained by caregivers in the course of service delivery. The proposed rule amendments clarify timeframes responsible parties for initial incident reporting and expectations for incident follow-up. The proposed rules also establish minimum standards for protocols related to providers accused of verified findings of abuse, neglect, and exploitation. The proposed rule amendments include additional changes specifically for licensed residential provides: Requires licensees to receive prior approval prior to accepting new residents; Clarifies requirements in reporting timeframes for changes on a current resident census depending on circumstance;

Increases requirements for safeguards for residents who have sexually aggressive behaviors; Changes to video monitoring preserving individual rights and privacy, specifying video retention requirements, with considerations for fiscal impacts to businesses.

SUBJECT AREA TO BE ADDRESSED: License Application and Renewal Procedures, Creation of Provisional and Conditional License types, Change of Ownership, Length of Licenses, Agency Monitoring and Oversight, License Violations – Non-Disciplinary Actions, License Violations – Disciplinary Actions, creation of a Disciplinary Chart in lieu of violation classes, Updated incident management form, License Denial, Suspension or Revocation, Licensed Residential Facility Capacity, General Residential Facility Standards, Foster Care Facility Standards, Group Home Facility Standards, Residential Habilitation Center Standards, Adult Day Training Program Standards, Staffing Requirements for Residential Facilities, Resident Care and Supervision Standards, Fire and Emergency Procedures, repeal of the obsolete Comprehensive Transitional Education Program Standards, Siting, and repealing the Health Safety Standards for Licensed Facilities rule and transferring its provisions to other rules.

RULEMAKING AUTHORITY: 393.066(8), 393.0662(15), 393.067(1), 393.067(7), 393.0673(8), 393.501(1), 393.506(6), F.S.

LAW IMPLEMENTED: 393.0655, 393.066, 393.0662, 393.067, 393.0673, 393.13, 393.135, 393.18, 393.501, 393.506, F.S.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: July 11, 2025, 10:00 a.m. – 11:00 a.m.

PLACE: The workshop will be held virtually via Go To Webinar.

<https://attendee.gotowebinar.com/register/7401304696323550302>

Webinar ID 688-417-259

Participants can use their telephone or computer mic & speakers (VoIP).

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Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: leslie.bryson@apdcares.org If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Leslie Bryson, Senior Attorney, Agency for Persons with Disabilities, 4030 Esplanade Way, Suite 335, Tallahassee, FL 32399, (850)922-4464, Leslie.Bryson@apdcares.org

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

65G-2.002 License Application and Renewal Procedures.

(1) No change.

(2) Application. All applications for initial licensure as well licensure renewal must be submitted using License Application form 65G-2.002-A <http://www.flrules.org/Gateway/reference.asp?No=Ref-17797> (February 2025), which is incorporated herein by reference. A copy of this form may be obtained by contacting the ~~Agency regional office~~. The Agency shall review license applications in compliance with the requirements of section 120.60, F.S.

(3) License renewals. An application for the renewal of license must be submitted to the Agency at least 45 days prior to the expiration of the current license. ~~The licensee shall submit an application for license renewal to the Regional Office at least 45 days prior to the expiration of the prior license. Failure to submit a complete application at least 45 days prior to the expiration of the prior license shall be considered a Class III violation. No fine shall be imposed if the renewal application is received between 30 and 45 days prior to expiration.~~

(a) A license is deemed to have been terminated upon the date of its expiration unless the Agency has received a complete application for renewal of that license prior to the expiration date.

(b) If the Agency receives an application to renew a license after its expiration date, the Agency shall consider it to be an application for an initial license rather than an application for license renewal.

(c) If an application for renewal has been submitted to the Agency but has not been completed prior to the date of expiration, the Agency may issue a provisional or conditional license until the renewal process is completed.

(4) The Agency shall consider the following factors when reviewing an application for an initial license or license renewal. ~~prior licensing sanctions against a facility licensee, applicant, owner, or manager when reviewing whether to grant a facility a license. This may also include consideration of whether a licensee, applicant, owner, or manager has previously been determined guilty of operating an unlicensed assisted living facility pursuant to Section 429.08, F.S. In making a determination under this subsection with respect to an applicant, licensee, owner or manager with prior sanctions, the Agency will consider the nature and seriousness of any violation for which a sanction was imposed, the type of sanction imposed including the amount of any applicable fine imposed, the number of prior sanctions, compliance with any conditions or requirements of any sanction and the length of time the facility has operated without any violation since the most recent violation for which a sanction was imposed. In making a determination under this subsection with respect to a licensee, applicant, owner or manager who has been determined guilty of operating an unlicensed assisted living facility, the Agency will consider whether the person at any time operated the assisted living facility with a proper license under Section 429.07, F.S., the length of time for which the facility operated with a license, and the length of time the facility was operated with an expired license.~~

(a) Prior disciplinary action against an applicant or controlling interest including:

1. the nature and seriousness of any violation for which a sanction was imposed;
2. the type of disciplinary action imposed, including the amount of any applicable fine imposed;
3. the number of prior disciplinary actions;
4. compliance with any conditions or requirements of any disciplinary action;
5. the length of time the applicant operated a facility or program without any violation since the most recent violation for which a disciplinary action ~~sanction~~ was imposed; and
6. any failure by the applicant or controlling interest to comply with any settlement agreement with the Agency.

(b) If a licensee, applicant, owner, manager, or controlling entity has previously been determined to have operated a facility or program without a license, when a license was required by Florida Statutes or by rule the length of time during which the facility or program operated without a license, which includes licenses that have expired.

(c) If a licensee or controlling entity has had a license to operate a facility or program revoked by a state agency, including the:

1. license revocation; and
2. length of time that has passed since license revocation.

(d) Whether a licensee or controlling entity has received a bankruptcy order of discharge.

(e) Whether the Department of Children and Families has verified that the applicant or employee of the applicant is responsible for abuse, neglect, exploitation, or abandonment of a child or the abuse, neglect, or exploitation of a vulnerable adult in any health care setting.

(f) Whether the Agency has determined that there is clear and convincing evidence that the applicant is unqualified for a license because of a lack of good moral character. For purposes of this paragraph, the term “good moral character” means a personal history of honesty, fairness, and respect for the rights of others and for state and federal law.

(g) Any failure by the licensee to notify the Agency about a change in ownership in accordance with Rule 65G-2.0021, F.A.C.

(h) Whether there has been any prior disciplinary action under the license being renewed, this includes any prior disciplinary actions and verified findings against either the licensee or the licensee’s employees. This includes disciplinary action taken in accordance with section 393.0673(2), F.S.

(i) Whether a prior license was relinquished after notification to the licensee of:

1. an investigation for disciplinary action, or
2. disciplinary action that has been initiated or pending.

(5) No change.

(6) A license shall be valid for the dates specified on the license ~~but shall not exceed 1 year~~. A license which has not been renewed prior to the expiration date is invalid and the facility shall be considered unlicensed except as otherwise provided under Section 120.60(4), F.S.

(7) Each facility or program regardless of whether it is owned and managed under a single individual, partnership, association, joint venture, company, sole proprietorship, corporation, limited liability corporation, or professional limited liability corporation must operate under a separate and distinct license. A license to operate a facility or program is not assignable and is valid only for the applicant identified on the application, and for the premises and purposes specified on the license.

(8) Prior to issuing an initial license or renewing an existing license, the facility or program must be inspected by the Agency in accordance with Rule 65G-2.0032, F.A.C., to ensure that the facility or program meets the physical and safety standards of this chapter. Any deficiencies identified during the site inspection must be remediated by the applicant and the Agency must have confirmed the successful remediation prior to the issuance of a license or license renewal. The licensee must give at least 30 days' notice to the Regional Office in writing prior to the licensee's intent to close a licensed facility or program, intent to discontinue responsibility for the management of a licensed facility or program, or intent to sell or lease the facility or program to another owner or operator. The applicant's failure to provide adequate and timely notice of a facility's or program's intent to close or the applicant's intent to sell or lease a facility or program shall be considered during the review of future license applications by the applicant.

(a) Notice of a licensee's intent to close that is delivered to the Agency between 20 and 30 days prior to the closure of the facility or program shall be considered a Class III violation for each resident or participant.

(b) Notice of a licensee's intent to close that is delivered to the Agency between 10 and 19 days prior to the closure of the facility or program shall be considered a Class II violation for each facility resident or participant.

(c) Notice of a facility's or program's intent to close that is provided less than 10 days prior to the closure of the facility or program shall be considered a Class I violation for each facility resident or participant.

(9) The licensee must give at least 30 days written notice to the Agency prior to the licensee's intent to close a licensed facility or program. Each facility or program owned and managed under a single corporation, firm, partnership or association must operate under a separate and distinct license.

(10) No change.

(11) No facility or program licensed under this chapter shall provide services to non-citizens without a legal residency status.

(12)(11) No change.

Rulemaking Authority 393.066(8), 393.0662(15), 393.067(1), 393.067(7), 393.501(1) FS. Law Implemented 393.0655, 393.067, 393.0673, 393.13 FS. History—New 7-23-14, Amended 2-27-25,_____.

65G-2.0021 Change of Ownership.

(1) A license to operate a facility or program is not assignable or transferable and is valid only for the entity, premises, and purposes specified on the license.

(2) The transferring facility or program is the licensee, and the receiving or transferee facility or program is the applicant.

(3) A change of ownership of a facility or program is not a transfer of the license itself consistent with Rule 65G-2.002, F.A.C.

(4) The licensee and applicant are jointly responsible for notifying the Agency 90 Days prior to the intended Change of Ownership. Failure to notify the Agency will result in disciplinary action. The notice shall include:

(a) effective date of closure, transfer, or purchase;

(b) name of the licensee;

(c) name of the new entity, if applicable;

(d) signature of the licensee; and

(e) copy of any business agreement(s), purchasing agreement(s), or other changes of ownership agreement(s) between the licensee and the applicant.

(5) Copies of the notice must be provided to the licensee, the applicant, and the Agency.

(6)(a) The applicant's failure to provide adequate and timely notice of a facility's or program's intent to take over operation of the facility or program shall be considered during the review of the applicant's initial application by the receiving facility or program or controlling interest, including whether there are any residents or participants remaining in the facility or program.

(b) The licensee's failure to provide adequate and timely notice of a facility's or program's intent to complete a change of ownership under this rule shall be considered during the review of any future applications of the transferring facility or program or controlling interest, including whether there are any residents or participants remaining in the facility or program.

(7) A person or entity that has received the business ownership of a facility or program by way of a transfer must still submit an application for licensure and receive a license before it may operate as a facility or program under section 393.067, F.S.

(8) The applicant, or receiving facility or program, must submit a license application to the Agency 60 days prior to the intended Change of Ownership.

(a) A license application must include the effective date of the change of ownership.

(b) The change of ownership effective date cannot be prior to the date the application is received and approved by the Agency.

(c) Failure to submit an application for licensure prior to the effective date of a change of ownership to a different legal entity constitutes unlicensed activity.

(d) Both the licensee and applicant facility or program are jointly and severally liable under this rule chapter for any lapse in the continuity of care due to an improper change in ownership as outlined in this rule.

(e) All required application documents and information must be received with the application or within 21 days of the request by the Agency with the exception of the transferee's proof of a written right to occupy, which includes and is not limited to, a lease, contract for sale of the property, or other written record of the right to occupy.

(9) When the licensee's license application is submitted for renewal, the pending renewal will be administratively withdrawn from review if the applicant's initial application is approved with an effective date prior to the expiration of the licensee's license.

(10) Expiration of the licensee's license prior to the approval of the applicant's initial license application, when no renewal application has been submitted, may result in the denial of an applicant's initial license application.

(11) If the applicant has not been issued the license on the effective date of the change of ownership, documentation must be submitted by the licensee that provides for continuation of operation of the licensee for those days between the date of the change of ownership and the date the applicant is licensed by the Agency.

(12) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.

Rulemaking Authority 393.066(8), 393.0662(15), 393.067(1), 393.067(7), 393.501(1) FS. Law Implemented 393.066, 393.0662, 393.0655, 393.067, 393.0673 FS. History—New _____.

65G-2.003 Length of Licenses.

The Agency shall determine the length of a program or facility's license based on the following:

(1) No change.

(2) A license which has been renewed shall be issued for a period specified therein with an effective date being the date of the expiration of the previous license. ~~Residential facilities with no current residents but which meet all applicable licensing standards shall be granted a one year license. However, such facilities shall have an on site licensure review by the Regional Office within 30 days following the admission of their first resident to ensure that they are in compliance with the requirements of Chapter 393, F.S., and with the requirements of this rule chapter which could not be previously monitored.~~

(3) A license which has not been renewed prior to the expiration date is invalid and the facility or program shall be considered unlicensed except as otherwise provided under section 120.60(4), F.S. ~~A one month license shall be issued to facilities or programs that are awaiting administrative actions by the Agency or another state agency in order to complete requirements for Agency licensing. This shall include facilities or programs that are pursuing administrative or judicial appeals of Agency action and facilities or programs which are pending a fire inspection. Subsequent and consecutive one month licenses shall be issued if the matter has not been resolved within the initial one month licensure period.~~

(4) Provisional License. ~~A three month license shall be issued to an existing facility or program which does not have any ongoing Class I violations, but fails to meet all requirements necessary for license renewal, for which no waiver has been approved by the Agency. A three month license shall be accompanied by an approved plan of~~

~~correction. Failure to complete the actions specified in the plan of correction within the time limit specified in the plan shall result in the denial of the facility's or program's application for license renewal.~~

~~(a) If an administrative action is filed on a license that has a pending renewal application, any timeframe affecting approval of the application is tolled under section 120.60(1), F.S. the deficiencies have been corrected at the expiration of the three month license, and there are no other outstanding deficiencies, a one year license shall be issued.~~

~~(b) If a license expires while an administrative action or investigation or review is pending, the Agency shall issue a provisional license. The provisional license will expire when the Agency action is final or the end date of the provisional license, whichever occurs first. The provisional license does not affect the revocation or denial action or constitute a defense on behalf of the licensee or applicant. the previously identified deficiencies have been corrected but new deficiencies are identified, a second three month license may be issued.~~

~~(c) The Agency may issue a provisional license if, at the time of license renewal, the licensee is found to have uncorrected deficiencies. A third consecutive three month license shall only be granted at the approval Agency's Director or the Director's designee and shall only be granted if the licensee has made substantial progress to correct the facility's or program's remaining deficiencies. If the facility or program is not in full compliance with all licensing standards prior to the expiration of their third consecutive three month license, the licensee's application for license renewal shall be denied.~~

~~(d) The issuance of a provisional license shall be contingent upon Agency approval of a written Corrective Action Plan which includes corrective steps that will be taken to eliminate the deficiencies and a timetable for correction of the deficiencies by the expiration date of the provisional license.~~

~~(e) A provisional license shall be issued by the Agency only for the amount of time necessary to comply with applicable licensing standards and license renewal procedures, not to exceed three months.~~

~~(f) A provisional license shall be revoked, and license renewal denied, if subsequent follow-up monitoring by the Agency finds the persistence of the previously identified deficiencies in applicable licensing standards.~~

~~(g) If the deficiencies identified in the Corrective Action Plan have been corrected at the expiration of the provisional license and there are no other outstanding deficiencies, a new license may be issued in accordance with subsection (1) from the date of the expiration of the previous license that was issued under subsection (1).~~

~~(h) If the previously identified deficiencies have not been corrected within the three-month provisional license, upon good cause shown by the licensee, the Agency may grant up to one additional provisional license.~~

~~(i) A licensee shall not receive a provisional license on consecutive license renewals.~~

~~(j) Additional violations occurring while a facility is operating under a provisional license shall result in the denial of the application for license renewal or license revocation.~~

~~(k) A license shall not be issued to any facility or program while its license is suspended.~~

~~(5) Conditional License. The Agency may issue a license that includes such reasonable conditions as are authorized by law. A license shall not be issued to any facility or program whose license has been suspended on an emergency basis.~~

~~(6) The issuance of a license does not constitute a waiver of any statutory or rule violations by the licensee and does not prevent the Agency from seeking administrative disciplinary action sanctions against the licensee for violations committed by the licensee. that occurred during the term of previous licenses, up to a period of two years, for the same facility or program.~~

~~(7) A violation of any of the conditions imposed on a license shall result in disciplinary action up to and including license revocation.~~

~~(8)(7) No change.~~

Rulemaking Authority 393.067(1), 393.067(7), 393.0673(8), 393.501(1) FS. Law Implemented 393.067, 393.0673 FS. History—New 8-13-78, Formerly 10F-6.05, 10F-6.005, 65B-6.005, Amended 7-1-14, 2-27-25, ____.

65G-2.0032 Agency Monitoring and Oversight.

(1) The Agency shall ~~conduct ongoing monitoring of~~ ~~monitor~~ each facility or program ~~prior to the issuance of an initial license or the renewal of an existing license. In addition, the Agency shall conduct ongoing monitoring of each facility or program,~~ either unannounced or announced, in order to ensure the facility or program is in full compliance with the applicable requirements of Chapter 393, F.S., and Agency ~~the administrative rules adopted~~

~~pursuant to Chapter 393, F.S. Each monitoring checklist shall be verified by the signature of the most senior facility or program staff member present during the monitoring. The Agency may temporarily suspend monitoring for a specific time or location if the Agency determines that:~~

~~(a) A recent, impending, or ongoing disaster or emergency situation has made the monitoring unsafe or impossible;~~

~~(b) The residential facilities identified have no current residents, and may be monitored on a less frequent basis, or~~

~~(c) Monitoring should be suspended within a designated area or timeframe to promote the health, safety, or welfare of the public.~~

(2) through (3) No change.

(4) Licensees and employees of the licensee must permit any Agency staff or designated agent of the State of Florida, who presents proper State of Florida-issued identification, to enter and inspect any part of any facility or program building or to inspect records relating to the operation of the facility or program or the provision of client care at any time ~~that staff, management, owners, directors, or residents, or participants are present. A violation of this subsection shall constitute a Class II violation.~~

(a) Agency staff or its designee shall be permitted to obtain any documents related to the operation of the facility or program for those residents or participants.

(b) Agency staff or its designee shall be permitted to obtain photographs, video recordings or other methods of memorialization, of the residence or program site, the condition therein, and the condition of the residents or participants.

(5) Upon the Agency's request, the licensee must make available documentation relating to the licensee's financial ability to continue operations of the facility or program in accordance with the requirements of chapter 65G-2, F.A.C., for up to 60 days without dependence upon payment from the state or other third-party fees from facility residents. Such documentation shall include bank account statements, pay stubs, documentation of a line of credit, or any other documents which would demonstrate the current ability of the licensee to continue operations.

(6) Licensees and employees shall afford Agency staff the opportunity to observe any safety drills or protocols to verify the effectiveness and efficiency of evacuations.

(7) The Agency may temporarily suspend monitoring for a specific time or location if the Agency determines that a recent, impending, or ongoing disaster, or emergency situation has rendered monitoring unsafe or impossible.

(8) Licensees shall have an on-site licensure review by the Agency within 30 days following the admission of their first resident or participant to ensure that they are in compliance with the requirements of chapter 393, F.S., and chapter 65G-2, F.A.C.

(9) Any records or documents that a licensee is required to provide or maintain shall be accurate and shall not include any false or misleading information.

(10) A licensee or applicant shall not make willful or intentional misstatements, orally or in writing, to intentionally mislead Agency staff, the Department of Children and Families, or law enforcement in the performance of their duties.

~~(11)(5)~~ No change.

Rulemaking Authority 393.067(1), 393.067(7), 393.0673(8), 393.501(1) FS. Laws Implemented 393.067, 393.0673 FS. History—New 7-1-14, Amended 2-27-25,_____.

65G-2.004 License Violations - Non-Disciplinary Actions.

(1) Notice of Noncompliance. ~~The Agency shall issue a Notice of Noncompliance as provided under Section 120.695, F.S., in response to the first occurrence of a Class II or III violation that is not corrected prior to the completion of the on site monitoring which identified the aforementioned violation. Within 15 days following receipt of a Notice of Noncompliance, the licensee must submit a written Corrective Action Plan, to the regional office. Failure to submit a Corrective Action Plan within the required timeframe or repeat occurrences of Class II or III violations shall result in the imposition of disciplinary action as described in paragraph 65G 2.0041(4)(b) or (c), F.A.C. For the purposes of this subsection, a first occurrence of a Class II or III violation refers to those violations which have not been previously observed and cited by Agency staff within the past 12 months.~~

(a) The Agency shall issue a Notice of Noncompliance as provided under section 120.695, F.S., in response to the first occurrence of a minor violation unless corrected before the completion of the on-site monitoring which identified the minor violation.

(b) The Agency shall include at a minimum the following with a Notice of Noncompliance:

1. The specific rule that is being violated;
2. Information on how to comply with the rule, which may include directions for the licensee to formulate a Corrective Action Plan as set forth in subsection (2); and
3. A specific time frame within which the licensee must take corrective action to come into compliance with the rule.

~~(2) Corrective Action Plan. The licensee must develop and submit to the Agency a Corrective Action Plan within 15 days following the receipt of a Notice of Noncompliance. The Corrective Action Plan shall specify the actions the facility or program will take to correct each of the violations identified and to comply with the applicable licensing requirements, the name of the staff person(s) responsible for completing each action, and a timeframe for accomplishing each action. All action taken to correct a violation shall be documented in writing by the licensee. Failure to comply with the Corrective Action Plan shall result in the imposition of disciplinary action as described in paragraph 65G-2.0041(4)(b) or (c), F.A.C. The Agency shall reject any Corrective Action Plan that fails to identify all of the information described above. If the Agency rejects a Corrective Action Plan, the Agency shall notify the licensee in writing of the reasons for rejection and shall state that the licensee has 10 days from receipt of the notification to submit an amended Corrective Action Plan.~~

(a) Within 15 calendar days following the receipt of a Notice of Noncompliance, the licensee must submit a proposed written Corrective Action Plan to the designated regional office. Corrective Action Plan within the required timeframe or repeat occurrences of same or similar violations shall result in the imposition of disciplinary action as described in paragraph 65G-2.0041(4)(b) or (c), F.A.C. For the purposes of this subsection, a first occurrence of a violation refers to those violations which have not been previously observed and cited by Agency staff within the past 12 months.

(b) The Corrective Action Plan shall specify in writing all the following:

1. The specific actions the facility will take to correct each of the violations identified and to comply with the applicable licensing requirements;
2. The name(s) of the staff person(s) responsible for completing each action; and
3. A timeframe for accomplishing each action.

(c) The Agency shall reject any proposed Corrective Action Plan that fails to identify all of the information defined in paragraph (b) of this rule.

(d) If the Agency rejects a Corrective Action Plan, the Agency shall notify the licensee in writing of the reasons for rejection and shall state that the licensee has 10 days from receipt of the notification to submit an amended Corrective Action Plan. If the licensee fails to timely submit an amended Corrective Action Plan that addressed the deficiencies defined in the 10-day notice sent by the Agency, the Agency shall consider this to be an additional violation(s).

(e) All action taken to correct a violation shall be documented in writing by the licensee.

(f) Failure to fully come into compliance with the rule specified in the Notice of Noncompliance or comply with the terms of a Corrective Action Plan shall result in the imposition of disciplinary action as defined in Rule 65G-2.0041, F.A.C. This includes imposing disciplinary action based on both the underlying violation and on the failure to timely correct the underlying violation after receipt of a Notice of Noncompliance or Corrective Action Plan that was approved or provided by the Agency.

(3) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date. Moratoriums. A moratorium on the admission of new clients into a facility or program may be imposed pursuant to the criteria stated in Section 393.0673(6), F.S.

~~(4) Relinquishment and license expiration. The expiration or relinquishment of a license that is pending administrative sanctions does not render the administrative sanctions moot. The Agency may continue to seek administrative sanctions against a licensee for violations that occurred during a licensee's management or oversight of a facility or program even if the licensee ceases to own or lease the facility or program, operate the facility or program, or provide services in the facility or program after the violations have occurred.~~

65G-2.0041 License Violations – Disciplinary Actions.

~~(1) Under a final order of the Agency, the Agency shall impose Determination of disciplinary action against a licensee for the violation of any facility or program standard as provided in chapter 393, F.S., or the Agency's rules, involving abuse, neglect, or exploitation. In determining whether to pursue disciplinary action in response to verified findings by the Department of Children and Families of abuse, neglect, or exploitation involving the licensee or direct service providers rendering services on behalf of the licensee, the Agency will consider the licensee's corrective action plan and other actions taken to safeguard the health, safety, and welfare of residents upon discovery of the violation. Considerations shall include the following:~~

~~(a) Each day a violation occurs, or continues to occur, constitutes a separate violation and is subject to a separate and additional disciplinary action. Whether the licensee properly trained and screened, in compliance with Section 393.0655, F.S., the staff member(s) responsible for the violation;~~

~~(b) Failure to comply with the terms of a Corrective Action Plan or settlement agreement shall constitute a separate violation subject to a separate and additional administrative proceeding and additional disciplinary action from the underlying violation. Whether, upon discovery, the licensee immediately reported any allegations or suspicions of abuse, neglect, or exploitation to both the Florida Abuse Hotline as well as the Agency;~~

~~(c) A Plan of Remediation shall be in response to a violation of these rules and shall be included as part of a disciplinary action imposed as a result of the violations. Failure to timely complete a Plan of Remediation shall constitute an additional and separate violation beyond the violation for which it was implemented. Whether the licensee fully cooperated with all investigations of the violation;~~

~~(d) Whether the licensee took immediate and appropriate actions necessary to safeguard the health, safety and welfare of residents during and after any investigations.~~

~~(e) Whether the occurrence is a repeat violation and the nature of such violation.~~

~~(f) The specific facts and circumstances before, during, and after the violation.~~

~~(2) Factors considered when determining sanctions to be imposed for a violation. The Agency shall consider any aggravating and mitigating the following factors when determining appropriate disciplinary action, which include the following: the sanctions for a violation:~~

~~(a) The severity gravity of the violation; including whether the incident involved the abuse, neglect, exploitation, abandonment, death, or serious physical or mental injury of a resident or participant, whether death or serious physical or mental injury could have resulted from the violation, and whether the violation has resulted in permanent or irrevocable injuries, damage to property, or loss of property or client funds;~~

~~(b) whether the incident involved the abuse, neglect, exploitation, abandonment, death, or serious physical or mental injury of a resident or participant; The actions already taken or being taken by the licensee to correct the violations, or the lack of remedial action;~~

~~(c) The connection between the death or serious physical or mental injury and the violation; types, dates, and frequency of previous violations and whether the violation is a repeat violation;~~

~~(d) any remedial actions taken to correct the violation(s) and the timeliness of such actions; The number of residents or participants served by the facility or program and the number of residents or participants affected or put at risk by the violation;~~

~~(e) Whether the licensee willfully committed the violation, was aware of the violation, was willfully ignorant of the violation, or attempted to conceal the violation;~~

~~(f) the number of individuals impacted; The licensee's cooperation with investigating authorities, including the Agency, the Department of Children and Families, or law enforcement;~~

~~(g) whether the licensee reported the violation(s) within the timeframes described in this chapter; The length of time the violation has existed within the home without being addressed; and,~~

~~(h) whether the licensee has cooperated with the Agency, or any other investigating regulatory or law enforcement agency regarding the violation(s); The extent to which the licensee was aware of the violation.~~

~~(i) whether there have been repeat instances of the same or similar violation(s) or any other violation by the licensee, with consideration of the amount of time that has passed between violations;~~

(j) whether a violation(s) involved more than one employee of the licensee; and

(k) any other relevant mitigating or aggravating factors.

(3) The Agency may take disciplinary action against licensees in accordance with sections 393.067 and 393.0673, F.S., as follows: Additional considerations for Class I violations, repeated violations or for violations that have not been corrected:

(a) a moratorium on admissions: Subject to the provisions of subsection 65G 2.0041(1), F.A.C., in response to a Class I violation, the Agency may either file an Administrative Complaint against the licensee or deny the licensee's application for renewal of licensure.

(b) the suspension, denial, or revocation of the license, including nonrenewal of the license; and A second Class I violation, occurring within 12 months from the date in which a Final Order was entered for an Administrative Complaint pertaining to that same violation, shall result in the imposition of a fine of \$1,000 per day per violation, revocation, denial or suspension of the license, or the imposition of a moratorium on new resident admissions.

(c) administrative fines, as follows: The intentional misrepresentation, by a licensee or by the supervisory staff of a licensee, of the remedial actions taken to correct a Class I violation shall constitute a Class I violation. The intentional misrepresentation, by a licensee or by the supervisory staff of a licensee, of the remedial actions taken to correct a Class II violation shall constitute a Class II violation. The intentional misrepresentation, by a licensee or by the supervisory staff of a licensee, of the remedial actions taken to correct a Class III violation shall constitute a Class III violation.

1. each fine shall not exceed \$1,000 per violation;

2. each day a violation occurs constitutes a new violation; and

3. no fine issued under this rule chapter may exceed the limitation in section 393.0673, F.S.

(d) Failure to complete corrective action within the designated timeframes may result in revocation or non-renewal of the facility's or program's license.

(4) The Agency may impose more than one type of disciplinary action for a single violation. Sanctions. Fines shall be imposed, pursuant to a final order of the Agency, according to the following three tiered classification system for the violation of facility standards as provided by law or administrative rule. Each day a violation occurs or continues to occur constitutes a separate violation and is subject to a separate and additional sanction. Violations shall be classified according to the following criteria:

(a) Class I statutory or rule violations are violations that cause or pose an immediate threat of death or serious harm to the health, safety or welfare of a resident and which require immediate correction.

1. Class I violations include all instances where the Department of Children and Families has verified that the licensee is responsible for abuse, neglect, or abandonment of a child or abuse, neglect or exploitation of a vulnerable adult. For purposes of this subparagraph, a licensee is responsible for the action or inaction of a covered person resulting in abuse, neglect, exploitation or abandonment when the facts and circumstances show that the covered person's action, or failure to act, was at the direction of the licensee, or with the knowledge of the licensee, or under circumstances where a reasonable person in the licensee's position should have known that the covered person's action, or failure to act, would result in abuse, neglect, abandonment or exploitation of a resident.

2. Class I violations may be penalized by a moratorium on admissions, by the suspension, denial or revocation of the license, by the nonrenewal of licensure, or by a fine of up to \$1,000 dollars per day per violation. Administrative sanctions may be levied notwithstanding remedial actions taken by the licensee after a Class I violation has occurred.

3. All Class I violations must be abated or corrected immediately after any covered person acting on behalf of the licensee becomes aware of the violation other than the covered person who caused or committed the violation.

(b) Class II violations are violations that do not pose an immediate threat to the health, safety or welfare of a resident, but could reasonably be expected to cause harm if not corrected. Class II violations include statutory or rule violations related to the operation and maintenance of a facility or to the personal care of residents which the Agency determines directly threaten the physical or emotional health, safety, or security of facility residents, other than Class I violations.

1. Class II violations may be penalized by a fine of up to \$500 dollars per day per violation.

If four or more Class II violations occur within a one year time period, the Agency may seek the suspension or revocation of the facility's license, nonrenewal of licensure, or a moratorium on admissions to the facility.

~~2. A fine may be levied notwithstanding the correction of the violation during the monitoring visit if the violation is a repeat Class II violation.~~

~~(e) Class III violations are statutory or rule violations related to the operation and maintenance of the facility or to the personal care of residents, other than Class I or Class II violations.~~

~~1. Class III violations may be penalized by a fine of up to \$100 dollars per day for each violation.~~

~~2. A repeat Class III violation previously cited in a notice of noncompliance may incur a fine even if the violation is corrected before the Agency completes its monitoring of the facility or program.~~

~~3. If twenty or more Class III violations occur within a one year time period, the Agency may seek the suspension or revocation of the facility's or program's license, nonrenewal of licensure, or moratorium on admissions to the facility or program.~~

~~(d) The aggregate amount of any fine imposed pursuant to this section shall not exceed \$10,000.~~

~~(5) Failure to pay any fine or adhere to a moratorium, suspension, or any other disciplinary measure implemented in accordance with this chapter shall constitute a separate violation.~~

~~(6) The expiration or relinquishment of a license that is pending administrative disciplinary action does not render the administrative proceeding moot and the licensee may still be subject to administrative disciplinary action. The Agency may continue to seek administrative disciplinary action against a licensee for violations that occurred during a licensee's management or oversight of a facility or program even if the licensee ceases to own, lease, operate, or provide services in the facility or program after the violations have occurred.~~

~~(7) For purposes of disciplinary action under these rules and chapter 393, F.S., for verified findings of abuse, neglect, abandonment, or exploitation of a child or vulnerable adult, the licensee is responsible not only for administration of the facilities in compliance with the standards provided by statute and administrative rule, but is ultimately responsible for the care and supervision of the clients in the facility or the participants of the program.~~

~~(a) A licensee may not delegate to others the ultimate responsibility for the safety of the clients in its care.~~

~~(b) A licensee is subject to disciplinary action for an employee's lapse in care or supervision of the clients at the facility or the participants of the program in which a verified finding of abuse, neglect, abandonment, or exploitation occurred at the licensee's facility or program.~~

~~(8) Disciplinary guidelines applicable to disciplinary actions taken under these rules and chapter 393, F.S., are set forth within the APD Licensing Disciplinary Chart, which is incorporated herein by reference, effective September 2025, which may be obtained at <http://www.flrules.org/>.~~

~~(9) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.~~

Rulemaking Authority 393.067(1), 393.067(7), 393.0673(8), 393.501(1) FS. Law Implemented 393.067, 393.0673 FS. History--New 7-1-14, Amended 1-23-25, ____.

65G-2.005 License Denial, Suspension or Revocation.

~~(1) The Agency shall deny an application for licensure if: A license to operate a residential facility or program is not assignable and is valid only for the entity, premises, and purposes specified in the license.~~

~~(a) the applicant fails to provide the Agency with a complete application for licensure, as defined in Rule 65G-2.002, F.A.C., and has failed to respond to the Agency's request for the missing information by the deadline set by the Agency;~~

~~(b) the applicant or a controlling entity has an arrest awaiting final disposition for, has been found guilty of (regardless of adjudication), entered a plea of nolo contendere or guilty to, or has been adjudicated delinquent and the record has not been sealed or expunged for, any offense identified in sections 393.0655, or 435.04, F.S.;~~

~~(c) the applicant or a controlling entity has had a license to operate a residential facility revoked by the Agency, the Agency for Health Care Administration (AHCA), the Department of Children and Families (DCF), Department of Juvenile Justice (DJJ), or the Department of Health (DOH);~~

~~(d) the applicant or a controlling entity has had a previous disciplinary action taken against them by Medicaid or Medicare;~~

~~(e) the applicant or a controlling entity has voluntarily relinquished a license to operate a residential facility in lieu of the Agency, AHCA, DCF, DJJ, or DOH pursuing an investigation or an administrative complaint against the applicant or a controlling entity;~~

(f) the applicant fails to provide the Agency with satisfactory proof of financial ability to operate for up to 60 days without dependence upon payment from the state or other third-party fees;

(g) the Agency's monitoring of the applicant's facility reveals violations of chapter 393, F.S., or this rule chapter that the applicant does not correct within the timeframe set by the Agency;

(h) DCF has verified that the applicant, the applicant's employees, or a controlling entity, is responsible for the abuse, neglect, or abandonment of a child or the abuse, neglect, or exploitation of a vulnerable adult;

(i) the applicant or the applicant's agent or employee falsely represented or omitted a material fact in its license application submitted under section 393.067, F.S.;

(j) the applicant or a controlling entity has had a professional license revoked by a state licensing entity; or

(k) the Agency, AHCA, DOH, DJJ, or DCF have taken or are in the process of taking disciplinary action against the applicant's or a controlling entity's other licensed facility or facilities.

(2) This rule is in addition to any disciplinary action listed in Rule 65G-2.0041, F.A.C. A change of licensee or a move of the facility or program to another location shall result in the revocation of the license.

(3) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.

Rulemaking Authority 393.501(1), 393.067(1), 393.067(7), 393.0673(8) FS. Law Implemented 393.067, 393.0673 393.673 FS. History--New 8-13-78, Formerly 10F-6.03, 10F-6.003, 65B-6.003, Amended 7-1-14, 2-27-25, ____.

65G-2.006 Licensed Residential Facility Capacity.

(1) The Mmaximum number of residents in each facility that may be served by a facility shall be determined based upon the size of the physical facility, the number of staff and their qualifications, the type of facility license issued, and any limitations imposed by the Fire Marshal, Department of Health, and other relevant state and local authorities. The licensed capacity shall be noted on the license.

(a) A facility shall not serve more clients than the maximum capacity, as stated on the license.

(b) The maximum number of residents who may be served by a facility shall be determined by the Agency after consideration of the following: as described in Rule 65G-2.007, F.A.C., General Facility Standards:

1. the individual needs of each resident;

2. the number of staff members and direct service providers, and each staff member's or direct service provider's qualifications;

3. the experience, education, and qualifications of the facility operator or owner;

4. the type of services provided; and

5. any limitations imposed by the Fire Marshal and other relevant federal, state, and local authorities.

(c) The Agency shall reassess the maximum number of residents that may be served by a facility each year as part of the license renewal process or at any time the licensee requests a change of the facility's capacity determination. This shall be reviewed using the criteria listed under paragraph (1)(b) of this rule and:

1. the level of active and appropriate supervision as evidenced by the staffing pattern and the number of staffing hours provided;

2. the frequency and severity of incident reports and violations that occurred or were identified during the current or preceding licensure year, which could be reasonably attributable to the number of residents served by the facility; and

3. the licensee's response and cooperation with the Agency and whether the licensee has completed all Corrective Action Plans.

(d) If a licensee requests to increase the capacity of the facility, the licensee must submit a request to the Regional Office in writing at least 30 days prior to the proposed change. The request must:

1. include documentation showing that the licensee has successfully passed a fire inspection that reflects the proposed capacity;

2. demonstrate that the facility is in compliance with any local governmental or municipal zoning requirements as defined in section 419.001, F.S. and Rule 65G-2.015, F.A.C.; and

3. submit a completed Calculation of License Capacity Form in paragraph (1)(b) of this rule.

(e) The Agency shall monitor the facility and reassess the staffing pattern and the number of staff whenever it receives a request for capacity increase.

(f) If the request is approved, the Agency shall issue an amended license setting forth the new maximum capacity for the remainder of the previously existing license.

(g) The Agency may waive the 30 days prior-notice requirement of paragraph (1)(d) of this rule due to an emergency or natural disaster wherein the licensee, after consultation and approval by the Agency, may increase the capacity of the facility.

(2) Census – the Licensee shall maintain one census, for each license issued, of residents living at the facility, regardless of whether they are clients of the Agency. The census information shall include but not be limited to, the names, dates of birth, level of waiver services reimbursement, and client eligibility diagnosis.

(a) For expected changes to the census the licensee shall inform the Agency in writing prior to any change in the census to include an updated census. The updated census shall be sent to the Agency within five (5) business days.

(b) For any unexpected changes in the census of residents, the licensee must inform the Agency immediately.

(3) Needs and Characteristics of residents in each facility.

(a) Each facility licensed under this rule chapter shall serve only those residents whose characteristics, level of care, age, and sex are included on its license application.

(b) The Agency shall determine the needs and characteristics of residents who may be served by a facility based on a review of the following:

1. the layout, accessibility, and use of the facility;
2. the number of staff and direct care providers employed by the facility;
3. qualifications of staff; and
4. the level of care and services needed by the residents.

(c)(2) The Agency shall reassess the characteristics of residents that may be served by a facility each year as part of the license renewal process or at any time the licensee requests a change of the facility's capacity. This shall be reviewed using the criteria listed under paragraph (3)(b) of this rule and: ~~maximum number of residents who may be served by a facility shall be reassessed annually as part of the license renewal process. The Agency reserves the right to decrease the licensed capacity of a facility based upon an annual review of the individual needs of each client or resident, the level of active and appropriate supervision, and the background, experience, and skill of the direct service providers. The Agency shall also consider incident reports and violations that occurred or were identified during the current or preceding licensure year, which could be reasonably attributable to the number of residents served by the facility.~~

1. the level of active and appropriate supervision as evidenced by the staffing pattern and the number of staffing hours provided

2. The Agency shall also consider the frequency and severity of incident reports and violations that occurred or were identified during the current or preceding licensure year, which could be reasonably attributable to the characteristics of residents served by the facility; and

3. the licensee's response and cooperation with the Agency and whether the licensee has completed all Corrective Action Plans.

(d) If a licensee wishes to change the level of care, age, or sex of residents that may be served in the facility, from what was specified within their most recent application for licensure, licensee shall notify the Regional Office in writing 30 days prior to the proposed change. The Agency shall reinspect the facility if changes in the needs and characteristics of services provided or the level of care, age, or sex of residents served require additional modification to the home or staffing requirements. Upon approval the Agency shall inform the licensee and update the appropriate electronic systems to reflect the new needs and characteristics of residents served.

(4)(3) The Agency's evaluation of the characteristics, level of care and demographics of the facility's residents or maximum number of residents served by a facility does not constitute a determination that the licensed facility is being operated in a safe or effective manner, a determination that the facility is acting in full compliance with the licensing requirements of this chapter, or a determination that any individual staff members employed by the facility is qualified or properly trained to serve the facility's residents. ~~types of residents that may be served by a facility shall be determined on the basis of construction, design and use of the facility, the type of programs and services offered by the facility, the number and qualifications of the personnel employed by the facility, and the level of care and services needed by residents.~~

~~(5)(4) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date. If a licensee wishes to increase or decrease the capacity of the facility, he or she shall notify the Regional Office in writing at least 30 days prior to the proposed change. Increases in licensed capacity shall not be granted unless the licensee has successfully passed a fire inspection that reflects the proposed capacity. Requests for capacity increases will require the facility to be resurveyed by Agency staff and, if approved, an amended license shall be issued setting forth the new maximum capacity for the remainder of the previously existing license.~~

~~(5) If a licensee wishes to change the types of residents that may be served in the facility, as specified within their most recent application for licensure, he or she shall notify the Regional Office in writing 30 days prior to the proposed change. The facility shall be resurveyed if changes in the types of residents served require additional modification to the home or staffing requirements, and if approved, an amended license shall be issued by the Agency.~~

~~(6) The Agency's evaluation of the type or maximum number of residents served by a facility does not constitute a determination that the licensed facility is being operated in a safe or effective manner, a determination that the facility is acting in full compliance with the licensing requirements of this chapter, or a determination that any individual staff members employed by the facility are qualified or properly trained to serve the facility's residents.~~

~~(7) Exceeding a facility's maximum authorized capacity or housing a resident type not authorized for the facility shall constitute a Class III violation.~~

Rulemaking Authority 393.501(1), 393.067(1), 393.067(7) FS. Law Implemented 393.067 FS. History--New 8-13-78, Formerly 10F-6.02, 10F-6.002, 65B-6.002, Amended 7-1-14,_____.

65G-2.007 General Residential Facility Standards.

(1) Facility name and identification.

(a) No ~~residential~~ facility may be referred to or use names such as "nursing facility" or "rest facility" unless it is a nursing facility licensed under Chapter 400, F.S.

(b) No ~~residential~~ facility may use the word "school" in its name unless there is a state or county certified educational program operated within the facility.

(c) No ~~residential~~ facility may erect any exterior sign which would label the residents or functions of the facility by indicating that the facility serves persons with developmental disabilities.

~~(d) A violation of this subsection shall constitute a Class III violation.~~

(2) Leasing of property by licensees. If the licensee is not the owner of the property, the licensee must have a fully executed lease.

(a) The lease must be current at the time of initial licensure and renewal.

(b) The lease must not lapse during the term of the license.

(c) The terms of the lease must not preclude the facility from being able to operate as a group home or foster home in accordance with Chapter 65G-2, F.A.C.

(3)(2) General physical facility and site requirements. The facility is responsible for providing a healthy, safe, and caring residential environment that is clean, hygienic, and sanitary. For the facility to create such an environment, it must have and maintain the minimum standards as established by paragraphs (a) through (h) of this subsection, except in the event of impossibility such as a natural disaster or loss of power outside of the control of licensee.

(a) The facility must be free of any dangerous physical conditions and hazards. Interior and exterior building surfaces must be free of:

1. cracks, holes, tears, uneven projections, protruding nail, splinters;

2. broken, warped, or loose: boards, tile, linoleum, handrails, railings, plaster, lath, window panes, hanging fixtures;

3. exposed pipes or electric wiring;

4. water spillage or damage; and

5. tripping hazards.

(b) All areas of the facility occupied by residents, including bedrooms, common areas, hallways, bathrooms, and dining areas shall have natural or mechanical ventilation.

(a) through (b) renumbered (c) through (d) No change.

~~(c)(e)~~ Each facility ~~public utility customer~~ who requires medically essential service is solely responsible for any backup equipment or power supply and a planned course of action in the event of a power outage or interruption of service in accordance with Section 366.15, F.S.

~~(d)~~ ~~Mobile homes or manufactured homes, as described in Section 320.01(2), F.S., may not be used for foster care facilities, group home facilities, or residential habilitation centers.~~

~~(f)(e)~~ The facility shall provide safe and sanitary housing. Floors, walls, ceilings, windows, doors, and all parts of the structures shall be of sound construction, properly maintained or in working order, and kept clean, hygienic, and sanitary as necessary to ensure the health and safety of the facility's residents.

~~(g)(f)~~ No change.

~~(h)(g)~~ Exterior doors must not prevent individuals from exiting the building, but may utilize delayed egress systems provided such systems meet all of the following conditions:

1. ~~e~~Egress is prevented for a maximum of 30 seconds;

2. the delayed egress system has been approved ~~Approval of the system~~ by the local authority that has ~~having~~ jurisdiction over fire safety or the State Fire Marshall; and

3. ~~L~~ocks are automatically disengaged in the event of a fire, power outage, or activation of the fire alarm.

~~(h)~~ A violation of this subsection shall constitute a Class II violation.

~~(4)(3)~~ Common ~~L~~iving and dining areas.

(a) A minimum of 35 square feet of combined living and dining area shall be provided per household member, excluding bedrooms, bathrooms, hallways, kitchens, utility rooms, garage, and laundry rooms.

(b) The living area shall be provided with an adequate number of appropriate furnishings for the usual functions of daily living. These furnishings shall be sturdily constructed, in working condition, and be designed ~~of satisfactory design~~ to meet the daily needs of household members.

(c) The dining area furnishings shall be adequate in number, be in good working condition, well constructed and be designed ~~of satisfactory design~~ to meet the daily needs of household members.

(d) No change.

~~(e)~~ A violation of this subsection shall constitute a Class III violation.

~~(5)(4)~~ Kitchen.

(a) No change.

(b) The kitchen shall have equipment, utensils, and supplies in good condition and working order to properly store, prepare and serve the required number of meals. Chipped, cracked and otherwise unsafe utensils or dishware shall not be used. The kitchen shall have sufficient supplies of dish soap, paper towels, napkins, etc. supplied and paid for by the facility.

(c) Multi-use utensils, tableware, and equipment shall be thoroughly cleaned with hot water and sanitized after each meal. ~~A violation of this subsection shall constitute a Class III violation.~~

(d) Cleaned and sanitized utensils, equipment, and all single-use articles shall be stored at least 6 inches above the floor in a clean, dry location and in a way that protects them from contamination by splashing, dust, and other contaminants.

(e) The food-contact surfaces of fixed equipment shall be protected from contamination. Such surfaces must be cleaned and sanitized, including equipment, counter tops, storage shelves, and similar areas. Food contact surfaces must be maintained in a clean, hygienic, and sanitary condition.

(f) All sinks shall be of sufficient size and depth to accommodate the utensils being washed.

(g) After sanitization, all equipment and utensils shall be dried. Cleaned and sanitized equipment and utensils and all single-use articles shall be handled in a way that protects them from contamination.

(h) Dishwashers shall be properly installed and maintained in good repair and shall be operated in accordance with the manufacturer's instructions and specifications, which must be retained by the facility. Dishwashers should be kept clean and free from food and mineral deposits. Items being loaded into a dishwasher should be scraped and rinsed prior to loading. For efficiency purposes dishwashers should not be overloaded.

(i) In homes where stoves have ventilation hoods and devices, the ventilation hoods shall be designed to prevent grease or condensation from collecting on walls and ceilings and from dripping into food or onto food contact

surfaces. Filters or other grease extracting equipment, if used, shall be readily removable for cleaning and replacement if not designed to be cleaned in place.

(6)(5) Bedrooms.

(a) Bedrooms shall be arranged to provide for so that resident privacy is assured. Bedroom doors shall not have vision panels except as may be necessary for residents who require visual supervision due to documented behavioral or medical issues. Direct access to a resident's bedroom from a common area is required. Sole access to a resident's bedroom shall not be through a bathroom or other bedroom.

1. Bedroom doors shall not have vision panels except as may be necessary for residents who require visual supervision due to documented behavioral or medical issues.

2. Direct access to a resident's bedroom from a common area is required. Sole access to a resident's bedroom shall not be through a bathroom or other bedroom.

3. In determining licensed capacity, only bedrooms that are fully accessible and available for resident use may be considered. Bedrooms that are utilized exclusively by direct care staff, live-in caregivers, or the family members of live-in caregivers shall not be considered as available for resident use and will not be considered in determining the licensed capacity of the facility.

(b) For facilities licensed on or after July 1, 2014, must have no more than two residents sharing a bedroom. Facilities receiving an initial license prior to July 1, 2014, with no lapse in licensure or change of licensee, can have a maximum of four residents sharing a bedroom. prior to the date of this rule revision, a maximum of four residents are allowed to share a bedroom. Facilities receiving an initial license after the date of this rule revision are allowed to have a maximum of two residents sharing a bedroom.

(c) Single bedrooms for residents shall provide at least 80 square feet of usable floor space. Multi-occupancy bedrooms used by residents shall provide at least 60 square feet per person of usable floor space. Usable floor space shall include only those areas with vertical wall heights of five feet or more and does not include closet areas.

(d) Multi-occupancy bedrooms used by residents shall provide at least 60 square feet per person of usable floor space.

(e) Usable floor space shall include only those areas with vertical wall heights of five feet or more and does not include closet areas.

(f)(d) No change.

(g) No portable heaters shall be used in sleeping rooms in facilities serving six or fewer residents.

(h)(e) Dresser drawers and either a wardrobe(s) wardrobe, or an enclosed closet space adequate to store the appropriate belongings of each resident shall be provided commensurate with any physical or behavioral limitations of the resident and the physical limitations of the facility. Additional storage space shall be available elsewhere in the facility to accommodate residents' luggage and large or seldom used personal belongings. Captain-style beds with drawers installed as part of the bed frame may be substituted or used as dresser drawers.

(i)(f) Each resident shall have an individual bed. Futons, hammocks, and sleeper sofas shall not be used as permanent bedding. Each resident's bed shall have a clean, firm, comfortable mattress which is free from fabric tears, holes, odors, loose springs, and noticeable sagging. Beds shall be of suitable dimensions to accommodate residents who are using them. Bunk beds shall not be used unless appropriate to the functioning level of the residents. If residents use bunk beds, they must be safe and sturdy and not be higher than two tiers. Residents who are not able to climb safely into or out of the top tier without staff assistance shall not be permitted to sleep in the upper tier.

1. Futons, cots, inflatable mattresses, hammocks, and sleeper sofas shall not be used as permanent bedding.

2. Each resident's bed shall have a clean, firm, comfortable mattress which is clean and in good condition, and free from fabric tears, holes, odors, loose springs, and noticeable sagging.

3. Beds shall be of suitable dimensions to accommodate residents who are using them. The bedding must consider and accommodate the physical needs and requirements of the individual resident.

4. Bunk beds shall not be permitted.

5. Enclosure bed system shall not be permitted unless it is required within a resident's approved behavioral plan under Chapter 65G-8, F.A.C., and is used in conformity therewith.

(j)(g) The facility shall offer bedding and linens for each resident. These shall include a suitable pillow, pillowcase, sheets, blanket, and a bedspread or comforter which shall all be clean and in good condition. A mattress

~~cover or waterproof sheet shall be provided if needed by the resident due to allergies, incontinence, or other medical or physical reasons. Bedding shall be appropriate to the season. Bed linens shall be replaced with clean linens at least once each week, or more frequently as required. Residents shall not be permitted to sleep or rest on soiled beds and bed pillows. A resident may choose to purchase their own bedding and linens in order to personalize his or her bedroom. Bedding and linens purchased by the licensee must be available to accommodate the licensed capacity of the home.~~

1. These shall include a suitable pillow, pillowcase, sheets, blanket, and a bedspread or comforter which shall all be clean and in good condition.

2. All bedding and linens shall be clean and in good condition.

3. Bed linens shall be replaced with clean linens at least once each week, or more frequently as required.

4. Residents shall not be permitted to sleep or rest on soiled beds and bed pillows.

5. A resident may choose to purchase their own bedding and linens in order to personalize his or her bedroom

6. Bedding and linens purchased by the licensee must be available to accommodate the licensed capacity of the home.

7. A mattress cover or waterproof sheet shall be provided if needed by the resident due to allergies, incontinence, or other medical or physical reasons.

8. Bedding shall be appropriate to the season.

~~(k)(h)~~ No change.

(l) Additional storage space shall be available elsewhere in the facility to accommodate residents' luggage and large or seldom used personal belongings commensurate with the physical limitations of the facility. The storage space must be able to be secured or locked and free from insects or pests.

~~(m)(i)~~ Each resident shall be allowed to decorate his or her private quarters in an individual style that will respect the care of the property and other residents who may share the bedroom commensurate with the physical limitations of the facility.

~~(j) A violation of this subsection shall constitute a Class III violation.~~

~~(7)(6)~~ Bathrooms.

(a) There shall be at least one toilet, lavatory, and tub or shower, accessible and available for resident use for every three residents in facilities licensed on or after July 1, 2014 ~~the effective date of this rule revision~~. Facilities licensed prior to July 1, 2014 ~~the effective date of this rule revision~~, and continuously thereafter shall have no less than one toilet and lavatory for every six residents, and one shower for every eight residents.

(b) Only bathrooms that are accessible and available for resident use shall be considered when determining the licensed capacity of a facility. Bathrooms that are utilized solely by staff, live-in staff, or family members of live-in staff and are not accessible and available to residents shall not be considered in the calculation of licensed capacity.

~~(c)(b)~~ No change.

~~(e) Toilets, tubs and showers used by household members shall provide for individual privacy. A violation of this paragraph shall constitute a Class II violation~~

(d) Bathrooms shall be clean, hygienic, sanitary and well-ventilated. Bathrooms must be inspected once per day by staff to ensure compliance with applicable law.

(e) Bathrooms must be indoors.

(f) Bathrooms shall provide individual privacy. When multiple residents share a bathroom, the licensee and direct care staff are responsible for ensuring that the rights, preferences, and privacy of other residents are taken into consideration and respected.

~~(g)(d)~~ No change.

~~(e) Bathrooms shall be well ventilated by natural or mechanical methods.~~

~~(h)(f)~~ Toilet and bathing area fixtures shall be in good working condition and approximate normal patterns found in residential construction, except for where ~~where~~ special requirements ~~are~~ applicable for residents with physical impairments or for special needs.

~~(i)(g)~~ The Bathrooms bathroom shall have sufficient supplies of toiletry items such as shampoo, toothpaste, soap, and toilet paper to accommodate resident needs. ~~A resident may choose to purchase his or her own toiletry items based on his or her personal preference. Each client shall be provided a separate and appropriate place for the resident's own toothbrush and towel.~~

1. A resident may choose to purchase his or her own toiletry items based on his or her personal preference. The resident may discontinue their choice at any time and request to utilize those facility-supplied toiletry items.

2. Documentation of the residents' choice, if they choose to purchase their own toiletry items instead of using the facility-supplied shampoo, toothpaste, soap, and toilet paper, must be maintained in the resident's individual record.

~~(h) With the exception of paragraph (c), a violation of this subsection shall constitute a Class III violation.~~

(8) Water temperature.

(a) The facility must have an adequate supply of hot water for bathing and dish washing, sufficient to meet the needs of all household members. Hot water accessible to residents must be a minimum of 105 degrees Fahrenheit (40.6 degrees Celsius) and not exceed 120 degrees Fahrenheit (48.9 degrees Celsius) at the outlet.

(b) The licensee must ensure that a monthly test of the water temperature is performed and documented to ensure compliance. This documentation must be maintained for at least 12 months.

~~(9)(7) Laundry.~~

(a) through (c) No change.

~~(d) A violation of this subsection shall constitute a Class III violation.~~

~~(10)(8) Heating and cooling.~~

(a) Indoor temperature shall be maintained within a range of 68 degrees to 80 degrees, as appropriate for the climate. Temperatures exceeding this range by more than 2 degrees but less than 5 degrees constitute a Class III violation. Temperatures exceeding this range by 5 degrees or more constitute a Class II violation.

(b) Any The heating equipment or apparatus employed shall not constitute a burn hazard to the residents. Violation of this paragraph constitutes a Class II violation.

(c) There shall be no discernible differences between the temperature and humidity of areas within the facility that are used by staff and those areas used by the residents, unless such differences are based on documented resident need or preference. A violation of this paragraph shall constitute a Class III violation.

(d) Temperature variances due to emergencies, such as natural disasters or power outages outside of the licensee's control, or equipment failures that are being repaired in a timely manner that will not endanger the facility's residents shall not be considered violations of this subsection. The licensee must notify the Agency when repairs are needed, and the licensee must keep the Agency updated with respect to any repairs.

(e) Portable heaters, such as space heaters, must utilize an automatic safety switch that turns the unit off if it is tipped over, and a thermostatic control or timer which ensures that the unit will turn itself off and prevent overheating or creating an electrical hazard.

~~(11)(9) Lighting. All areas of the facility shall be equipped with lighting in accordance with area usage and to ensure the health and safety of residents. A violation of this subsection shall constitute a Class III violation.~~

~~(12)(10) Housekeeping and Maintenance. (a) The interior and exterior of the facility shall be maintained by the licensee to ensure so the health and safety of residents is assured. The facility must have a plan for housekeeping including direct care staff, equipment, and supplies. As part of the licensee's housekeeping plan, the licensee must: The facility shall supply and pay for necessary cleaning supplies. A violation of this paragraph shall constitute a Class II violation.~~

(a) keep the buildings in a clean, safe and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas;

(b) keep attics, basements, stairways and similar areas free of accumulations of refuse, discarded furniture, discarded equipment, newspapers, magazines, boxes and other similar items;

(c) keep floors clean and non-slip to ensure client safety;

(d) supply and pay for necessary cleaning supplies;

~~(e)(b) keep tThe facility shall be free of unpleasant or noxious odors;:-~~

~~(f)(c) ensure tThe grounds and any additional buildings on the grounds are kept shall be free of unkempt vegetation and excess debris and maintained in a safe and sanitary condition;:-~~

(g)(d) ensure that aAll outdoor garbage and other waste materials are shall be kept in covered containers until removed. Containers shall be emptied as often as necessary to prevent public nuisance and health hazards in accordance with municipal and county requirements of the jurisdiction within which the facility is located;:-

(h) ensure all indoor garbage and other waste materials are stored in a manner that maintains a sanitary condition. Trash cans or other such waste containers must be emptied as often as necessary to prevent attracting pest or vermin and unpleasant and noxious odors;

(i) provide mitigation of risk or assurances of safety to prevent harm or injury from hazardous areas. Such mitigating risk or assurances of safety methods include door chimes, alarms, fencing or a wall of at least four feet in height. A hazardous area is that area designated as such by Agency staff at the time of initial licensure, or in the case of a significant change in the needs and characteristics of the residents of the facility, or a significant change to the facility, property or land adjacent, which may include, but is not limited to, water hazards such as, canals, creeks, holding ponds, rivers, lakes, swamps. In determining the hazardous area, Agency staff shall consult with the licensee and any determination about the hazardous area designation must be related to and consider the needs and characteristics of the residents of the facility; and

~~(j)(e)~~ Except when restitution is a component of a client's LRC-approved behavior plan, licensees are solely responsible for any costs associated with the repair or replacement of any facility equipment or property which is owned or leased by the licensee when such equipment or property is lost, damaged or destroyed by a resident. Unless the licensee agrees to cover replacement or repair costs, a resident who damages or destroys equipment or property which is owned or leased by himself or herself or other residents of the facility shall be responsible for any costs associated with the repair or replacement of such equipment or property.

~~(f) With the exception of paragraph (a), a violation of this subsection shall constitute a Class III violation.~~

~~(13)(11)~~ Meal services. Unless contraindicated by documented medical, behavioral, or dietary requirements for individual residents, the following meal service standards shall apply to all facilities:

(a) Food and beverages shall be of adequate quantity and variety, served at appropriate temperatures, prepared by methods which conserve nutritional value, and served in a form easy for residents to manage and, within reason, in keeping with resident preferences. ~~Within reason, dietary practices in keeping with the religious requirements of the resident's faith group shall be observed at the request of the resident, or the resident's authorized representative.~~

(b) Within reason, dietary practices in keeping with the religious requirements of the resident's faith group shall be observed at the request of the resident, or the resident's authorized representative.

~~(c)(b)~~ Residents who are not routinely absent from the facility for work or other purposes must be prepared at least three meals at regular times during each 24-hour period. If a resident is absent from the facility for work or for an approved program during a regular mealtime, ~~the resident he or she~~ must be provided a meal at no charge to the resident. Snacks shall be available and provided by the facility at appropriate times during the day or evening.

~~(d)(e)~~ No change.

(e) Menus are developed in accordance with residents' individual medical, behavioral, or dietary requirements.

~~(f)(d)~~ Meals shall be prepared and served in accordance with the facility's menu(s) ~~menu~~.

~~(g)(e)~~ Menus shall be planned and written, and dated at least two days in advance of consumption. Menus, as served, shall be kept on file for a minimum of one month. Resident ~~Client~~ participation in meal planning is recommended but not required.

~~(h)(f) When food services are not supervised by a nutritionist, A~~ dietician must be consulted at least annually. Documentation of such consultation and a summary of the dietician's recommendation shall be submitted to the Regional office. ~~A violation of this paragraph shall constitute a Class II violation.~~

~~(i)(g)~~ No change.

~~(h) With the exception of paragraph (f), a violation of this subsection shall constitute a Class III violation.~~

(14) Food preparation, storage, and service.

(a) All surfaces, preparation equipment, utensils, cutlery, and dishes must be maintained in a clean and sanitized manner, free of any damage, and safe for intended use.

(b) Food must be free from cross-contamination.

(c) All food must be stored at appropriate temperature and location to maintain safety.

(d) Hotplates, grills, propane stoves, and similar equipment must be operated in a well-ventilated area and free from hazard(s).

(e) All food received or used in a licensed facility shall be clean, hygienic and sanitary, and safe for human consumption, and free from spoilage, adulteration, and misbranding.

(f) Food, while being transported, stored, prepared, displayed, or served within the facility, shall be protected from dust, flies, rodents or other vermin, toxic materials, unclean equipment and utensils, flooding, sewage, overhead leakage, and any other source of contamination.

(g) Food shall be stored a minimum of 6 inches above the floor, on clean shelves, racks, or other clean surfaces in such a manner as to be protected from splashing and other contamination. Food must be stored in a manner which permits free air circulation in and around food.

(h) Food not subject to further washing or cooking (ready to eat) before being served shall be stored in a manner that protects it from cross-contamination with food requiring washing or cooking. Packaged food shall not be stored in contact with water or undrained ice.

(i) Food, whether raw or prepared, if removed from the container or package in which it was obtained, shall be stored in a clean, covered, and labeled container except during necessary periods of preparation or service. Container covers shall be impervious and nonabsorbent.

(j) Prior to the food being placed into the freezer, the container must be clearly marked to indicate the date of freezing. Food must be dated if not consumed upon initial preparation.

(k) Hot food shall be cooled within 4 hours to 41 degrees Fahrenheit or below.

(l) Potentially hazardous food. For purposes of this rule, "potentially hazardous food" means food that requires refrigeration or freezing to prevent spoilage while it is in storage. The following requirements apply to potentially hazardous food:

1. Different types of raw animal products such as beef, fish, lamb, pork, or poultry shall be separated during storage and processing by use of different containers, partitions, shelves, or by cleaning and sanitizing the equipment between product use. Raw food products shall be physically separated from ready-to-eat food products during display or storage by storing the raw products below all ready-to-eat food products.

2. Upon receipt, potentially hazardous food shall be stored in a refrigerator or freezer, as appropriate, at temperatures that will protect it from spoilage. All potentially hazardous food shall be kept at safe temperatures, either below 41 degrees Fahrenheit or above 135 degrees Fahrenheit after cooking.

3. Potentially hazardous foods that are to be served without further cooking (ready to eat foods) and will require refrigeration shall not be allowed to remain between 41 degrees and 135 degrees Fahrenheit for a period in excess of four hours.

4. Frozen potentially hazardous food shall be thawed in refrigerated units at a temperature not to exceed 41 degrees Fahrenheit, or under cold potable running water, or in a microwave. Frozen potentially hazardous food shall be cooked immediately after thawing.

5. Potentially hazardous foods shall be kept for no more than seven days after its initial cooking.

(15)(12) Firearms and weapons Safety Requirements.

(a) Firearms, ammunition, and all other weapons shall be prohibited in licensed facilities unless the facility also serves as the primary residence of the licensee. The facility must have an adequate supply of hot water for bathing and dish washing sufficient to meet the needs of all household members. Hot water accessible to residents must not exceed 120 degrees Fahrenheit (43 degrees Celsius) at the outlet.

(b) Firearms, ammunition, and all other weapons shall be prohibited in licensed facilities unless the facility also serves as the primary residence of the licensee.

(b)(e) All firearms must be stored unloaded. Firearms and ammunition shall be stored separately from each other within locked storage areas. Weapons normally associated with hunting, fishing, hiking, or recreational target sports, such as bows and arrows, spear guns or slingshot type devices, shall be stored unloaded within locked storage areas not accessible to facility residents. Other weapons normally associated with personal protection, such as stun guns, or chemical aversive sprays shall be kept in locked storage areas not accessible to facility residents.

(d) All poisonous and toxic compounds and potentially hazardous instruments shall be used with extreme caution. Compounds harmless to human consumption shall be used whenever reasonably possible. Poisonous and toxic compounds shall not be stored in an area which may constitute a hazard to residents. Such items shall be safeguarded and not co-mingled with food items in storage areas or elsewhere. In all cases, such products shall be stored in their original containers or, if transferred to other containers for dispensing purposes, clearly labeled as to the contents and locked in a storage area.

~~(e) The facility shall provide fencing of at least four feet in height in areas identified by the Agency as hazardous. A hazardous area is that area designated as such by Agency staff at the time of initial licensure. In determining the hazardous area, Agency staff shall consult with the licensee and consider the needs and characteristics of the residents of the facility. A violation of this paragraph shall constitute a Class III violation.~~

~~(f) With the exception of paragraph (e), a violation of this subsection shall constitute a Class I violation.~~

(16) Hazardous and toxic chemicals or compounds.

(a) All poisonous and toxic chemicals or compounds and potentially hazardous instruments shall be used with extreme caution. Chemicals or compounds harmless to humans shall be used whenever reasonably appropriate possible.

(b) Poisonous and toxic compounds shall be kept in a locked storage space.

(c) Such items shall be safeguarded and not co-mingled with food items in storage areas or elsewhere.

(d) In all cases, such products shall be stored in their original containers or, if transferred to other containers for dispensing purposes, clearly labeled as to the contents and locked in a storage area.

(e) Facilities constructed before 1978 may have lead-based paint hazards. For facilities built before 1978, the licensee must provide written disclosure of the presence of lead-based paint or lead-based paint hazards to current and prospective residents of the facility.

~~(17)(13)~~ Swimming pools and other bodies of water hazards.

(a) Residents who are not proficient swimmers:

1. Must be supervised by sight and sound at all times when they are within 50 feet of any body of water or water hazard such as pools, hot tubs, canals, creeks, holding ponds, rivers, lakes, swamps, or areas subject to flooding. Access to bodies of water or other water hazards must be restricted when supervision is not available. Supervision must be provided by an adult employee of the facility who is responsible for the resident and who is also certified in first aid and CPR.

2. Residents who are not proficient swimmers shall Must not be allowed in pools or other bodies of water without wearing a life jacket or other U.S. Coast Guard approved flotation device unless engaged in swimming lessons or while under the direct supervision of an on-shift employee ~~a responsible adult~~ capable of assisting with swimming-related emergencies who is also certified in first aid and CPR.

~~(b)(e)~~ All high-risk water-related recreational activities in which residents are participating, such as boating or water sports, must be directly supervised by an ~~have~~ adult employee of the facility ~~supervision.~~

~~(c)(d)~~ Pools without filters are permitted for use by facilities and shall be assembled set-up and used in accordance with manufacturer's instructions. Such pools must be emptied and stored away when not in use and filled with clean water before the next use.

~~(d)(e)~~ No change.

~~(e)(f)~~ Swimming pools must be equipped with one or more of the following life-saving devices: ring buoy, rescue tube, flotation device with a rope, or a pole of sufficient length to cover the area of the pool.

(f) While the pool or spa is in use, accessible ingress and egress must be provided.

(g) All stairs and ladders in and around the pool must be in good working condition. A violation of this subsection shall constitute a Class II violation.

(h) Any pool located on the facility property shall be maintained in a clean, hygienic, and sanitary condition.

~~(18)(14)~~ Smoking. In facilities that do not prohibit adult residents or staff from smoking indoors, either through admission criteria, house rules or self-government, smoking shall be permitted only in areas that are designated by the residents. Under no circumstances shall the designated smoking area include indoor common areas shared or accessed by non-smoking residents. Residents shall not be permitted to smoke in bed, except that those confined to bed by infirmity may be permitted to do so only under the visual supervision of staff. Smoking shall not be permitted indoors if any of the residents of the facility are children or possess a medical condition, such as asthma, which would be aggravated by indoor smoking by other household members. A violation of this subsection shall constitute a Class II violation.

(a) Facilities that do not prohibit adult residents or staff from smoking indoors, either through admission criteria, house rules or self-government, may permit smoking only in areas that are designated by the residents, except that the designated smoking area shall not include indoor common areas shared or accessed by non-smoking residents.

(b) Residents shall not be permitted to smoke in bed, except that those confined to bed by infirmity may be permitted to do so only under the visual supervision of staff.

(c) Smoking shall not be permitted indoors if any of the residents of the facility are children or possess a medical condition, such as asthma, which would be aggravated by indoor smoking.

(19)(15) Alarms. Alarms that which are activated when an exterior door or window is opened are permitted for use within residential facilities.

(20)(16) Smoke and carbon monoxide detectors. Facilities shall be equipped with smoke and carbon monoxide detectors in good working condition. Battery activated detectors must be tested and documented at least every six months. A violation of this subsection shall constitute a Class II violation.

(21) Insect, Rodent, and Vermin Control.

(a) Effective measures shall be utilized to minimize the presence of rodents, flies, cockroaches, bedbugs, and other insects on the premises, which includes maintaining a clean environment in the facility.

(b) All buildings shall be effectively maintained rodent-proofed and rodent free.

(c) All outside openings shall be effectively sealed or screened to prevent entry of insects, rodents, and vermin.

(d) For persistent pest control problems, a licensed pest control operator must be utilized to eliminate the threat.

(22) Animal Health and Safety.

(a) Animals must be kept free from disease or under treatment by a licensed veterinarian.

(b) Animals being kept indoors or having access to the indoors must be treated for flea and tick control in accordance with the recommendations of a licensed veterinarian to prevent infestations.

(c) Animals requiring rabies vaccination must be vaccinated for rabies and their vaccinations must be current at the time of inspection. Proof of rabies vaccination or veterinary certification of vaccination exemption shall be kept on the premises at all times.

(d) Facility property must be kept free from animal wastes and byproducts.

(23) Response to Resident Sickness.

(a) Facility staff must carefully clean any areas contaminated with vomit, stool, or bodily fluids.

(b) Vomit, stool, and bodily fluids shall be cleaned up before disinfecting. Responsible staff shall wear disposable gloves to clean and disinfect whenever possible. Cleaning shall be done with disposable towels, and used towels shall be disposed of in a non-absorbent plastic bag.

(c) Facility staff must disinfect the affected area after it is completely cleaned. Staff shall allow the area to air-dry, and discard all materials used to clean the area, including placing used towels and gloves in a non-absorbent plastic bag. Staff must wash their hands with soap and water immediately after removing gloves.

(d) Soiled linens, soiled clothes, or other soiled items shall be carefully removed and kept separated from uncontaminated items. Soiled linens, soiled clothes, or other soiled items that are contaminated shall be washed separately from uncontaminated items using a regular wash cycle at high temperature with detergent, or regular wash cycle with detergent and bleach or other sanitizer.

(24) Foreclosures, Evictions, and Bankruptcies.

(a) Licensees must notify the Agency within 24 hours upon the receipt of a notice of eviction or foreclosure involving the property at which the license is maintained.

(b) Licensees who file for bankruptcy protection must notify the Agency within 24 hours of filing for bankruptcy.

(25) Mobile homes or manufactured homes, as defined in section 320.01(2), F.S., may not be used for foster care facilities, group home facilities, or residential habilitation centers. This does not include modular homes. For the purposes of this rule, a mobile or manufactured home is a home that is transported on a non-removable chassis which remains a structural part of the home and considered relocatable.

(26)(19) Optional in-service training. The licensee may develop in-service training for family members, guardians or guardian advocates of residents. This training may address topics such as appropriate behavioral interventions, guardianship, social security benefit issues, or other topics of relevance. Under no circumstances may the licensee, or its contracted trainer or presenter, charge a fee for the provision of such training. A violation of this subsection shall constitute a Class III violation.

~~(27)~~(20) Willful or intentional misstatements. A licensee or applicant shall not make willful or intentional misstatements, orally or in writing, to intentionally mislead Agency staff, the Department of Children and Families, or law enforcement in the performance of their duties.

~~(a) Willful or intentional misstatements regarding the health, safety, welfare, abuse, neglect, exploitation, abandonment or location of a resident shall be considered a Class I violation.~~

~~(b) All other willful misstatements shall be considered Class II violations.~~

(28) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.

Rulemaking Authority 393.15(5), 393.501(1), 393.067(1), 393.067(7) FS. Law Implemented 393.067 FS. History--New 8-13-78, Formerly 10F-6.08, 10F-6.008, 65B-6.008, Amended 7-1-14, 5-5-15,_____.

65G-2.0071 Foster Care Facility Standards.

~~(1) ADMINISTRATION.~~ Each foster care facility shall ~~designate a person as responsible for the on-going operation of the foster care facility and for ensuring compliance with Chapter 65G-2, F.A.C., and Section 393.067, F.S. A violation of this subsection shall constitute a Class II violation.~~ be located in an area zoned for residential use by the local zoning authority; and

(2) designate a person as responsible for the on-going operation of the foster care facility and for ensuring compliance with Chapter 65G-2, F.A.C., and chapter 393, F.S.

~~(2) FINANCIAL STANDARDS.~~

~~(a) Fiscal records pertaining to the cost of providing care to Agency clients shall be maintained in accordance with generally accepted accounting principles.~~

~~(b) The Agency may audit the records of a foster care facility to ensure compliance with Chapter 65G-2, F.A.C., and Section 393.067, F.S., provided that financial audits shall be limited to the records of Agency clients.~~

~~(c) Upon request by the Agency, the foster care facility shall make available copies of any internal or external audit reports pertaining to funding received on behalf of Agency clients.~~

~~(d) The provider, the provider's employees, and any family members thereof are prohibited from:~~

~~1. Being the named beneficiary of a resident's life insurance policy unless related to the resident by blood or marriage;~~

~~2. Receiving any indirect financial benefit from a resident's life insurance policy unless related to the resident by blood or marriage; or~~

~~3. Borrowing or otherwise using a resident's personal funds for any purpose other than the resident's benefit.~~

~~(e) A violation of this subsection shall constitute a Class III violation.~~

~~(3) STAFFING.~~ In addition to the staffing requirements delineated under Rule 65G-2.008, F.A.C., foster care facilities which utilize live-in caregivers must provide for at least one back-up direct care staff, who has undergone a successful background screening in accordance with sSection 393.0655, F.S., and cChapter 435, F.S. This back-up direct care staff must, that would be willing and able to render services to residents in the event that neither of the live-in caregivers are able to do so. A violation of this subsection shall constitute a Class II violation.

(4) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.

Rulemaking Authority 393.501(1), 393.067(1), 393.067(7) FS. Law Implemented 393.067 FS. History--New 8-13-78, Formerly 10F-6.09, 10F-6.009, 65B-6.009, Formerly 65G-2.011, Amended _____.

65G-2.0072 Group Home Facility Standards.

(1) Each group home facility shall be located in an area zoned for single family or multi-family residential use by the local zoning authority. ~~ADMINISTRATION.~~

~~(2)(a)~~ Each group home facility shall have a designated facility operator on-site or on call at all times. The facility operator is responsible for the on-going operation of the group home facility and for ensuring compliance with Chapter 65G-2, F.A.C., and section 393.067, F.S., whenever the facility operator is onsite or on call and one or more residents are present in the facility.

~~(3)(b)~~ No change.

~~(4)(e)~~ An area of the facility shall be designated as office space where files, desk, telephone and other administrative tools and equipment are located. Adequate provisions shall be made for ensuring the security of confidential files and other types of records, such as account books, inventories, audits, resident records, and resident funds. These records may be kept electronically. ~~A violation of this paragraph shall constitute a Class III violation.~~

~~(d) With the exception of paragraph (c), a violation of this subsection shall constitute a Class II violation.~~

~~(2) FINANCIAL STANDARDS.~~

~~(a) Fiscal records pertaining to the cost of providing care to Agency clients shall be maintained in accordance with generally accepted accounting principles.~~

~~(b) The Agency may audit the records of a group home facility to ensure compliance with Chapter 65G-2, F.A.C., and section 393.067, F.S., provided that financial audits shall be limited to the records of Agency clients.~~

~~(c) Upon request by the Agency, the group home facility shall make available copies of any internal or external audit reports pertaining to funding received on behalf of Agency clients.~~

~~(d) The provider, the provider's employees, and any family members thereof are prohibited from:~~

~~1. Being the named beneficiary of a resident's life insurance policy unless related to the resident by blood or marriage;~~

~~2. Receiving any indirect financial benefit from a resident's life insurance policy unless related to the resident by blood or marriage; and,~~

~~3. Borrowing or otherwise using a resident's personal funds for any purpose other than the resident's benefit.~~

~~(e) A violation of this subsection shall constitute a Class III violation.~~

~~(5) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.~~

Rulemaking Authority ~~393.501(4), 393.067(1), 393.067(7), 393.501(1)~~ FS. Law Implemented 393.067 FS. History--New 8-13-78, Formerly 10F-6.10, 10F-6.010, 65B-6.010, Formerly 65G-2.012, Amended _____.

65G-2.0073 Residential Habilitation Center Standards.

(1) Organization and administration ORGANIZATION AND ADMINISTRATION.

~~(a) No change.~~

~~(b) Each facility shall designate have a facility operator who is onsite or on call at all times. The facility operator is designated as responsible for the ongoing operation of the residential habilitation facility and for ensuring compliance with Chapter 65G-2, F.A.C., and chapter 393, F.S. Section 393.067, F.S., at all times that one or more residents are present in the facility.~~

~~(c) No change.~~

~~(d) An area of the facility shall be designated as office space where files, desk, telephone and other administrative tools and equipment are installed. Provisions shall be made for locking and protecting confidential files and other types of records, e.g., account books, inventories, audits, resident records, and resident funds. A violation of this paragraph shall constitute a Class III violation.~~

~~(e) With the exception of paragraph (d), a violation of this subsection shall constitute a Class II violation.~~

~~(2) FINANCIAL STANDARDS.~~

~~(a) Fiscal records pertaining to the cost of providing care to Agency clients shall be maintained in accordance with generally accepted accounting principles.~~

~~(b) The Agency may audit the records of a residential habilitation center to ensure compliance with Chapter 65G-2, F.A.C., and section 393.067, F.S., provided that financial audits shall be limited to the records of Agency clients.~~

~~(c) Upon request by the Agency, the residential habilitation center shall make available copies of any internal or external audit reports pertaining to funding received on behalf of Agency clients.~~

~~(d) The provider, the provider's employees, and any family members thereof are prohibited from:~~

~~1. Being the named beneficiary of a resident's life insurance policy unless related to the resident by blood or marriage;~~

~~2. Receiving any indirect financial benefit from a resident's life insurance policy unless related to the resident by blood or marriage; and,~~

3. ~~Borrowing or otherwise using a resident's personal funds for any purpose other than the resident's benefit.~~

~~(e) A violation of this subsection shall constitute a Class III violation.~~

~~(2)(3) Resident training. RESIDENT TRAINING. The residential habilitation center shall ensure that all residents receive habilitative services to meet their individualized needs. The residential habilitation center will assist the resident in exercising maximum independence in the following:~~

~~(a) The residential habilitation center shall ensure that all residents receive habilitative services to meet their individualized needs.~~

~~(b) The residential habilitation center will assist the resident in exercising maximum independence in the following:~~

~~(a) through (g) renumbered 1. through 7. No change.8.~~

~~(h) Basic knowledge or cognitive development, including both pre-academic and academic skills; and~~

~~9.(i) Job related skills, such as personal work interests, work capabilities, work habits, practical work interests, community mobility, and job seeking skills; and,~~

~~(j) A violation of this subsection shall constitute a Class II violation.~~

~~(3) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.~~

Rulemaking Authority ~~393.501(4), 393.067(1), 393.067(7), 393.501(1)~~ FS. Law Implemented 393.067 F.S. History—New 8-13-78, Formerly 10F-6.11, 10F-6.011, 65B-6.011, Formerly 65G-2.013, Amended ____.

65G-2.0074 Adult Day Training Program Standards.

(1) Right to use and occupy.

(a) through (b) No change.

~~(c) A violation of this section is a Class II violation.~~

(2) Physical site standards.

(a) through (b) No change.

(c) The physical site must be free of dangerous conditions and hazards. Interior and exterior building surfaces must be free of hazardous conditions including ~~Violation of this paragraph constitutes a Class II violation. hazardous conditions include:~~

1. through 6. No change.

(d) through (l) No change.

~~(m) A violation of this section shall be a Class II violation.~~

(3) Activity area and dining area. No change.

(4) Food preparation, storage, and service.

(a) through (n) No change.

~~If a violation of this section poses an immediate threat of, or causes, death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation. All other violations of this section shall be a Class II violation.~~

~~(o)(p) No change.~~

(5) Bathrooms and Changing Areas.

(a) No change.

(b) Bathrooms and changing areas used by participants shall provide individual privacy. ~~A violation of this paragraph shall constitute a Class II violation.~~

(c) through (e) No change.

(f) For ADTs licensed prior to March 24, 2025, ~~60 days after the effective date of the rule~~ and for only as long as there is no lapse in licensure from the date of the original license, the physical site shall have a minimum of two (2) toilets and two (2) sinks for every 35 thirty five (35) individuals, including participants and staff. For all ADTs newly licensed after March 24, 2025, ~~60 days from the effective date of the rule~~, the physical site shall have at minimum two (2) toilets and two (2) sinks for every 25 twenty five (25) individuals, including participants and staff.

~~(g) Except for paragraph (b), a violation of this subsection shall constitute a Class III violation.~~

(6) Water Temperature.

~~(a)~~ The program must have an adequate supply of clean water. Hot water, if available in changing facilities or sinks, used by participants must not exceed 120 degrees Fahrenheit (48.9 degrees Celsius) at the outlet.

~~(b) If a violation of this section poses an immediate threat of, or causes, death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation. All other violations of this section shall be a Class II violation.~~

(7) Heating and cooling.

(a) through (g) No change.

~~(h) If a violation of this section poses an immediate threat of, or causes, death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation. All other violations of this section shall be a Class II violation.~~

(8) Lighting.

~~(a)~~ All areas of the physical site shall be suitably lit in accordance with area usage.

~~(b) A violation of this subsection shall constitute a Class III violation.~~

(9) Housekeeping and Maintenance.

(a) through (g) No change.

(h) All indoor garbage and other waste materials shall be stored in a manner that would maintain a sanitary condition. Trash cans ~~Trashcans~~ or other such waste containers must be emptied as often as necessary to prevent attracting pest or vermin and prevent unpleasant or noxious odors.

(i) No change.

~~(j) If a violation of this section poses an immediate threat of, or causes, death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation. All other violations of this section shall be a Class II violation.~~

(10) Firearms and weapons.

(a) through (b) No change.

~~(c) If a violation of this section poses an immediate threat of, or causes, death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation. All other violations of this section shall be a Class II violation.~~

(11) Hazardous and toxic compounds.

(a) through (d) No change.

~~(e) If a violation of this section poses an immediate threat of, or causes, death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation. All other violations of this section shall be a Class II violation.~~

(12) Swimming pools and other bodies of water.

(a) through (d) No change.

~~(e) A violation of this subsection shall constitute a Class II violation.~~

(13) Smoking.

~~(a)~~ Smoking, vaping, or use of other tobacco products shall not be permitted indoors.

~~(b) A violation of this subsection shall constitute a Class III violation.~~

(14) No change.

(15) Smoke and carbon monoxide detectors.

(a) Facilities shall be equipped with smoke and carbon monoxide detectors in good working condition. Battery activated detectors must be tested at least every six ~~6~~ months.

(b) No change.

~~(c) If a violation of this section poses an immediate threat of, or causes, death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation. All other violations of this section shall be a Class II violation.~~

(16) Insect, Rodent, and Vermin Control.

(a) through (d) No change.

~~(e) Violations of paragraphs (a) through (d) shall constitute a Class I or Class II violation in accordance with Rule 65G-2.0041, F.A.C.~~

~~(c)(f)~~ In the event of an infestation, all measures taken must be documented by the licensee and provided to the Agency. ~~A Violation of this paragraph shall constitute a Class III violation.~~

(17) Animal Health and Safety.

(a) through (c) No change.

~~(d) Violations of this subsection shall constitute a Class III violation.~~

(18) Response to Participant Sickness.

(a) through (g) No change.

~~(h) If a violation of this section poses an immediate threat of, or causes, death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation. All other violations of this section shall be a Class II violation.~~

(19) Foreclosures, Evictions and Bankruptcies.

(a) through (b) No change.

~~(c) A violation of this subsection shall constitute a Class II violation.~~

(20) Optional in-service training.

~~(a)~~ The licensee may develop optional in-service training for family members, guardians, or guardian advocates of participants. This training may include but is not limited to parent and caregiver training. The program shall not require such training as a condition upon the provision of adult day training services.

~~(b) A violation of this subsection is a Class III violation.~~

(21) Emergency Management Plans.

(a) through (c) No change.

(d) Evacuation. The physical site must evacuate the premises during or after an emergency if so directed by the local emergency management agency.

1. No change.

2. The physical site shall not be ~~reoccupied~~ ~~re-occupied~~ until (1) the area is cleared for reentry by the local emergency management agency, local fire marshal, or any other agency or entity having authority and (2) the physical site meets the immediate needs of the participants.

(e) No change.

(f) Emergency management plans, documents regarding staff training, and any logs must be made available to the Agency within three ~~3~~ days of the request.

~~(g) If a violation of this section poses an immediate threat of, or causes, death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation. All other violations of this section shall be a Class II violation.~~

(22) No change.

(23) Transportation.

(a) through (c) No change.

(e) through (f) renumbered (d) through (e) No change.

~~(f)(g)~~ The driver must complete a physical inspection and visual sweep of the vehicle at the arrival of the destination to ensure that no participant is left inside the vehicle. A participant shall not be left unattended in a vehicle.

(h) through (o) renumbered (g) through (n) No change.

~~(p) If a violation of this section poses an immediate threat of, or causes, death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation. All other violations of this section shall be a Class II violation.~~

(24) Administration.

(a) through (d) No change.

(e) The licensee shall ensure that each staff member:

1. through 3. No change.

~~4. If a violation of this section poses an immediate threat of, or causes, death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation. All other violations of this section shall be a Class II violation.~~

(f) An area of the physical site shall be designated as office space where files, desk(s), telephone(s), and other administrative tools and equipment are located. Provisions shall be made for ensuring the security of confidential files and other types of records, such as account books, inventories, audits, and client/participant records. These records may be kept electronically. ~~A violation of this paragraph shall constitute a Class II violation.~~

(g) All documentation must be completed in English. ~~A violation of this paragraph shall constitute a Class III violation.~~

(25) Financial Standards.

(a) through (c) No change.

(d) The Agency may audit the records of a program to ensure compliance with Chapter 65G-2, F.A.C., and Chapter 393, F.S., provided that financial audits shall be limited to the records of the Agency's clients. ~~Failure to maintain records shall constitute a Class III violation. Failure to allow the Agency access to records for an audit shall constitute a Class II violation.~~

(e) Upon request by the Agency, the program shall make available copies of any internal or external audit reports pertaining to funding received on behalf of the Agency's clients. ~~Failure to allow the Agency access to client record shall constitute a Class II violation.~~

(f) The licensee, the program staff, direct service providers, and any family members thereof are prohibited from:

1. through 3. No change.

4. ~~Violation of paragraph (f) shall constitute a Class II violation.~~

(26) Staffing Ratios. ~~requirements~~

1. through 2. renumbered (a) through (b) No change.

(27) Required Skills for All Direct Service Providers.

(a) through (d) No change.

~~(e) Violations of this paragraph shall constitute a Class II violation. If a violation of this paragraph results in, or poses a serious immediate threat of, death or serious harm to the health, safety or welfare of a resident or a participant, the violation shall constitute a Class I violation, instead.~~

(28) Safety Standards.

(a) through (j) No change.

~~(k) If a violation of this section poses an immediate threat of, or causes, death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation. All other violations of this section shall be a Class II violation.~~

(29) Behavioral Interventions and Responses to Behavioral Issues.

(a) through (d) No change.

~~(e) A violation of this section shall be a Class I violation.~~

(30) Investigations.

(a) The licensee and program staff must cooperate and comply with any investigation conducted by the Agency or a law enforcement agency or any other agency authorized by law. ~~Violations of this paragraph shall constitute a Class I violation.~~

(b) No change.

(c) If a licensee, direct service provider, volunteer, or any other person working in the program has been identified as an alleged perpetrator in an active protective investigation of abuse, neglect, or exploitation of a vulnerable adult under Chapter 415, F.S., or abuse, abandonment, or neglect of a child under part II of Chapter 39, F.S., and the protective services investigator has reasonable suspicion that the abuse, neglect, exploitation, or abandonment has occurred, the alleged perpetrator shall be prohibited from being alone with participants unless he or she is under the constant visual supervision of another staff member who is not under such investigation. ~~Violations of this paragraphs shall constitute a Class II violation.~~

(d) If the protective investigation concludes with a verified finding of abuse, neglect, exploitation, or abandonment against the alleged perpetrator, the perpetrator shall be prohibited from being alone with participants unless he or she is under the constant visual supervision of another person working in the facility or program who has not, to the knowledge of the licensee, been named as the alleged perpetrator in an ongoing protective investigation or has a verified finding, until the Corrective Action Plan, below, is accepted. If the perpetrator remains employed by the licensee, the licensee must submit a Corrective Action Plan that contains the following documentation to the Agency within 15 days of notification of the verified finding:

1. Explanation of why the licensee is not terminating the perpetrator;

2. What disciplinary action was taken against the perpetrator;

3. Any training, including dates, that the program staff member or direct service provider received; and

4. How the licensee will protect participants from abuse, neglect, or exploitation by this perpetrator.

~~(e) Failure to timely create a Corrective Action Plan in (c) shall constitute a Class III violation. Failure to follow a Corrective Action Plan shall constitute a separate Class II violation.~~

~~(e)(4)~~ No change.

(31) Medication and Specialized Equipment

(a) through (b) No change.

~~(e) Violations of this paragraph shall constitute a Class II violation. If a violation of this paragraph results in the abuse, exploitation or harm to a participant, the violation of this subparagraph shall constitute a Class I violation. If a violation of this section poses an immediate threat of, or causes, death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation.~~

(32) Requirements for Personnel Policies, Procedures, and Records.

(a) through (b) No change.

~~(e) Violations of this subsection constitutes a Class III violation.~~

(33) Direct Service Provider Training Requirements.

(a) through (d) No change.

~~(e) Violations of paragraphs (a), (b), and (c) shall constitute Class II violations. Violation of paragraph (d) shall constitute a Class III violation.~~

(34) Sexual Activity and Physical Contact.

(a) The licensee shall develop and enforce a written policy regarding sexual activity involving participants of the program. ~~Violations of this paragraph shall constitute a Class II violation. If a violation of this paragraph results in, or poses a serious immediate threat of, death or serious harm to the health, safety or welfare of a resident to a participant, the violation shall constitute a Class I violation, instead.~~ Such policy shall:

1. through 4. No change.

5. address appropriate physical boundaries and standards between a direct service provider and participants, including the following elements:

a. physical contact between a direct service provider and participants should be brief, age appropriate, and shall not include sexual activity;:-

b. through f. No change.

(b) The licensee shall provide direct service providers with training regarding the licensee's policy regarding sexual activity, involving participants prior to providing direct care services. ~~Violation of this paragraph shall constitute a Class II violation.~~

(c) The following safeguards shall be implemented in any program that serves one or more sexually aggressive participants, or those who require a Safety Plan under the iBudget Handbook, Chapter 65G-2, F.A.C., or any other similar requirement:

1. No change.

2. Prior to attendance, an individualized Safety Plan shall be developed by a team to assess the risks of serving the sexually aggressive participant and determine the level of support and supervision required. The team shall include the prospective participant's support coordinator, facility operator, behavior analyst, the prospective resident and his or her legal representative, day program manager, companion, job coach, mental health counselor/psychologist, and school representative, as applicable. The staff shall be trained on safety plans before working with sexually aggressive individuals;:-

3. The program must maintain a signed copy of the most current safety plan, when applicable;:-

4. No change.

5. Known sexually aggressive participants shall never be left alone with other participants;:-

6. through 7. No change.

~~8. If a violation of this section causes or poses an immediate threat of death or serious harm to the health, safety or welfare of a resident, it shall be a Class I violation. All other violations of this section shall be a Class II violation.~~

(35) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.

65G-2.008 Staffing Requirements for Residential Facilities.

(1) The licensee shall employ adequate staff to maintain the facility in a manner that promotes and ensures the health, safety, and welfare of residents, and protects ~~nonresidents~~ ~~those who are not residents of the facility~~ from any known dangerous behaviors that the residents exhibit. At a minimum, the licensee shall maintain the staffing pattern sufficient to accommodate the number and characteristics of the residents it offers to serve in its most recent application for licensure and as approved by the Agency. A violation of this subsection shall constitute a Class I violation.

(a) ~~The Agency shall consider the following when deciding whether a facility has adequate staff to maintain the facility: appropriate number and type of staff employed by the licensee is dependent upon a number of factors including state and/or federal requirements, court orders, the number of residents and their unique service requirements, the competency, training, and education of staff, and the range of services offered. At a minimum, the licensee shall maintain the staffing pattern delineated and described on its most recent application for licensure. A violation of this paragraph shall constitute a Class II violation.~~

1. the documented level of need for each resident;
2. state and/or federal requirements;
3. behavior plan;
4. support plan;
5. safety plan;
6. medically ordered care;
7. additional staffing needs identified by licensee for residents funded through other means;
8. court orders, if applicable;
9. the number of residents and their unique service requirements;
10. the competency, training, and education of staff; and
11. the range of services offered.

(b) It is the licensee's responsibility to provide adequate staffing levels to meet the health and safety needs of each resident, even if the staffing levels exceed the minimum identified for the facility. All staffing patterns must meet the minimum requirements set forth in this rule and other applicable rules as residents move in or out of the facility or when the identified level of need changes. At least one staff person must be present at all times while clients are in the facility unless the licensee has received Agency approval for a specified client to be left alone for limited periods of time during the day or night pursuant to paragraph 65G-2.009(6)(b), F.A.C. A violation of this paragraph shall constitute a Class I violation.

~~(c) Direct service providers shall not be under the influence of alcoholic beverages or illegal controlled substances to the extent their normal faculties are impaired. For purposes of this paragraph "normal faculties" include but are not limited to the ability to see, hear, walk, talk, judge distances, drive an automobile, make judgments, act in emergencies and, in general, to normally perform the many mental and physical acts of daily life. A violation of this paragraph shall constitute a Class I violation.~~

(2) Direct Service Provider Qualifications.

~~(a)(d) A d~~Direct service provider shall be at least 18 years of age. ~~A violation of this paragraph shall constitute a Class III violation.~~

(b) A direct service provider must undergo employment screening as required by section 393.0655, F.S., and chapter 435, F.S. The licensee shall be responsible for ensuring that every direct service provider in the facility has complied with section 393.0655, F.S., and chapter 435, F.S. Any staff or volunteers, including direct service providers, managers, supervisors, and licensees that do not meet eligibility under section 393.0655, F.S. and chapter 435, F.S., must not provide direct care services or have access to any resident, resident funds, or resident living setting.

~~(c)(e) A d~~Direct service ~~provider~~ providers must have at least a high school diploma or the equivalent. When determining the equivalency of high school diplomas, providers may accept official transcripts, affidavits from educational institutions, and other formal or legal documents that can be reasonably used to determine educational

background. ~~A direct service provider providers who have been hired using the licensee's best judgment of the licensee prior to July 1, 2014, and who have remained continuously employed by the licensee, the date of this rule revision are exempt from this screening requirement. A violation of this paragraph shall constitute a Class III violation.~~

~~(d)(f) Prior to beginning employment, a direct service provider providers must have: at least one year of experience in a medical, psychiatric, nursing or childcare setting or working with persons with a developmental disability. Successfully completed college, vocational or technical training equal to 30 semester hours, 45 quarter hours, or 720 classroom hours in special education, mental health, counseling, guidance, social work or health and rehabilitative services can substitute for the required experience. Direct service providers hired by the licensee prior to July 1, 2014, shall continue to be exempt from this paragraph. Licensees may allow direct service providers to begin their employment without meeting the experience requirements described within this section if such direct service providers spend their first 90 days of employment working directly under the supervision or oversight of another direct service provider who does possess the required experience requirements. For purposes of this section, "direct supervision or oversight" refers to the physical presence of a direct service provider who meets the experience requirements and who is immediately available for assistance as needed and who at all times shall be under the same contiguous roof line as the direct service provider who does not meet the one year experience requirement. The direct service provider who does not meet the one year experience requirement may take residents out of the facility only if accompanied by another direct service provider who meets the one-year experience requirement as long as the experienced direct service provider remains at all times within 100 feet of the direct service provider who does not meet the one year experience requirement. If such arrangements will be made for a direct service provider, the licensee shall provide written notification to the Regional Office, to include the name of the direct service provider and the facility in which he or she will be working, no later than five business days after the direct service provider starts employment with the licensee. The licensee shall conduct a performance evaluation of any direct service provider employed under the exception to the experience requirement of this paragraph no later than 120 days after the direct service provider began his or her employment with the licensee. This performance evaluation shall, at a minimum, include an assessment of the direct service provider's ability to perform the prescribed duties of his or her position. Documentation of this performance evaluation shall be maintained within the personnel file of the direct service provider and made available to the Agency upon request. A violation of this paragraph shall constitute a Class III violation.~~

1. At least one year of experience in a medical, psychiatric, nursing or childcare setting, or other environment where he or she worked directly with persons with a developmental disability.

2. Successfully completed college, vocational or technical training equal to 30 semester hours, 45 quarter hours, or 720 classroom hours in special education, mental health, counseling, guidance, social work or health and rehabilitative services can substitute for the required experience.

(e) A direct service provider hired by the licensee prior to July 1, 2014, and who has remained continuously employed by the licensee, shall be exempt from this subsection.

(f) The requirements in paragraph (2)(d) of this rule may be waived if the facility meets the following conditions with respect to its staff and provides the written notification discussed in paragraph (2)(g) of this rule:

1. A direct service provider who does not meet the experience requirements must spend his or her first 90 days of employment working directly under the supervision or oversight of another direct service provider who meets the requirements. For purposes of this section, "direct supervision or oversight" means a direct service provider who meets the experience requirements and is physically present and immediately available to provide assistance to the new direct service provider who does not meet the experience requirement. For purposes of this section, "physically present" means under the same contiguous roof line.

2. With respect to transporting residents, the direct service provider who does not meet the experience requirement may take residents out of the facility only if accompanied by another direct service provider who meets the one-year experience requirement. In those instances, the experienced direct service provider must remain, remains at all times, within 100 feet of the direct service provider who does not meet the one-year experience requirement.

(g) If the licensee makes an arrangement as described in paragraph (2)(f) of this rule the licensee shall provide written notification to the Regional Office no later than five business days after the direct service provider starts

employment with the licensee. This notification must include the name of the direct service provider and the facility in which he or she will be working.

(h) If the licensee makes an arrangement described in paragraph (2)(f) of this rule, the licensee shall also conduct a performance evaluation of any direct service provider employed under subparagraphs (2)(f)1. or 2. of this rule no later than 120 days after the direct service provider began his or her employment with the licensee. This performance evaluation shall, at a minimum, include an assessment of the direct service provider's ability to perform the prescribed duties of his or her position. Documentation of this performance evaluation shall be maintained within the personnel file of the direct service provider and made available to the Agency upon request.

(3) Required Skills for All Direct Service Providers.

~~(a)(g) A direct service provider providers must be capable of effective communication with the residents of the homes as well as other individuals such as waiver-support coordinators, Agency staff, family members of residents, and others who routinely interact with residential staff. A violation of this paragraph shall constitute a Class III violation.~~

~~(b)(h) A direct service provider providers must be mentally competent to comprehend, comply with, and implement all requirements provided by law and Agency rule for the provision of services rendered to residents of their facilities.~~

~~(c) A direct service provider In addition, they must be physically capable of performing duties for which he or she is responsible. A violation of this paragraph shall constitute a Class II violation.~~

~~(2) The licensee must comply with the screening requirements established in Section 393.0655, and Chapter 435, F.S. A violation of this subsection shall constitute a Class I violation.~~

(4) Safety Standards.

(a) A direct service provider shall not be under the influence of alcoholic beverages, medications, or other substances to the extent his or her normal faculties are impaired. For the purposes of this paragraph "normal faculties" include but are not limited to the ability to see, hear, walk, talk, judge distances, drive an automobile, make judgements, act in emergencies and, in general, to perform the mental and physical acts of daily life and employment duties.

~~(b) (3) Licensees are responsible for ensuring that all a direct service provider who transports clients has have a valid driver's license. Direct service providers who are responsible for transporting clients shall not possess driving violations, committed within the past three years, which relate to driving under the influence of alcohol or drugs or any other moving violation(s) which resulted in the suspension or revocation of that direct service provider's license. Direct service providers must obey all traffic laws while transporting residents. A violation of this subsection shall constitute a Class III violation.~~

1. A direct service provider responsible for transporting clients shall not possess driving violations, committed within the past three years, which relate to driving under the influence of alcohol or drugs or any other moving violation(s) which resulted in the suspension or revocation of that direct service provider's license.

2. Licensees must update their staff's driving history on an annual basis.

3. A direct service provider must obey all traffic laws while transporting residents.

~~(c)(4) On at least an annual basis, all licensees must access the Florida Department of Law Enforcement's Sex Offender/Predator Database for the purposes of identifying database registrants who reside within a one-mile radius of the facility. The licensee shall notify facility staff of the location of sexual offenders or predators who live within one mile of the facility and document such notification. A violation of this subsection shall constitute a Class III violation.~~

(5) Investigations.

(a) If a licensee, direct services provider, volunteer, or any other person working in the facility receives a verified finding of abuse, neglect, abandonment, or exploitation under chapter 415, F.S. and chapter 39, F.S., in the course of their position with the facility the licensee is subject to disciplinary action outlined in this chapter pursuant to section 393.0673, F.S. The alleged perpetrator may still provide direct services to facility residents if the alleged perpetrator is under the constant visual supervision of another person working in the facility who has not been named as the alleged perpetrator in an ongoing protective investigation.

~~(b)(5) If a licensee, direct service provider, volunteer, or any other person working in the facility has been identified as an alleged perpetrator in an active protective investigation of abuse, neglect, or exploitation of a~~

vulnerable adult under ~~Chapter 415, F.S.~~, or abuse, abandonment, or neglect of a child under Part II of ~~Chapter 39, F.S.~~, ~~and the protective services investigator states a reasonable suspicion that the abuse, neglect, exploitation or abandonment has occurred,~~ the alleged perpetrator shall be prohibited from being alone with facility residents or having access to resident funds, unless he or she is under the constant visual supervision of another person working in the facility who has not been named as the alleged perpetrator in an ongoing protective investigation, until the investigation is closed.

~~(b) This subsection is only applicable in situations where the licensee has been made aware of the aforementioned investigation.~~

~~(c) If the protective investigation concludes with a verified finding of abuse, neglect, exploitation, or abandonment against the alleged perpetrator, the perpetrator shall be prohibited from being alone with facility residents unless he or she is under the constant visual supervision of another person working in the facility who has not, to the knowledge of the licensee, been named as the alleged perpetrator in an ongoing protective investigation, or has a verified finding, until a Corrective Action Plan is accepted and completed. If the perpetrator remains employed by the licensee, the licensee must submit a Corrective Action Plan that contains the following documentation to the Regional Office within 15 days of notification of the verified finding:~~

- ~~1. explanation of why the licensee is not terminating the employment of the perpetrator;~~
- ~~2. what disciplinary action was taken against the perpetrator;~~
- ~~3. any training, including dates, that the direct service provider received; and~~
- ~~4. how the licensee will protect facility residents from abuse, neglect, or exploitation by the perpetrator. A violation of this subsection shall constitute a Class I violation.~~

~~(d) If the protective investigation concludes with no verified finding of abuse, neglect, exploitation, or abandonment against the alleged perpetrator, the licensee, direct service provider, volunteer, or other person working in the facility may be permitted to resume unsupervised contact with residents of the facility.~~

~~(e) The licensee shall cooperate with DCF during an abuse, neglect, or exploitation investigation and request and obtain documentation of the conclusion of the investigation.~~

~~(6) Requirements for All licensees with employees shall develop and maintain the following Ppersonnel Ppolicies, Pprocedures and Rrecords.:~~

~~(a) All licensees with employees shall develop and maintain the following:~~

- ~~1.(a) No change.~~
- ~~2.(b) Documentation of all facility staff training, including a record of training dates, training content and trainers, and staff in attendance, shall be kept on file;~~
- ~~3.(c) No change.~~
- ~~4.(d) A weekly written schedule indicating staff coverage for at least one week in advance. Weekly schedules of actual staff coverage shall be maintained for a six-month period and provided to the Regional Office upon request.~~

~~(b) The licensee shall provide a copy of any or all items discussed in paragraph (6)(a) of this rule to the Agency or Regional Office upon request, within three calendar days.~~

~~(c) A violation of this subsection shall constitute a Class III violation.~~

~~(7) Staff Training Requirements. Written documentation of all required staff training must be maintained by the licensee for at least three years following the receipt of such training and be made available to the Agency upon request.~~

~~(a) All direct service providers must complete the Agency's Direct Care Core Competency training within 90 days of first providing services or supports to residents.~~

~~(b) Written documentation of all required staff training must be maintained by the licensee for at least three years following the receipt of such training and be made available to the Agency upon request.~~

~~(c)(b) All direct service providers hired to work in a licensed residential facility facilities subsequent to the date of this rule revision must complete the Agency's Zero Tolerance training curriculum on the detection, prevention, and reporting of abuse, neglect, and exploitation prior to providing direct services. The Zero Tolerance curriculum, effective June 1, 2014, consists of the Zero Tolerance Classroom Participant's Manual, <https://www.flrules.org/Gateway/reference.asp?No=Ref 04211>, the Zero Tolerance Facilitator's Guide, <https://www.flrules.org/Gateway/reference.asp?No=Ref 04212>, <https://www.flrules.org/Gateway/reference.asp?No=Ref 04213>, and the "Zero Tolerance—a statewide initiative to~~

end abuse, neglect, and exploitation,” (overhead Power Point) which are hereby incorporated by reference. A copy of the Zero Tolerance curriculum materials may be obtained from the Agency’ Central Office. In addition, all direct service providers must complete a refresher Zero Tolerance training course every three years. Staff must be able to successfully demonstrate their knowledge of required abuse reporting procedures both in theory and in practice.

~~(d)(e)~~ A All direct service ~~provider providers~~ must complete a basic first aid course, including instruction in the abdominal thrust maneuver (Heimlich maneuver) and cardio-pulmonary resuscitation (CPR), and shall maintain a current certification in CPR within 90 days of providing direct services. Online or computer-based courses are not acceptable to meet for meeting this requirement; such training must be provided in a classroom setting by a certified trainer. Facilities shall ensure there is always at least one direct service provider with current CPR certification onsite when residents are present.

~~(e)(d)~~ No change.

~~(f)(e)~~ For those residents with behavior plans, staff must be trained on the residents’ current behavioral plans by a certified behavioral analyst. Documentation of the training must be maintained in the staffs’ personnel record.

~~(g)~~ F facilities shall comply with the requirements of Chapter 65G-8, F.A.C.

~~(f)~~ A violation of this subsection shall constitute a Class III violation.

(8) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.

Rulemaking Authority ~~393.501(1), 393.067(1), 393.067(7), 393.501(1)~~ FS. Law Implemented 393.0655, 393.067 FS. History—New 7-1-14, Amended 8-6-17, _____.

65G-2.009 Resident Care and Supervision Standards.

(1) Resident Care Standards MINIMUM STANDARDS. Residential facility services shall ensure the health and safety of the residents and shall also address the provision of

(a) In order to ensure the health and safety of the facility’s residents, which includes providing appropriate physical care and supervision, ~~c~~ Each facility shall:

1. ~~f~~ Facilitate the implementation of resident client support plans, behavior plans, and any other directions from medical or health care professionals as applicable,

2. correctly and appropriately implement reactive strategy as necessary in accordance with the resident’s behavior plan, the staff’s training in reactive strategies, Florida Statutes, and the Florida Administrative Code.

~~3.2. c~~ Contact the resident’s client’s support coordinator, as necessary, to ensure the timely provision of needed medical and dental care; ~~and,~~

4. contact the resident’s legal representative, if no support coordinator is assigned, to ensure the timely provision of needed medical and dental care;

5. provide care and treatment for each resident that is individualized and appropriate to reflect the differences in each individual resident’s personal goals, abilities, sex, age, and special needs;

~~6.3. p~~ Participate in staff training and meetings as required by the Agency; ~~and,~~

7.(b) The facility must employ sufficient staff so that it is not dependent upon the use of volunteers or residents. However, residents shall be encouraged, but not required, to perform age and ability appropriate personal housekeeping chores and independent activities of daily living that are appropriate to their age, behavioral considerations, and ability such as: maintaining his or her own quarters. A resident may also be expected to participate in an independent daily living skills program which may include the sharing of, or responsibility for, ordinary household tasks such as meal preparation, grocery shopping, dishwashing, laundering, and cleaning of common areas of the residence, lawn care, gardening and other tasks generally performed by a typical family.

a. maintaining his or her own quarters; and

b. participating in ordinary household tasks such as meal preparation, grocery shopping, dishwashing, laundering, cleaning common areas of the residence or site, lawn care, gardening, and other tasks generally performed by a typical family.

~~(e)~~ The treatment and care of residents shall be individualized and appropriate to differences in personal goals, abilities, sex, age, and special needs.

~~(b)(d)~~ The facility shall adhere to and protect resident rights and freedoms in accordance with the Bill of Rights of Persons with Developmental Disabilities, as provided in ~~s~~Section 393.13, F.S. This includes, but is not limited to,

honoring and protecting each resident's right to; ~~Violations of Section 393.13(3)(a), F.S., relating to humane care, abuse, sexual abuse, neglect, or exploitation and all violations of Section 393.13(3)(g), F.S., shall constitute a Class I violation. All other violations of Section 393.13(3), F.S., shall constitute Class III violations. All violations of Sections 393.13(4)(e)1. and 2., (f), and (g), F.S., shall constitute Class I violations. All violations of Section 393.13(4)(h), F.S., shall constitute Class II violations. All other violations of Section 393.13(4), F.S., shall constitute Class III violations.~~

1. Dignity, privacy, and humane care, including the right to be free from abuse, including sexual abuse, neglect, and exploitation, as set forth in section 393.13(3)(a), F.S.;

2. Be free from harm, including unnecessary physical, chemical, or mechanical restraint, isolation, excessive medication, abuse, or neglect;

3. Religious freedom and practice;

4. Receive services, within available sources, which protect his or her personal liberty and which are provided in the least restrictive conditions necessary to achieve the purpose of treatment;

5. Participate in an appropriate program of quality education and training services, within available resources, regardless of chronological age or degree of disability;

6. Social interaction and participation in community activities;

7. Physical exercise and recreational opportunities;

8. Consent to or refuse treatment, subject to the powers of a legal representative, natural guardian, or guardian advocate appointed under section 393.12, F.S., or a guardian appointed under chapter 744, F.S.;

9. When otherwise qualified, not be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity which receives public funds by reason of having a developmental disability; and

10. When otherwise qualified, not be denied the right to vote in public elections on the basis of having a developmental disability.

(c)(e) No change.

(d) Each facility shall establish, maintain, and make available to residents and employees written house rules and regulations in consultation with residents, for the orderly operation of the group home facility.

(e) Each facility shall, when appropriate, help establish resident government within the meaning of section 393.13, F.S.

(f) Within the scope of the licensee's responsibility for care and supervision of residents, the licensee shall ensure that there is appropriate action taken for a resident's essential, routine, or preventive care following a resident's medical, dental, therapy or other health care-related appointments. The licensee's responsibility includes, but is not limited to: for residents, or assisting residents in scheduling their own appointments, as well as appropriate training of staff on changes in medication or dietary regimens, positioning of residents, utilization of specialized equipment, or any other area which has changed subsequent to any such appointments that would be within the purview and authority of the licensee to accomplish. As used in this paragraph "essential care" refers to care and follow-up measures that are medically necessary or directed by a treating physician or health care practitioner for the purpose of continuing an ongoing course of treatment of, or therapy for, a resident's illness, injury, medical condition or diagnosis until such time as such care and follow-up measures are no longer directed or recommended by the physician or health care practitioner. A violation of this paragraph shall constitute a Class I violation.

1. scheduling additional appointments for residents or assisting residents in scheduling their own appointments; and

2. providing staff with appropriate training on changes in medication or dietary regimens, positioning of residents, utilization of specialized equipment, or any other area which has changed after any such appointments that would be within the licensee's purview and authority to supervise. Within the scope of the licensee's responsibility for care and supervision of residents, the licensee shall ensure that there is appropriate action taken for a resident's routine or preventive care following a resident's medical, dental, therapy or other health care related appointments to include scheduling additional appointments for residents, or assisting residents in scheduling their own appointments. As used in this paragraph "routine or preventive" means care other than essential care such as routine examinations, annual check ups, or preventive screenings and dental care and cleanings. A violation of this paragraph shall constitute a Class II violation.

~~(g) Except as otherwise provided a violation of this subsection shall constitute a Class III violation.~~

(2) Educational services for exceptional children. Within ten business days after an exceptional student, as defined in section 1003.01, F.S., is admitted to a facility, the facility shall provide written notification of the placement to the school district where the student is currently counted for funding purposes under section 1011.62, F.S. The facility shall also provide written notification to the receiving school district. The facility shall be responsible for enrolling the student in school.

~~(3)(2) COMMUNITY RELATIONSHIP AND RECREATIONAL ACTIVITIES. Facilities shall provide opportunities for residents to participate in community activities. A violation of this subsection shall constitute a Class III violation.~~

(4)(3) Transfer and Placement of Residents TRANSFER AND PLACEMENT OF CLIENTS.

(a) No change.

(b) The facility shall only accept and serve persons with developmental disabilities, whether or not such persons are clients of the Agency.

(c) Licensees must only accept residents that have been directly referred to them by the Agency.

(d)(b) The facility shall not accept or serve a resident residents unless it can meet his or her their specific programmatic and physical accessibility needs. The facility must be capable of effectively and safely meeting the needs of all facility residents accepted for placement. The licensee shall ensure that the placement of new residents within the facility does not adversely affect the health, safety, or welfare of existing facility residents. The licensee must obtain the Agency's approval prior to any proposed placement that would deviate from the criteria specified on the facility's application for licensure. The licensee shall notify the Agency and provide descriptive information on the prospective resident if the proposed placement involves an individual who is not a client of the Agency.

(e) When determining whether to accept a person as a resident of the facility, the facility shall:

1. Ensure that the placement of new residents within the facility does not adversely affect the health, safety, or welfare of current facility residents;

2. Obtain the Agency's approval prior to any proposed placement that would deviate from the criteria specified on the facility's application for licensure; and

3. Provide descriptive information to the Agency on the prospective resident if the proposed placement involves an individual who is not a client of the Agency. This information must include:

a. documentation showing that the individual has an intellectual or developmental disability as defined in Chapter 65G-4, F.A.C.;

b. documentation showing whether the individual has any medical needs or limitations;

c. documentation showing whether the individual has any behavioral issues; and

d. a statement regarding any known criminal history of the individual and, if the individual does have a criminal history, an explanation and documentation of his or her involvement with the legal system.

(f)(e) Prior to a proposed transfer of a client from one licensed facility to another, the licensee shall discuss the transfer and reasons for transfer with the client, the client's authorized representative (if one has been appointed), support coordinator (if available), the Agency, and other involved service providers, as appropriate.

(g) The licensee shall notify the Agency, in writing, of changes in the census of the home within five business days.

(h)(4) A licensee who operates, administers, or manages more than one foster care facility, group home facility or residential habilitation center facility must receive approval from the Agency prior to transferring a client from one of its licensed facilities to another of its licensed facilities. Prior approval shall not be required in the event of an emergency in which there is a substantial probability that the health or safety of the client would be jeopardized in the absence of immediate relocation. Agency approval or notification is not required when a client is transferred within a single comprehensive transitional education program (CTEP).

(e) When a client is moved to a new residential setting, the licensee shall provide any personal belongings of the client to the client or the client's authorized representative. The property inventory list completed in accordance with paragraph (g), below, shall be referenced in order to account for all items.

(i) When a resident is moving from a licensee's facility to a new residential setting, the licensee releasing the resident shall:

~~(j)(f)~~ Prior to placement, and ~~T~~to ensure the smooth, safe and most effective transition of a new resident client to the licensee's facility, the licensee receiving the resident shall:

1. ~~p~~Provide an opportunity for the referred resident client and his or her legal ~~the client's~~ authorized representative to visit the facility;

2. ~~c~~Cooperate with and assist the Agency, the resident's client's support coordinator, and the resident's legal client's authorized representative with the new resident's client's discharge from the former residential setting; and,

3. ~~m~~Make needed preparations for the new resident client, including ensuring that all staff are made aware of the resident's client's needs, and are properly trained and equipped to meet those needs;-

~~4.(g)~~ Upon placement, upon receiving the resident for care, complete an itemized property inventory list accounting for the resident's client's records, personal funds, serviceable clothing, and any other personal belongings. This inventory shall be completed and signed by the licensee and the resident client or the resident's client's legal representative; and, This inventory record shall be updated within 30 days to reflect the acquisition of new items and reflect items that have been discarded, except that new and discarded articles of clothing are not required to be continually inventoried. The property inventory list completed in accordance with paragraph (g), below, shall be referenced in order to account for all items.

5. update the inventory record within 30 days to reflect the acquisition of new items and reflect items that have been discarded, except that new and discarded articles of clothing are not required to be continually inventoried.

~~(h) Facilities that plan to use facility staff to take clients of the Agency out of Florida overnight shall provide prior notification to the Agency.~~

~~(i) The licensee shall cooperate and assist the Agency, the client's support coordinator, and the client's authorized representative in ensuring a smooth discharge of clients to other facilities or residential settings. Within 30 days, unless otherwise approved by the Agency, the licensee shall transfer all personal funds, medications, records, and possessions of the resident in the providers possession to the Agency, the client's support coordinator, the client's authorized representative, or the receiving facility, as applicable.~~

~~(j) A violation of this subsection shall constitute a Class III violation.~~

~~(5)(4) Resident Funds~~ RESIDENT FUNDS. Neither the licensee nor staff employed by the licensee may receive any financial benefit by charging a fee against, borrowing, or otherwise using the personal funds of a client for their personal benefit.

(a) Neither the licensee nor staff employed by the licensee may receive any financial benefit by charging a fee against, borrowing, or otherwise using the personal funds of a resident for their personal benefit.

(b) The licensee must develop policies and procedures which detail the methods for management and accounting of any personal funds or benefits of facility residents. The policies and procedures must comply with generally accepted accounting principles. Each staff member having access to resident funds and account information must be trained in the proper implementation of these policies and procedures.

(c) The licensee must obtain written authorization, signed by the resident or their legal representative annually, if they will be responsible for the management of any personal funds of the residents.

~~(d)(a)~~ With respect to clients of the Agency, t~~The licensee shall maintain: written receipts for purchases made with clients funds, valued at \$25.00 or more for at least one year following the date of purchase.~~

1. Written receipts for purchases made with client funds, valued at \$25.00 or more for at least one year following the date of purchase; and

~~2.(b)~~ An accounting ~~A record~~ of income and expenditures from each client's personal funds, which includes any benefits received by a client. Each client's individual accounting must include, but is not limited to: ~~shall be maintained in accordance with generally accepted accounting principles.~~

a. The group home facility's name and address;

b. The client's name;

c. The client's ending balance for the previous month;

d. The month and year for the accounting form;

e. The date and amount of all deposits and withdrawals;

f. An accounting of the client's personal needs allowance, as defined in Rule 65G-2.018, F.A.C., and any increase in the personal needs allowance based on the annual posting of the maximum federal benefit rate;

g. The account balance following each deposit or withdrawal;
h. A brief statement of the purpose or reason for each deposit and withdrawal;
i. The name and signature of the staff member that completed each deposit or withdrawal;
j. The client's signature, in any instance where money has been withdrawn for the client to use at his or her own discretion; and

k. The ending balance for the month.

~~(e)(e)~~ No change.

(f) Accounting information for financial accounts and for cash must be made on separate forms.

~~(g)(d) Licensees who received benefits on behalf of clients~~ The licensee shall maintain a checking or savings account for the personal funds of clients. If a single account is maintained for multiple clients, a separate accounting must be maintained for each individual client that reconciles monthly to the account's total, as noted on the bank statement, and shall be retained by the provider for review by the Agency. With the exception of the facility's other residents, the personal funds of clients must not be co-mingled with the funds of any other person or entity, including those of the licensee or staff.

1. If a single account is maintained for multiple clients, a separate accounting must be maintained for each individual client that reconciles monthly with the account's total, as noted on the bank statement, and shall be retained by the provider for review by the Agency. This accounting shall include, but is not limited to, an accounting of the client's personal needs allowance, as defined in Rule 65G-2.018, F.A.C., and any increase in the personal needs allowance based on the annual posting of the maximum federal benefit rate.

2. With the exception of the facility's other residents or clients, the personal funds of residents or clients must not be co-mingled with the funds of any other person or entity, including those of the licensee or staff.

~~(e) Each client's individual accounting must include:~~

~~1. The group home facility's name and address;~~

~~2. The client's name;~~

~~3. The client's ending balance for the previous month;~~

~~4. The month and year for the accounting form;~~

~~5. The date and amount of all deposits and withdrawals;~~

~~6. The account balance following each deposit or withdrawal;~~

~~7. A brief statement of the purpose or reason for each deposit and withdrawal;~~

~~8. The name and signature of the staff member that completed each deposit or withdrawal;~~

~~9. The client's signature, in any instance where money has been withdrawn for the client to use at his or her own discretion; and,~~

~~10. The ending balance for the month.~~

~~(h)(f) Each licensee must maintain this client accounting information on Agency form APD 2014 09, (effective April 1, 2014), which is incorporated herein by reference, or in an alternative format that includes all required information contained in the form and tracks all of the information required in paragraph 65G 2.009(4)(e), F.A.C. A copy of this form may be obtained from the Regional Office. The Client accounting records shall be kept on the premises or maintained electronically and in a central location. Relevant current financial information, such as the account balance and supply of funds, shall be maintained and secured in each facility to allow for purchases and other resident, client or guardian-authorized uses of resident or client funds. Any cash shall be kept in a secure location within the facility. All records shall be made available, as requested by Agency staff for inspection and monitoring purposes.~~

~~(g) A violation of this subsection shall constitute a Class II violation.~~

(i) All client records shall be made available upon request by Agency staff for inspection and monitoring purposes.

(j) The licensee, the licensee's employees, and any family members thereof are prohibited from:

1. Being the named beneficiary of a client or resident's life insurance policy unless related to the client or resident by blood or marriage;

2. Receiving any indirect financial benefit from a client or resident's life insurance policy unless related to the client or resident by blood or marriage; or

3. Borrowing or otherwise using a client or resident's personal funds for any purpose other than the client or resident's benefit.

(k) Any records required under this subsection shall be produced, maintained, and contain information required under generally accepted accounting principles.

(6)(5) Resident Records CLIENT RECORDS. The facility shall establish and maintain an individual record for each client on the premises. The record shall contain information pertinent to the resident's health, supervision, and care. The records may be maintained electronically.

(a) The facility record shall establish and maintain an individual record for each resident on the premises. The record shall contain information pertinent to the resident's health, supervision, and care. The records may be maintained electronically be the property of the client and shall remain with the client in the event the client moves to a different facility or the facility has a change in providers. However, in accordance with HIPAA, the licensee shall retain a copy of the records for six years, which shall be made available to the Agency for surveying, monitoring and inspection purposes. The licensee is solely responsible for the costs of reproduction of client records for the purposes of this subsection.

(b) All documentation must be in legible English.

(c)(b) At a minimum, each resident record the client records shall include:

1. tThe resident's client's name and date of birth;
2. tThe resident's name, addresses and telephone number of the client's physician and dentist;
3. cContact information for the resident's client's authorized representative and support coordinator;
4. written authorization signed by the resident or legal Client or authorized representative authorization for routine medical or dental care;

5. mMedical and dental reports, including any examination results and laboratory findings, if received by the facility, and the resident's client's medication history and any special instructions for carrying, lifting, positioning, bathing, assisting with meals or other aspects of personal care;

6. No change.

7. If applicable, a copy of the client's current support plan, as supplied by the client's support coordinator, and any other applicable plans such as an implementation plan; or behavior plan;

7.8. a pProperty inventory list;

8.9. iIncident reports directly involving the resident client; and,

9.10. aA color photograph of the resident client taken within the past five years; and-

10. If applicable, a copy of the resident's current support plan, as supplied by the resident's support coordinator, and any other applicable plans such as an implementation plan or behavior plan.

(d)(e) The records shall be current to the greatest extent possible and updated at least 30 days following receipt of new information. If any of the required information is not available, the licensee shall include written documentation in the record that a diligent effort was made to obtain the missing information.

1. The property inventory list must be updated:

a. every six months; and

b. 30 days prior to a resident being discharged.

2. If any of the required information is not available, the licensee shall include written documentation in the record that a diligent effort was made to obtain the missing information.

(e)(d) Resident and cClient records shall be kept confidential in accordance with sSection 393.13, F.S.

(e) A violation of this subsection shall constitute a Class III violation.

(f) Resident records shall be accessible for inspection and duplication by any Agency staff or designated agent of the State of Florida who presents proper State of Florida-issued identification. If Agency staff or a designated agent requests a copy of the records, the facility shall provide a complete copy to the Agency, as soon as possible given the volume of records requested, but in any instance no later than two business days.

(g) Client records in the possession of the facility shall be the property of the client and shall remain with the client in the event that he or she moves to a different facility or the facility has a change in providers. However, in accordance with HIPAA, the licensee shall retain a copy of the records for six years, which shall be made available to the Agency for surveying, monitoring, and inspection purposes. For the purposes of this subsection, the licensee is solely responsible for the costs of reproducing client records.

~~(7)(6)~~ Resident Supervision ~~RESIDENT SUPERVISION.~~

(a) No change.

(b) At least one staff person must be present at all times while ~~residents~~ clients are in the facility. The only exception would be if the licensee prepares a written plan proposing that a specified ~~resident~~ client be left alone for limited periods of time during the day or night. Such plans must be approved by the Regional Office prior to implementation. In granting plan approval, the Agency shall consider the needs, characteristics, and abilities of the resident and the proposed circumstances under which the resident will be left alone. Non-compliance with the approved plans may result in the imposition of administrative fines, the suspension or revocation of such plans, or other administrative actions as appropriate.

~~(c) A violation of this subsection shall constitute a Class I violation.~~

~~(8)(7)~~ Video Monitoring ~~VIDEO MONITORING.~~

(a) The use of video cameras for the purpose of visually monitoring residents is permitted. Video footage must not be used in any way that may humiliate, punish, demean, or violate the privacy rights of any resident. Video monitoring may also be required by the Agency as a component of any settlement agreement with a licensee. when necessary to assist in the behavioral or medical monitoring, diagnosis, intervention or treatment of residents who require ongoing and continuous supervision due to intensive medical and/or behavioral programmatic issues or if the licensee intends to use the monitoring as a means by which to prevent or detect abuse, neglect, exploitation, or sexual misconduct. Any providers that utilize a video monitoring system shall develop written criteria for determining which residents will be monitored by video camera, and protocols for implementing video monitoring.

(b) A licensee who uses video monitoring, shall:

1. Develop written criteria for determining which residents will be monitored by video camera;

2. Develop written protocols for implementing video monitoring, including but not limited to:

a. who may access video footage;

b. the purpose and use of video recordings; and

c. how, when, and where such footage will be stored, and for how long;

3. ~~(b)~~ Receive Monitoring shall be permitted only with the written consent of the resident, if competent, or the resident's guardian or legal authorized representative prior to using video monitoring; The facility must explain when and where monitoring will occur and the purposes of the monitoring system.

4. Explain to the Agency, the facility's residents, or, if applicable, a resident's legal representative when and where monitoring will occur and the purpose of the monitoring system;

5. ~~(e)~~ Provide to the Agency ~~the titles and positions of all persons authorized to access video feeds at off-site locations must be disclosed to the Agency.~~ Such remote access must be accompanied by safeguards, such as firewalls and other security measures, that are sufficient to ensure resident privacy; and-

6. Preserve video footage at the request of the Agency and in accordance with paragraph (f) of this rule.

~~(c)(d)~~ The use of remote interactive video monitoring, where the licensee or its designee can watch live video from another location in the facility or from an offsite location, shall be limited to vocational and educational settings, medical and special treatment spaces, administrative offices, or common areas. Remote interactive video monitoring may not be used in bedrooms or bathrooms.

~~(d)(e)~~ The Agency reserves the right to preclude, restrict, or suspend a facility's authority to conduct video monitoring under pursuant to this subsection at any time if the Agency determines that any provision of the provisions of this subsection or of sSection 393.13, F.S., has have been violated.

(e) The videos obtained by the facility through video monitoring shall be considered records of the facility and made available for viewing and duplication by any Agency staff or designated agent of the State of Florida who presents proper State of Florida-issued identification. Such videos must be maintained in a format that permits access and duplication.

(f) Storage – if a facility or licensee elects to install a video monitoring system, it must have (1) a method for saving any video of violations of Florida law and (2) a method to release the saved video to the Agency. A violation of this subsection shall constitute a Class II violation

1. It is the licensee's responsibility to have an adequate storage system capable of saving and releasing the video to the Agency for review.

2. The responsibility to save and release a video to the Agency is the licensee's responsibility. Failure to comply with this section shall be a violation under this chapter.

3. Defenses – Limited storage capacity, technical errors, or design limitations in the video licensee's technology, system, or equipment shall not be defenses to a violation of this section.

(9)(8) Behavioral Interventions and Responses to Behavioral Issues Involving Residents BEHAVIORAL INTERVENTIONS AND RESPONSES TO BEHAVIORAL ISSUES INVOLVING RESIDENTS.

(a) The facility shall have a written statement of policies and procedures governing actions that may be taken by direct service providers to help prevent or respond to problematic behaviors exhibited by residents, including emergency procedures and reporting requirements. Such policies and procedures, as well as any actions taken by direct service providers involving residents of the facility, shall ~~include emergency procedures, reporting requirements, and~~ be consistent with the provisions of ~~Section 393.13, F.S., as well as Chapters 65G-4 and 65G-8, F.A.C.~~ A violation of this paragraph shall constitute a Class II violation.

(b) ~~A direct service provider must~~ providers shall be trained to appropriately respond in responding to serious and spontaneous behavioral incidents requiring emergency intervention procedures. ~~A violation of this paragraph shall constitute a Class II violation.~~

(c) A direct service provider must not implement emergency intervention procedures that use restraint or seclusion, or cause physical discomfort, unless he or she has been certified through an Agency-approved emergency procedure curriculum under Chapter 65G-8, F.A.C. Emergency intervention procedures that use restraint or seclusion, or cause physical discomfort require approval from the Local Review Committee prior to implementation. A violation of this paragraph shall constitute a Class II violation.

(d) The following responses are strictly forbidden:

1. Physical or corporal punishment that includes, but is not limited to hitting, slapping, smacking, pinching, paddling, pulling hair, pushing or shoving residents;

2. No change.

3. Verbal abuse such as cursing at residents, using slurs or derogatory names, or screaming; ~~or~~

4. Humiliation, such as keeping a resident in wet or soiled clothing or diapers, making the resident stand in front of others to be ridiculed, or making the resident wear a sign or dunce cap, placing residents in dark or locked time-out rooms; ~~or~~

~~A violation of this paragraph shall constitute a Class I violation.~~

5. Any reactive strategy prohibited under Rule 65G-8.009, F.A.C.

(10)(9) Sexual Activity and Physical Contact SEXUAL ACTIVITY.

(a) The licensee shall develop and enforce a written policy regarding sexual activity involving residents of the facility. Such policy shall: ~~must explicitly prohibit sexual activity between a resident and a covered person and any sexual activity that involves residents who are under the age of eighteen. Such policy shall not in any way abridge nor restrict the civil and legal rights of persons with developmental disabilities, including those specified within Section 393.13, F.S.~~

1. explicitly prohibit sexual activity between a resident and a covered person;

2. explicitly prohibit sexual activity that involves residents who are under the age of eighteen;

3. not in any way abridge nor restrict the civil and legal rights of persons with developmental disabilities, including those specified within section 393.13, F.S.; and

4. address appropriate physical boundaries and standards among direct service providers and residents and must include the following elements:

b. a dress code for both residents and direct service providers shall be established which outlines the type of clothing that is acceptable as well as where and under what circumstances it is acceptable;

c. direct service providers and residents must respect personal space, such as knocking before entering a bedroom except as may be necessary for residents who require visual supervision due to documented behavioral or medical issues;

d. the licensee shall limit access to bedrooms by establishing and enforcing house rules on who is allowed to visit whose bedroom and under what conditions;

e. all residents and direct service providers shall sleep in separate beds;

f. a provision which permits direct service providers to assist or supervise residents while the resident bathes, showers, or toilets, if the resident requires assistance or supervision, and which prohibits staff from bathing, showering, or toileting simultaneously with the resident under any circumstances;

g. guidelines concerning the level and type of supervision required for residents and all direct service providers shall be familiar with such guidelines; and

h. open communication among residents and direct service providers about events occurring in the facility in order to encourage reporting of incidents of inappropriate sexual behavior.

(b) The licensee shall provide direct service providers with training regarding the licensee's policy regarding sexual activity, involving residents of the facility prior to providing direct care services.

~~1. Physical affection between direct service providers and residents should be brief, age appropriate, and should avoid bodily contact, such as lying together or sitting on laps, unless such affection is appropriate and clinically indicated based upon the context, such as consoling a grieving resident upon the death of a loved one, nurturing a young child recently separated from their family, or comforting a resident recovering from surgery;~~

~~2. A dress code, for both residents and direct service providers, shall be established which outlines the type of clothing that is acceptable, and where and under what circumstances it is acceptable;~~

~~3. Direct service providers and residents must respect personal space, such as knocking before entering a bedroom except as may be necessary for residents who require visual supervision due to documented behavioral or medical issues. A violation of this subparagraph constitutes a Class III violation;~~

~~4. The licensee shall limit access to bedrooms by establishing and enforcing house rules on who is allowed to visit whose bedroom and under what conditions;~~

~~5. All residents and direct service providers shall sleep in separate beds;~~

~~6. A provision which permits direct service providers to assist or supervise residents while the resident bathes, showers, or toilets, if the resident requires assistance or supervision, and which prohibits staff from bathing, showering, or toileting simultaneously with the resident under any circumstances;~~

~~7. Guidelines concerning the level and type of supervision required for residents and all direct service providers shall be familiar with such guidelines;~~

~~8. Open communication among residents and direct service providers about events occurring in the facility in order to encourage reporting of incidents of inappropriate sexual behavior.~~

(c) The following safeguards shall be implemented in

1. All direct service providers shall review all available written, detailed, and complete history information related to sexually aggressive residents in order to prevent the occurrence of sexual abuse incidents. When available to the licensee, such information provided to staff must include, but is not limited to, the date of the sexual abuse incident, type of abuse, brief narrative outlining the event, type of treatment the resident received and the outcome of the treatment. If the resident is currently in treatment, the licensee shall maintain contact information for the treatment provider;

2. Prior to admission, an individualized Safety Plan shall be developed by a team to assess the risks of serving the sexually aggressive resident and to determine the level of support and supervision required. The team shall include the prospective resident's support coordinator, facility operator, behavior analyst, the prospective resident and his or her legal representative, day program manager, companion, job coach, mental health counselor/psychologist, and school representative, as applicable. The Safety Plan shall address the following components:

a. Court ordered stipulations;

b. Behaviors of concern;

c. Triggers, high-risk situations, environmental stressors, and personal stressors;

d. Known predatory "grooming" behaviors;

e. Media concerns (including social media);

f. Avoidance behaviors to be prompted;

g. Level and type of routine supervision required;

h. Staff assignments, including, but not limited to, consideration of the effectiveness of particular staff based on his or her size, or overall strength;

i. Home location;

j. Bedroom assignments;

k. Community limitations;

l. Day program or work environment supervision; and

m. Alarms and monitoring devices.

3. The prospective resident, if legally competent, or his or her legal representative must sign and agree to the Safety Plan. The Safety Plan shall be reviewed and updated as needed, at least once a year.

4.2. No change.

5.3. A sexually aggressive resident is must not be allowed to share a bedroom with another resident. Such approval approvals shall consider the licensee's plan to ensure assure supervision sufficient to ensure the safety of residents;

6.4. Known sexually aggressive residents who are minors shall never be left alone with other residents in a bedroom, or bathroom, or behind closed doors. Only one resident may use the bathroom at any time that the bathroom door is closed; and,

7.5. Residents who are minors are not permitted to possess obscene materials as defined in sSection 847.001, F.S., on the premises.

(d) Except as otherwise provided, a violation of this subsection shall constitute a Class I violation.

(11)(10) Solicitation activities SOLICITATION ACTIVITIES. The licensee must have the written permission of the resident client, if competent, or the resident's legal client's authorized representative prior to using the resident's image, voice, client, the client's name, picture, personal information, or disability for the purpose of securing donations. A violation of this subsection shall constitute a Class III violation.

(12)(11) First Aid FIRST AID. The facility shall have on the premises an American Red Cross approved first aid kit. The first aid kit shall be maintained in places known to and readily available to all direct service providers. Potentially toxic materials contained within first aid kits should be stored in a manner which does not pose a risk to residents. A violation of this subsection shall constitute a Class III violation.

(a) The facility shall have on the premises an American Red Cross-approved first aid kit. The first aid kit shall be maintained in places known to and readily available to all direct service providers.

(b) Potentially toxic materials contained within first aid kits should be stored in a manner which does not pose a risk to residents.

(13)(12) Medication MEDICATION.

(a) Medication shall be administered to a resident clients in accordance with the written order or prescription issued by the resident's individual's health care practitioner. Ongoing staff re-training and competency-based competency-based verification of skills shall be provided when there is evidence of medication errors to correct staff practices and prevent additional occurrences. A violation of this paragraph resulting in a direct, negative impact to the health and safety of the individual, or presenting an imminent danger to the individual shall constitute a Class I violation.

(b) All prescription medication shall be kept in its original container bearing the original dated label with legible information stating the prescription number, direction for use, resident's client's name, physician's name, and address of the issuing pharmacy.

(c) Medication shall be kept in a locked enclosure and shall only be accessible by the facility's staff.

(d) A resident whose client, whom the physician has deemed the resident capable of handling his or her his/her own medications, should be encouraged to do so. Staff shall assist the resident client by making the medication available and reminding the resident client to take medication at appropriate times.

(e) The licensee must maintain a current an up-to-date and accurate daily record of prescription and and/or nonprescription medication administered to residents clients in accordance with the provisions of Chapter 65G-7, F.A.C.

(f) The administration of medication to residents, as well as the documentation of administration of such medication, medication storage, and error reporting shall be performed in accordance with sSections 393.13 and 393.506, F.S., Chapter 65G-7, F.A.C., and this rule chapter.

(g) If the licensee or a direct service provider observes or receives reports from other individuals that a resident client may have experienced an adverse reaction to an administered medication, such information must be conveyed immediately to either the prescribing physician or the licensed medical professional employed by the licensee who

has been charged with the responsibility of securing appropriate medical treatment for residents with health-related issues or concerns. If either the prescribing physician or medical professional employed by the licensee is unable to be reached, facility staff shall immediately seek medical attention for the resident. ~~A violation of this paragraph shall constitute a Class I violation.~~

~~(h) With the exception of paragraphs (a) and (g), a violation of this subsection shall constitute a Class II violation.~~

~~(14)(13) Specialized Equipment~~ **SPECIALIZED EQUIPMENT.** The licensee shall ensure that all direct service providers have been trained and are competent in the proper application, monitoring, and removal of specialized equipment worn by residents, including but not limited to Ankle Foot Orthoses (AFOs), leg braces, arm splints, neck collars, helmets, and safety belts. In addition, direct service providers shall be knowledgeable in the proper operation of other specialized equipment required by residents such as wheelchairs, lifts, and positioning devices. The licensee shall contact the appropriate support coordinator(s) as soon as significant signs of wear and tear are noticed on specialized equipment used by the residents. ~~A violation of this subsection shall constitute a Class III violation.~~

(a) The licensee shall ensure that all direct service providers have been trained and are competent in the proper application, monitoring, and removal of specialized equipment worn by residents, including but not limited to Ankle-Foot Orthoses (AFOs), leg braces, arm splints, neck collars, helmets, and safety belts.

(b) The licensee shall ensure that all direct service providers are knowledgeable in the proper operation of other specialized equipment required by residents such as wheelchairs, lifts, and positioning devices.

(c) The licensee shall contact the appropriate support coordinator(s) as soon as significant signs of wear and tear are noticed on specialized equipment used by a resident.

~~(15)(14) Transportation~~ **TRANSPORTATION.**

(a) The facility shall provide or arrange for the incidental transportation of residents within the community as a typical household would provide for its members. This shall include, but is not limited to, trips to malls, grocery stores, religious worship services, medical or dental appointments, and recreational outings within the surrounding community. These trips shall be provided by the facility at no cost to the residents unless such trips involve destinations which are more than 25 miles from the facility.

(b) A log must be maintained for each participant being transported in a vehicle. The log must be maintained on file at the facility for a minimum of 12 months.

1. All transportation logs must be available for review by the Agency during monitoring visits and upon request.

2. The transportation log must include, at minimum:

a. Name of each resident;

b. The date and time of departure;

c. The date and time of the arrival;

d. Name and signature of the driver; and

e. Name and signature of any other staff or person(s) authorized by the licensee to verify the transportation log to verify that all residents have arrived safely at the destination.

3. Prior to each departure, the transportation log must be recorded with each resident's name, date and time of departure, and initialed by the direct service provider verifying each resident is accounted for.

4. Upon arrival at the destination, the driver of the vehicle must complete the transportation log and mark each resident off the log as the resident departs the vehicle.

(c) The driver must complete a physical inspection and visual sweep of the vehicle at the arrival of the destination to ensure that no resident is left in the vehicle.

(d) If the licensee contracts with an outside entity to provide transportation, the licensee must assign a direct care personnel to perform the duties described in this Rule.

(e) The maximum number of individuals transported must not exceed the manufacturer's designated seating capacity or the number of factory installed seatbelts.

(f) When transporting residents, the staff to resident ratio must be maintained.

(g) Residents must use seatbelts or other safety restraints during transportation.

(h) Direct care staff must meet all training requirements set forth in this rule.

(i) All vehicles used to transport participants must be maintained in a clean condition and pursuant to the vehicle or manufacturers' requirements or instructions to ensure that they are in proper working order. Documentation of the maintenance must be maintained on file for a minimum of 12 months, and available to Agency staff during monitoring visits and upon request.

(j) Smoking and vaping shall be prohibited in vehicles.

(k) The interior of the vehicle, when being used to transport residents must be maintained at a temperature between 65 to 78 degrees Fahrenheit. The vehicle can be ventilated either by mechanical or natural means to maintain the temperature.

(l) Transportation shall be provided by the facility at no cost to the residents unless such trips involve destinations which are more than 25 miles from the facility. If the trip is more than 25 miles, the facility may charge the residents for the excess.

~~(m)(b) Any vehicle operated by the facility in which residents are transported shall: have a current license plate, carry at least the minimum insurance coverage required by state law, contain a working and tagged fire extinguisher, be operated by a driver holding an appropriate valid driver's license, have working seatbelts and wheelchair tie-downs when applicable, have working heat and air conditioning, and be maintained in a manner to ensure safe transport.~~

1. have a current license plate;

2. carry at least the minimum insurance coverage required by state law;

3. contain a working and tagged fire extinguisher;

4. be operated by a driver holding an appropriate valid driver's license;

5. have working seatbelts and wheelchair tie-downs when applicable;

6. have working heat and air conditioning; and

7. be maintained in a manner to ensure safe transport.

(c) through (d) renumbered (n) through (o) No change.

~~(p)(e) Residents shall may not be left unattended in any vehicle operated by the facility. A violation of this paragraph shall constitute a Class I violation.~~

~~(f) With the exception of paragraph (e), a violation of this subsection shall constitute a Class II violation.~~

(g) Facilities that plan to use facility staff to take clients outside of Florida shall provide prior notification to the Agency.

~~(16)(15) Communication Among Staff COMMUNICATION AMONG STAFF. A facility shall have a system in place to communicate recent incidents and client information to staff working on subsequent shifts.~~

(a) Each facility shall have a system in place to communicate recent incidents and resident information to staff working on subsequent shifts. The system shall include: a mechanism for documenting in writing, any and all information, such as medical or behavioral incidents or physician or therapist orders or recommendations, of which staff should be made aware and which could potentially affect the residents' health or safety if staff were unaware of such information.

1. a mechanism for documenting in writing, any and all information, such as medical or behavioral incidents or physician or therapist orders or recommendations, of which staff should be made aware and which could potentially affect the residents' health or safety if staff were unaware of such information.

~~2.(b) The system established shall include Aa procedure or mechanism to ensure assure that the information described in this subsection is reviewed across all shifts.~~

~~(b)(e) No change.~~

~~(d) A violation of this subsection shall constitute a Class III violation.~~

(17) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.

Rulemaking Authority ~~393.501(1), 393.067(1), 393.067(7), 393.501(1), 393.506(6)~~ FS. Law Implemented 393.067, 393.13, 393.135, 393.506 FS. History--New 7-1-14, Amended _____.

65G-2.010 Fire and Emergency Procedures.

(1) Emergency Standards EMERGENCY STANDARDS.

(a) No change.

(b) There shall be at least one telephone which is accessible to direct service providers and residents for emergency use at all times. The facility must have the following telephone numbers readily accessible at each telephone extension in the facility:

1. through 2. No change.
3. Each resident's ~~Residents'~~ doctors;
4. No change.
5. Support Coordinator for each resident ~~client~~;
6. through 9. No change.

~~(c) A violation of this subsection shall constitute a Class III violation.~~

(2) Fire Safety Standards ~~FIRE SAFETY STANDARDS~~. The licensee shall annually request that the local authority having jurisdiction over fire safety or the State Fire Marshall ~~shall be requested to annually~~ inspect the facility for compliance with Chapter 69A-38, F.A.C., as applicable. ~~The Facility must have an approved fire inspection prior to receiving a new license or the renewal of a license. Dates and results of required monthly fire drills (i.e., time of day, points of exit used, evacuation time, and signature of person conducting the drill) shall be recorded and maintained for one year following the date of the drills. Required monthly fire drills shall not be conducted between the hours of midnight and 5:00 a.m. Regional Office employees shall be afforded the opportunity to observe monthly fire drills in order to verify the effectiveness and efficiency of evacuations. A violation of this subsection shall constitute a Class III violation.~~

(3) Emergency Preparedness Drills.

(a) Dates and results of required monthly fire drills (i.e., time of day, points of exit used, evacuation time, and signature of person conducting the drill) shall be recorded and maintained for one year following the date of the drills.

(b) Required monthly fire drills shall not be conducted between the hours of midnight and 5:00 a.m.

(c) Regional Office employees shall be afforded the opportunity to observe monthly fire drills in order to verify the effectiveness and efficiency of evacuations.

~~(4)(3) Emergency Management Plans~~ EMERGENCY MANAGEMENT PLANS.

(a) Under ~~EMERGENCY PLAN COMPONENTS~~. Pursuant to section 393.067(8), F.S., each facility shall prepare and maintain a written comprehensive emergency management plan which shall be updated as needed and on an annual basis. The emergency management plan must address the following:

1. Provisions ~~Provision~~ for all hazards. Each plan shall describe the potential hazards to which the facility is vulnerable such as hurricanes, tornadoes, flooding, fires, hazardous materials, incidents from fixed facilities or transportation accidents, and power outages during severe cold or hot weather.

2. Provisions ~~Provision~~ for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation,; protecting the facility,; ensuring residents and staff have adequate supplies,; medications,; emergency power,; food and water,; maintaining adequate staffing,; and emergency equipment.

3. Provisions ~~Provision~~ for the care of residents who are evacuated from the facility during an emergency, and ~~provision for the care of any residents that remain in the facility during an emergency,~~ including identification of such residents and transfer of resident records,; evacuation transportation,; sheltering arrangements,; supplies,; staffing,; emergency equipment,; and medications.

4. through 5. No change.

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

7. No change.

(b) Emergency Management Plan Development ~~EMERGENCY MANAGEMENT PLAN DEVELOPMENT.~~

1. Emergency management plans shall be updated at least annually and may be developed with the assistance of appropriate resource persons from the local fire marshal, Regional Office, or local emergency management agency. ~~Comprehensive transitional education programs and facilities which serve residents with complex medical conditions must have their emergency management plans approved by the local emergency management agency.~~

2. No change.

(c) Emergency Management Plan Implementation ~~EMERGENCY MANAGEMENT PLAN~~

~~IMPLEMENTATION.~~ In the event of an internal or external disaster, the facility shall implement the facility's emergency management plan in accordance with sections 252.355 and 252.356, F.S.

1. All staff must be knowledgeable of facility procedures for handling emergencies, trained in their duties and are responsible for implementing the emergency management plan. All staff must be trained on the facility's emergency management plan within 30 days of hire. Staff shall be trained on the emergency management plan annually, after the plan's annual update.

2. All staff are responsible for implementing the emergency management plan and must be able to implement the emergency management plan. ~~If telephone service is not available during an emergency, the facility shall request assistance from local law enforcement or emergency management personnel in maintaining communication.~~

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

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

1. The facility shall report the evacuation to the designated Agency Regional ~~local~~ office of emergency management or designee ~~and to the Agency~~ within six hours of the evacuation order and at every six hour interval until the evacuation is complete.

2. The facility shall not be reoccupied ~~re-occupied~~ until the area is cleared for reentry by the local emergency management agency, local fire marshall, or any other agency or entity having authority or its designee and the facility can meet the immediate needs of the residents.

3. In cases where the facility experiences significant structural damage, the licensee or facility staff must relocate residents until the facility can be safely reoccupied ~~re-occupied~~.

4. The licensee or designated facility staff is responsible for knowing the location of all relocated ~~re-located~~ residents and for ensuring until such time that those residents return to the facility safely.

5. The licensee or designated facility staff shall provide the Agency with the name of a contact person who shall be available by telephone 24 hours a day, seven days a week, until the facility is reoccupied ~~re-occupied~~.

6. The licensee or designated facility staff shall assist in the relocation of residents and shall cooperate with outreach teams established by the Agency or emergency management officials to assist in relocation efforts. The Resident ~~Resident~~ needs and preferences of each resident shall be considered to the greatest extent possible in any relocation decision.

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

1. No person's life, health, and overall Life safety will not be jeopardized for any individual;

2. The immediate needs of all residents and other individuals sheltered at the facility can be met by the facility;

3. Within forty-eight (48) hours following the facility exceeding its capacity, the facility must report ~~reports~~ to the Agency that the facility is over capacity and describes the conditions which have caused it to be over capacity. If the facility will continue to be over capacity after the declared emergency ends, the Agency shall review such ongoing requests on a case-by-case basis; ~~and,~~

4. The facility must ensure that those individuals who are not residents of the facility are returned to their place of residence or other suitable placement as soon as possible; and The facility maintains a log of the additional persons being housed in the facility. The log shall include the individual's name, usual address, and the dates of arrival and departure. The log shall be available for review by representatives of the Agency and the local emergency management agency or its designee. The admissions and discharge log maintained by the facility may be used for this purpose provided the information is maintained in a manner that is easily accessible.

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

~~(f) A violation of this subsection shall constitute a Class II violation.~~

~~(5)(4) Missing Residents~~ MISSING RESIDENTS. A resident who is a minor or an adult resident, participant, or

~~client who has been adjudicated incompetent is considered missing when the resident's whereabouts are unknown for one hour. A legally competent adult resident is considered missing when the resident's whereabouts are unknown for eight hours. After~~ Beyond one hour after determining that a resident ~~child or an adult who has been adjudicated incompetent~~ is missing, staff shall immediately call local law enforcement and ask the officer to:

(a) No change.

(b) Assign a case number and provide the number to the staff ~~person~~ reporting the resident as missing; and,

(c) No change.

(d) If the responding law enforcement officer refuses to take a missing person report for any reason, the staff ~~person~~ making the report will document the name of the officer and call the responding local law enforcement agency and request to speak to the appropriate Watch Commander about the refusal to take a missing person report. ~~If the local law enforcement officials do not accept the report, the staff shall immediately notify the Regional Office. A violation of this paragraph shall constitute a Class III violation.~~

(e) The facility shall make a critical incident report in accordance with paragraph (6)(f) of this rule. ~~Except as otherwise provided a violation of this subsection shall constitute a Class II violation.~~

(6)(5) Incident Reporting INCIDENT REPORTING. In all cases involving known or suspected abuse, neglect or exploitation, the incident shall be reported immediately to the Florida Abuse Hotline as required under sections 39.201 and 415.1034, F.S. The Provider or Covered person must take immediate action in the situation to resolve the emergency and ensure the individual's health and safety. This action may include, but is not limited to, calling 911, or performing Cardiopulmonary Resuscitation (CPR) for recipients without a pulse who are not breathing and do not have a Do Not Resuscitate (DNR) Order, or back blows and abdominal thrust maneuvers for choking. In all cases involving known or suspected abuse, neglect or exploitation, the incident shall be reported immediately to the Florida Abuse Hotline as required under sections 39.201 and 415.1034, F.S. In addition, all incidents must be reported to the Regional Office in the following manner and according to the specified timeframes utilizing the APD Incident Reporting Form APD OP 3 0006, effective May 25, 2018, which may be obtained at <http://www.flrules.org/Gateway/reference.asp?No=Ref 09533>, which is herein incorporated by reference. A copy of this form may be obtained from the Regional Office.

(a) In all cases involving known or suspected abuse, neglect or exploitation, the incident shall be reported immediately to the Florida Abuse Hotline as required under sections 39.201 and 415.1034, F.S. ~~Critical incidents must be reported to the appropriate Regional Office by telephone or in person within 1 hour after facility staff become aware of the incident. If this occurs after normal business hours or on a weekend or holiday the person reporting the incident shall call the Regional Office after hours designee. If the incident occurs between the hours of 8:00 p.m. and 8:00 a.m., a telephonic or in person contact must be made with the Regional Office no later than 9:00 a.m. It shall be within the provider's discretion and judgment to determine the appropriateness of waiting until the following morning. A supervisor may be the one to make the verbal report. Telephonic or in person contacts should be followed up with the submission of a completed APD Incident Reporting Form to the Regional Office within 1 business day following the critical incident. This form should be faxed, electronically mailed, or personally delivered to the Regional Office. The information contained in the first page must be provided by the person with firsthand knowledge of the incident. Additionally, any and all follow up measures taken by a Provider or Covered Person to protect a resident or client, gain control or manage the situation must be noted on the second page of the incident reporting form, which may be completed and submitted to the Regional Office at a later date, not to exceed five business days. The measures must specify what actions will be taken to mitigate a recurrence of the same type of incident. Critical incidents include the following:~~

1. The unexpected death of a resident or a client;

2. Any sexual activity, as defined in section 393.135, F.S., between a covered person and a resident or client regardless of the consent of the resident or client, incidents of noneconsensual sexual activity between residents or clients, sexual activity involving any resident or client who is a minor; and noneconsensual sexual activity between a resident or client and any person in the community.

3. The unexpected absence or unknown whereabouts, beyond one hour, of a resident or client who is a minor or an adult resident or client who has been adjudicated incompetent;

4. A resident or client has sustained a life threatening injury or illness;

5. Negative news media reports regarding the operation of the facility or the care of residents or clients;

6. The arrest of a resident or client for a violent criminal offense;
7. The arrest of a covered person for a potentially disqualifying offense specified in section 393.0655, F.S.; or
8. The Department of Children and Families has made a finding of verified abuse, neglect, exploitation, or abandonment by the provider or the provider's employees.

(b) The licensee shall report all incidents and follow up measures to incidents to the Agency in the following manner and according to the specified timeframes utilizing the APD Incident Reporting, Form APD OP 3-0006 (effective Month 2024), which may be obtained at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX>, which is herein incorporated by reference. A copy of this form may be obtained from the Regional Office. Other reportable incidents must be reported to the Regional Office within one business day following the incident through the completion of a written incident report which may be faxed, electronically mailed, or personally delivered to the Regional Office. Additionally, any and all follow up measures taken by a Provider or Covered Person to protect a resident or client, gain control or manage the situation must be noted on the second page of the incident reporting form, which may be completed and submitted to the Regional Office at a later date, not to exceed five business days. Reportable incidents include:

1. The death of a resident or client that does not constitute an unexpected death;
2. Physical altercations occurring between a resident or client and a member of the community, a resident or client and direct service providers, or two or more residents or clients, that results in law enforcement contact;
3. Any injury to a resident or client due to an accident, act of abuse, neglect or other incident that occurs or allegedly occurs while the resident or client is receiving services from a covered person that requires the resident or client to receive medical treatment in an urgent care center, emergency room or physician office setting due to injury that is being reported currently or requires admission to a hospital;
4. The arrest of a resident or client for a non-violent offense while that resident or client is under the care of a provider or covered person;
5. The unexpected absence or unknown whereabouts of a legally competent adult resident or client beyond eight hours;
6. Any act which clearly reflects the physical attempt by a resident or client to cause his or her own death;
7. The commitment of a resident or client to mental health services pursuant to chapter 394, F.S., also known as the "Baker Act;" or
8. ~~Any sudden onset of illness to a resident or client while receiving services from a covered person that requires the resident or client to receive medical treatment in an urgent care center, emergency room or physician office setting due to sudden onset of illness or requires admission to a hospital.~~

(c) The reporting provider or covered person shall also immediately notify the resident's legal representative and support coordinator, as appropriate, and, for children in the custody of the Department of Children and Families, the designated caseworker. The person making the report shall also immediately notify the resident's authorized representative and support coordinator, as appropriate and, for children in the custody of the Department of Children and Families, the designated caseworker.

(d) The provider or covered person must take immediate action in the situation to resolve the emergency and ensure the individual's health and safety. This action may include, but is not limited to, calling 911, performing Cardiopulmonary Resuscitation (CPR) for recipients without a pulse who are not breathing, and back blows and abdominal thrust (Heimlich) maneuvers for choking. Upon statewide implementation of the Agency's electronic incident reporting system, licensees shall also be required to submit all critical and reportable incidents to the Agency via the electronic system.

(e) The Incident Reporting Form shall be electronically mailed to the appropriate Regional Office email address for incident reporting within the required timeframes outlined in this rule. The information contained on the first page must be complete and provided by the person with firsthand knowledge of the incident. A violation of this subsection shall constitute a Class II violation.

(f) Critical incidents must be reported to the appropriate Regional Office by telephone or electronic mail within 1 hour after the provider or covered person becomes aware of the incident, followed by a submission of a complete Incident Reporting Form. Telephonic contact does not include the sending of text messages over the phone.

1. A supervisor may be the one to make the telephonic critical incident report.
2. Telephonic contacts should be followed up with the submission of a completed written APD Incident

Reporting Form to the designated Regional Office email address for the region in which the client resides within one business day following the critical incident.

3. The APD Incident Reporting Form must be completely filled out and electronically mailed to the designated Regional Office email address for the region in which the client resides.

4. The information contained on the first page of the APD Incident Reporting Form must be provided by the person with firsthand knowledge of the incident.

5. Critical incidents include the following:

a. The unexpected death of a resident or a client;

b. Any sexual activity, as defined in section 393.135, F.S., between a covered person and a resident or client regardless of the consent of the resident or client, incidents of nonconsensual sexual activity between residents or clients, sexual activity involving any resident or client who is a minor; and nonconsensual sexual activity between a resident or client and any person in the community.

c. The unexpected absence or unknown whereabouts, beyond one hour, of a resident or client who is a minor or an adult resident or client who has been adjudicated incompetent;

d. A resident or client has sustained a life-threatening injury or illness;

e. Negative news media reports regarding the operation of the facility or the care of residents or clients;

f. The arrest of a resident or client for a violent criminal offense;

g. The arrest of a covered person for a potentially disqualifying offense specified in section 393.0655, F.S.;

h. The Department of Children and Families has made a finding of verified abuse, neglect, exploitation, or abandonment by the provider or the provider's employees;

i. Suspected or confirmed human trafficking of a resident, participant, or client; or

j. Resident, participant, or client left in vehicle unattended.

(g) Reportable incidents must be reported to the Regional Office within one business day following the incident by completing a completed a written APD Incident Reporting Form which must be electronically mailed to the designated Regional Office email address for the region in which the resident resides. Reportable incidents include:

1. The death of a resident or client that does not constitute an unexpected death;

2. Physical altercations occurring between a resident or client and a member of the community, a resident or client and direct service providers, or two or more residents or clients, that results in law enforcement contact;

3. Any injury to a resident or client due to an accident, act of abuse, neglect or other incident that occurs or allegedly occurs while the resident or client is receiving services from a covered person that requires the resident or client to receive medical treatment in an urgent care center, emergency room or physician office setting due to injury that is being reported currently or requires admission to a hospital;

4. The arrest of a resident or client for a non-violent offense while that resident or client is under the care of a provider or covered person;

5. The unexpected absence or unknown whereabouts of a legally competent adult resident or client beyond eight hours;

6. Any act which clearly reflects the physical attempt by a resident or client to cause his or her own death;

7. The commitment of a resident or client to mental health services pursuant to chapter 394, F.S., also known as the "Baker Act;"

8. The commitment of a resident, participant, or client to mental health services through voluntary commitment;

9. Injury of a covered person caused by a resident, participant, or client; or

10. Any sudden onset of illness to a resident or client while receiving services from a covered person that requires the resident or client to receive medical treatment in an urgent care center, emergency room or physician office setting due to sudden onset of illness or requires admission to a hospital.

(h) Any and all follow-up measures taken by a provider or covered person to protect a resident, participant, or client, gain control, remedy or manage the situation must be noted on the second page of the APD Incident Reporting Form, which must be completed and submitted to the Regional Office no later than five business days following the date of the incident. Ongoing follow-up information must be submitted to the Regional Office until the incident is resolved. The measures must specify what actions will be taken to prevent a recurrence of the same type of incident through a prevention plan.

(7) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the

effective date.

Rulemaking Authority ~~393.501(1), 393.067(1), 393.067(7), 393.501(1)~~ F.S. Law Implemented 393.067 F.S. History—New 7-1-14, Amended 7-1-18, _____.

65G-2.014 Comprehensive Transitional Education Program Standards.

Rulemaking Authority 393.501(1), 393.067 F.S. Law Implemented 393.067, 393.18 F.S. History—New 7-31-91, Formerly 10F-6.013, 65B-6.013, Amended 7-1-14, Repealed.

65G-2.015 Siting.

(1) This rule applies to facilities licensed by the Agency ~~under pursuant to~~ Section 393.067, F.S., and this rule chapter. It does not apply to those facilities licensed as foster care facilities which also utilize live-in caregivers.

(2) Definitions.

(a) No change.

(b) “Facility” means a home licensed by the Agency as defined ~~described~~ within Section 393.067, F.S., and this chapter.

(c) “Foster care facility” means a residential facility licensed by the Agency as defined ~~described~~ within Chapter 393, F.S., which provides a family living environment including supervision and care necessary to meet the physical, emotional and social needs of its residents. The capacity of such a facility shall not be more than three residents.

(d) No change.

(e) “Lot” means a parcel or tract of land defined ~~described~~ by reference to recorded plats or by metes and bounds, or the least fractional part of subdivided lands having limited fixed boundaries or an assigned number, letter, or any other legal description by which it can be identified.

~~(f) “Parcel” means a platted or unplatted lot, tract, unit, or other subdivision of real property within a community.~~

(3) All facilities seeking initial licensure or licensure in a different licensing category after the effective date of this rule must fully comply with the requirements of Section 419.001, F.S., to the extent applicable.

~~(4) After the effective date of this rule, only one facility may be sited on a single parcel of land. An applicant may seek an exception to this requirement in the following circumstances: If the facilities are located on a single parcel but are each located on a part of the parcel that is separated from the other parts of the parcel by a body of water or a limited access highway (not intended for an individual to cross on foot, or bicycle, by motor vehicle or other means of transport conveyance) that divides the parcel and separates the facilities. Approval by the Agency Director or his/her designee must be obtained prior to licensure under this exception.~~

~~(5) After the effective date of this rule, facilities may be sited on no more than two adjacent parcels of land. An applicant may seek an exception to this requirement in the following circumstances: If the parcels are separated by a body of water or a limited access highway (not intended for an individual to cross on foot, or bicycle, by motor vehicle or other means of transport conveyance) that divides the parcels and separates the facilities. Approval by the Agency Director or his/her designee must be obtained prior to licensure under this exception.~~

~~(4)(6)~~ Even with the aforementioned exceptions described within subsections (4) and (5), of this rule, There shall be not more than three facilities within a radius of 1,000 feet. In addition, licensure of any facility located within 1,000 feet of another facility can only occur if a variance is first granted by the appropriate local government unit in accordance with the provisions of Section 419.001, F.S.

~~(5)(7)~~ All distance requirements in this section shall be measured from the nearest point of the existing home or area of single-family zoning to the nearest point of the proposed home. For purposes of this rule, distance shall be measured along a radius from the center of the actual parcel (where the new proposed facility is to be located) in all directions. The facility seeking initial licensure or a change in an existing license shall be included in the computation of numbers of facilities within a 1,000 foot radius.

~~(6)(8)~~ The requirements of subsections (4) and (5) of this rule, do not apply to a “community residential home” located within a “planned residential community” as those terms are defined in Section 419.001, F.S. A facility has the burden of establishing that it is a “community residential home” within a “planned residential community.” To satisfy this burden, a facility must provide the following documents with its initial license application and each

subsequent license renewal application:

(a) No change.

(b) Documents which verify that the facility:

1. ~~The facility~~ Is a community residential home located within a planned residential community,

2. ~~The planned residential community~~ Is under unified control,

3. ~~The planned residential community~~ Was planned and developed as a whole,

4. ~~The planned residential community~~ Has a gross lot area of 8 acres or more; and,

5. The planned residential community Provides choices with regard to housing arrangements, support providers, and activities.

(7) This rule shall be reviewed, and if necessary, renewed through the rulemaking process five years from the effective date.

Rulemaking Authority 393.066(8), 393.067(1), 393.067(7), 393.501(1) FS. Law Implemented 393.066, 393.067, 393.501 FS. History—New 8-1-05, Formerly 65B-6.014, Amended 7-1-14,_____.

65G-2.017 Health Safety Standards for Licensed Facilities.

Rulemaking Authority 393.066, 393.0662, 393.067, 393.501, 402.33, FS. Law Implemented 393.066, 393.0662, 393.067, 402.33, FS. History—New 8-17-23, Repealed_____.