

## State Regulation Set F-1.04 Adult Family Care Home

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
0001	GENERAL LICENSURE STANDARDS	<p>A license to operate an AFCH is not transferable and is valid only for the provider named, the capacity stated, and the premises described on the license.</p> <p>400.619(9), F.S. 58A-14.004(2), F.A.C.</p>	<p>If the AFCH provider or address on the license is different from the actual provider or premises, the license is not valid.</p> <p>The AFCH license shall be maintained in the AFCH and available for inspection upon request.</p>	<p>Is the provider, address, and capacity as listed on the license consistent with the most recent AFCH application and facility record? Verify that the AFCH license correctly lists the provider's name, address, and capacity. Ensure the provider listed on the license is the person residing at the location and responsible for resident care.</p>
0002	GENERAL LICENSURE STANDARDS	<p>The AFCH provider must own or rent the adult family-care home that is to be licensed, and reside therein.</p> <p>400.617(2), F.S. 400.618(2), F.S. 400.619(2), F.S. 58A-14.008(2)(a)2, F.A.C.</p>	<p>The provider must live in the home and the location of the AFCH must be the provider's actual place of residence.</p>	<p>Inspect the provider's living area for presence of clothing and personal items. Ask residents and others if the provider lives in the home with them.</p>
0003	GENERAL LICENSURE STANDARDS	<p>Licensed Capacity.</p> <p>There shall be no more than 5 residents in any AFCH.</p> <p>An increase in capacity may not be made without the prior approval of the agency.</p> <p>400.618(2), F.S. 58A-14.004(4)(a), F.A.C.</p>	<p>The licensed maximum capacity of each AFCH is based on the service needs of the residents and the capability of the provider to meet the needs of the residents.</p> <p>The maximum capacity will be determined, as well, based upon fire safety standards (e.g., evacuation) and compliance with physical site standards.</p> <p>The capacity for any AFCH shall never exceed its licensed capacity.</p>	<p>Observe and interview residents to evaluate whether resident needs are being met by the provider.</p> <p>Review AFCH application and license prior to survey noting the AFCH capacity.</p> <p>Compare current AFCH admission listing with licensed capacity to determine if licensed capacity is exceeded.</p> <p>Inspect all areas of the home and grounds to ensure that all residents are accounted for.</p> <p>Survey living areas such as bedrooms to verify the number of individuals living in the AFCH. Count the number of beds in the home and address any discrepancies in resident capacity.</p>
0004	GENERAL LICENSURE	<p>Licensed Capacity.</p>	<p>Relatives are only counted for the purpose of determining capacity. They are not residents</p>	<p>Identify any relatives of the provider who require care and supervision residing in the</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
	STANDARDS	<p>Adult relatives of the provider who require personal care and supervision and reside in the home for more than 30 days shall be considered residents only for the purpose of determining capacity.</p> <p>58A-14.004(4)(b), F.A.C.</p>	<p>and do not have to meet residency criteria, admission/appropriateness of placement, residency agreement, and resident records, etc.</p> <p>Relative means an individual who is father, mother, son, daughter, brother, sister, grandfather, grandmother, great grandfather, great grandmother, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister of a provider.</p>	<p>home for more than 30 days.</p> <p>Determine the admission date of relatives thru interviews, and whether they require personal care or supervision. Include the relatives as residents only for purpose of determining capacity if residing for more than 30 days and require personal care or supervision.</p>
0005	GENERAL LICENSURE STANDARDS	<p>Agency personnel may interview the provider, relief person, staff and residents. Interviews shall be conducted privately.</p> <p>58A-14.010(2)(c), F.A.C.</p>		<p>Are private interviews between agency staff and residents respected by the AFCH provider and staff? Are residents hesitant to discuss matters pertaining to the AFCH?</p>
0006	GENERAL LICENSURE STANDARDS	<p>Each AFCH must designate at least one licensed space for a resident receiving optional state supplementation (OSS). Those homes licensed as adult foster homes or adult congregate living facilities prior to January 1, 1994, that convert to AFCHs, are exempt from this requirement.</p> <p>400.619(11), F.S. 58A-14.004(4)(c), F.A.C.</p>	<p>Determine that the AFCH has designated at least one licensed space for an OSS resident.</p> <p>If the AFCH provider has not designated at least one licensed space for an OSS resident, identify whether or not the AFCH was licensed as an adult foster home or ALF prior to January 1, 1994.</p>	<p>Review resident file for the Alternate Care Certification for Optional State Supplementation (OSS) Form, CF-ES 1006, March 1998, on file for OSS residents.</p> <p>At least one resident bed should be reserved for an OSS resident. If not, determine if the AFCH is exempt from this requirement due to previous licensure. If not exempt, the home must keep one bed vacant and available for an OSS resident.</p>
0007	GENERAL LICENSURE STANDARDS	<p>The provider may not retaliate against any resident by increasing charges; decreasing services, rights or privileges; threatening to increase charges or decrease services, rights or privileges; by taking or threatening to take any action to coerce or compel the resident to leave the home or by harassing, abusing or threatening to harass or abuse a resident in any</p>		<p>Interview residents regarding any instances where they experienced or perceived any retribution from the provider as a result of resident complaints filed with the agency or LTCOC. Are residents reporting decreases in services received, unanticipated rate increases, or threatening provider demeanor? If so, does the resident perceive the adversity as a result of</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>manner after the resident has filed a complaint with the agency or with the long-term care ombudsman council.</p> <p>58A-14.010(3)(c)1., F.A.C.</p>		<p>provider retaliation?</p> <p>Has LTCOC reported provider retaliations against a resident for filing a complaint?</p> <p>Is there documentation of resident rate increases? Is it consistent with, and comparable to, other resident rate increases?</p>
0008	GENERAL LICENSURE STANDARDS	<p>Any complainant, witness or staff shall not be subject to any retaliation, including restriction of access to the home or a resident, staff dismissal or harassment by a provider for filing a complaint or being interviewed about a complaint or being a witness.</p> <p>58A-14.010(3)(c)2., F.A.C.</p>		<p>Interview residents, resident's representatives, family, friends, and staff regarding any instances where they were subject to retribution by the provider, or denied access to the home or a particular resident(s), for filing a complaint, being interviewed about a complaint, or being a witness to a complaint.</p> <p>Has LTCOC or HRAC reported such instances?</p>
0009	GENERAL LICENSURE STANDARDS	<p>Advertising.</p> <p>A licensed AFCH may advertise accommodations and services consistent with its license.</p> <ol style="list-style-type: none"> <li>1. The AFCH may not be listed in the yellow pages of the telephone directory under the heading nursing home or assisted living facility.</li> <li>2. An AFCH advertisement must include the term adult family-care home and the home's license number.</li> <li>3. An AFCH claiming to provide special care for persons with Alzheimer's disease or other related dementias must disclose those special care services in any advertisement or in a separate document distributed to the public upon request.</li> </ol> <p>400.6255, F.S.</p>	<p>Advertise means any written, printed, oral, visual, or electronic promotion, statement of availability, qualifications, services offered, or other similar communication appearing in or on television, radio, the Internet, billboards, newspapers, newsletters, magazines, business cards, flyers, brochures or other medium used for the purpose of attracting potential residents to an AFCH. A complimentary listing of the licensed AFCH's name, address, and telephone number in the telephone directory shall not be considered advertising.</p> <p>The AFCH must maintain copies of all advertisements and/or separate documents claiming to provide special care for persons with Alzheimer's disease or other related disorders. The advertisements and documents must disclose those services that distinguish the care as applicable to, or suitable for, such persons.</p>	<p>Review advertising literature which must contain the term adult family care home, the license number, and if applicable, disclosure of Alzheimer's disease or other related dementia special care services provided by the home (or provided in a separate document available to public on request).</p> <p>Review the latest telephone directory, AFCH brochures, business cards, area newspapers, etc., to determine compliance.</p> <p>If an advertisement is identified in the nursing home or assisted living facility section of the yellow pages, determine what action the provider has taken to cancel the ad.</p> <p>Ensure that the AFCH is maintaining copies of all advertisements and documents pertaining to special care services offered for residents afflicted with Alzheimer's disease and related disorders if the home claims to provide those services.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		58A-14.004(5), F.A.C.		
0010	GENERAL LICENSURE STANDARDS	<p>In addition to agency personnel, reasonable access to enter and inspect a licensed AFCH must be provided to any designated agent of the Department of Elder Affairs, Department of Health, local fire safety authority, Department of Children and Family Services, Long-Term Care Ombudsman Council, and Human Rights Advocacy Committee.</p> <p>58A-14.010(1)(b), F.A.C.</p>		Contact LTCOC and HRAC members, DCFS, DH, DOEA staff and local fire safety staff if access to enter is in question.
0011	GENERAL LICENSURE STANDARDS	<p>The provider shall cooperate with agency personnel during surveys or inspections, complaint investigations, implementation of correction plans, license application and renewal procedures, and other necessary activities.</p> <p>58A-14.010(1)(a), F.A.C.</p>		
0012	GENERAL LICENSURE STANDARDS	<p>Notices of license suspension, revocation, or moratorium shall be posted in the AFCH and visible to residents and the public entering the home.</p> <p>58A-14.010(6)(b), F.A.C. 58A-14.010(7)(b), F.A.C.</p>		Are license suspension, license revocation, and moratorium notices posted in prominent areas that are easily visible to public?
0013	GENERAL LICENSURE STANDARDS	<p>AFCHs shall not admit residents while under a moratorium on admissions.</p> <p>Residents who have been temporarily discharged from the AFCH to a nursing home or hospital at the time a moratorium is imposed may not be re-admitted without agency approval.</p> <p>400.6196(2)(f), F.S. 58A-14.010(7)(c), F.A.C.</p>	<p>Moratoriums shall not be lifted unless agency surveys confirm that the deficiencies have been corrected and no longer present any threat to the residents health, safety, or welfare.</p> <p>Agency written notification to the provider will confirm the removal of a moratorium.</p>	<p>Observe and verify through residency agreements, residency records, or facility records whether residents were admitted after the placement of a moratorium.</p> <p>Interview residents regarding their admission date, if in question.</p> <p>Violation of moratorium on admissions may subject the AFCH to a fine.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
0014	GENERAL LICENSURE STANDARDS	<p>The licensed provider shall give at least 60 days written notice to the AHCA Assisted Living Unit, each resident, or resident's representative, and case managers of OSS recipients, of any intent to voluntarily close or sell a currently licensed AFCH.</p> <p>58A-14.004(3), F.A.C.</p>	<p>The provider must have proof of written notice being given to the agency, residents, resident representatives, and case managers (if applicable) of voluntary closure.</p>	<p>Review resident records for evidence of written notification. Ask representatives of residents if they received written notification. Was it received at least 60 days prior to closure?</p> <p>Ask OSS case managers if they received proper closure notification.</p>
0100	FISCAL STANDARDS	<p>If the financial stability of the AFCH is questionable, the agency shall request documentation of adequate financial resources to operate the adult family-care home in compliance with health and safety standards.</p> <p>400.621(1)(c), F.S. 58A-14.003(2)(c)3., F.A.C.</p>	<p>Indicators of financial instability include filing of bankruptcy; checks returned for insufficient funds; non-payment of rent, mortgage, utilities, telephone bills, staff wages or salaries, or taxes, confirmed complaints regarding withholding funds or refunds due to residents, resident personal funds not disbursed each month, and failure to pay outstanding administrative fines.</p>	<p>If there are indicators of financial instability ask the AFCH provider whether or not they have additional financial resources (e.g., bank accounts) and to provide documentation for review to determine financial viability to operate.</p> <p>Check with the ombudsman council to determine if there have been complaints involving the AFCH's finances.</p>
0101	FISCAL STANDARDS	<p>Resident records shall contain a complete accounting of resident funds received or distributed by the provider for safekeeping.</p> <p>400.628(1)(f), F.S. 58A-14.0085(1)(a)5., F.A.C.</p>	<p>Each resident has the right to manage their own financial affairs unless the resident or the resident's guardian authorizes the provider to provide safekeeping for funds.</p> <p>A provider with the consent of the resident, shall provide for the safekeeping in the home of funds of the resident not in excess of \$200 cash, and shall keep complete and accurate records of all such funds.</p>	<p>Review resident records to ensure that the AFCH provider is keeping complete and accurate records of funds received or distributed.</p> <p>Is there a documented agreement between the provider and the resident for the safekeeping of resident funds?</p>
0200	RESIDENT RECORDS STANDARDS	<p>The resident record must include documentation that the resident's bill of rights and the procedure for lodging complaints has been discussed with the resident or resident's representative.</p> <p>58A-14.0085(1)(a)11., F.A.C.</p>	<p>Before, or at resident admission, a copy of the resident's bill of rights under s.400.628, F.S., the name, address, and telephone number of the district long-term care ombudsman council and the Florida Abuse Hotline, and the procedure for making complaints to the ombudsman council and the abuse registry must be provided to the resident or the resident's representative.</p>	<p>Review documentation for verification that a copy of the bill of rights, name, address, telephone number, and complaint procedures of the district LTCOC and Florida Abuse Hotline were provided to the resident or the resident's representative.</p> <p>Ask residents if they are aware of the bill of rights, function of the abuse registry and LTCOC and how to contact them.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
0201	RESIDENT RECORDS STANDARDS	<p>The resident record must include documentation that the house rules have been discussed with the resident or resident's representative.</p> <p>58A-14.0085(1)(a)12., F.A.C.</p>	<p>Before, or at resident admission, a copy of the AFCH house rules must be provided to the resident or the resident's representative.</p>	<p>Review documentation for verification that a copy of the AFCH household rules were provided to the resident or the resident's representative.</p> <p>Ask residents about house rules. Are they familiar with them?</p>
0202	RESIDENT RECORDS STANDARDS	<p>AFCH providers shall maintain on the premises an individual record for each resident available for inspection by the agency.</p> <p>58A-14.0085(1), F.A.C.</p>		<p>Verify whether the provider has an individual resident record on the premises for each resident.</p>
0203	RESIDENT RECORDS STANDARDS	<p>Resident records shall contain the Resident Health Assessment, DOEA Form 1110, required by Rule 58A-14.0061. A completed and signed form faxed by the health care provider shall be acceptable.</p> <p>58A-14.0085(1)(a)1., F.A.C.</p>	<p>DOEA Form 1110, Feb. 1999, shall be used on all new admissions on or after 12-6-99.</p>	
0204	RESIDENT RECORDS STANDARDS	<p>Resident records shall contain a copy of the residency agreement, including a copy of any notices of rate increases sent to the resident or the resident's representative and any addendums.</p> <p>58A-14.0085(1)(a)2., F.A.C.</p> <p>Before or at the time of admission to an AFCH, the provider and the resident or the resident's representative must sign a residency agreement, a copy of which must be given to the provider and kept on file for 5 years after the expiration of the agreement, and a copy of which must be provided to the resident or the resident's representative.</p> <p>400.625(1) 58A-14.0062(1), F.A.C.</p>	<p>Residency agreements must be signed and dated by both parties involved.</p>	<p>Each residency agreement should be reviewed for completeness and verified that it was executed either prior to, or at the time of admission.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>An addendum shall be added to the residency agreement to reflect any additional services and charges not covered by the original agreement. Such addendum must be dated and signed by the provider and the resident or resident's representative and a copy given to the provider and the resident or the resident's representative.</p> <p>58A-14.0062(3), F.A.C.</p>		
0205	RESIDENT RECORDS STANDARDS	<p>The residency agreement must include the following:</p> <ol style="list-style-type: none"> <li>1. A list specifically setting forth the services and accommodations to be provided by the AFCH.</li> <li>2. The daily, weekly or monthly rates and charges and a statement that the provider will provide at least 30 days notice before implementing a rate increase.</li> <li>3. A bed hold policy for residents who request the provider to reserve a bed for the resident if the resident's health requires the resident to be admitted to a nursing home or hospital. The bed hold policy shall permit the provider to continue to charge the agreed upon daily rate until the provider receives notification in writing from the resident or the resident's representative that the resident will not be returning to the home. However, the provider may not continue to charge the agreed upon daily rate if the resident's physical or mental condition prevents the resident from giving notification and the resident does not have a representative to act on the resident's behalf.</li> <li>4. The AFCH's discharge policy.</li> </ol>	<p>Each residency agreement shall specify those personal services and accommodations provided by the AFCH. This includes direct assistance with, or supervision of ADLs, AFCH activities, transportation, etc.</p> <p>The provider shall not increase resident rates without first providing the resident or resident's representative 30-day written notice.</p> <p>A bed hold policy must be established outlining general circumstances under which a bed will be held, length of time held, and costs while being held.</p> <p>A resident shall not be discharged without 30 days written notice stating reasons for the move or transfer. The notice shall be delivered to the resident or the resident's representative. Residents shall only be moved or transferred without the required 30 day notice for the following reasons:</p> <ol style="list-style-type: none"> <li>1. The resident's health requires an immediate relocation to a facility which provides a more skilled level of care as certified by a physician.</li> <li>2. The resident's behavior poses an imminent danger to self or others, significantly interferes with the orderly operation of the</li> </ol>	<p>Review AFCH Residency Agreement, or other documentation which must include all requirements listed in # 1 thru # 5.</p> <p>Review discharged resident files to ensure that the home is in compliance with discharge policy and resident refunds.</p> <p>Review resident files to ensure compliance with bed hold policy. Observe and interview residents for needs not being met.</p> <p>In determining the prorated refund, divide the monthly rate by the number of days in the month in question to determine the daily rate. Multiply the daily rate by the number of days the resident lived in the AFCH. Subtract that amount from the monthly rate and the remaining money equals the prorated refund due to the resident.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>5. A refund policy to apply when a resident is discharged or dies. The refund policy shall state that:</p> <p>a. The resident or resident's representative is entitled to a prorated refund for any unused portion of payment beyond the discharge or termination date. The refund will be less the cost of documented damages to the AFCH caused by the resident before the discharge or termination date that results from circumstances other than normal use. Claims against the refund must be in writing and must include a list of all documented damages and costs.</p> <p>b. The refund must occur within 45 days of receipt of a written notice of discharge, or 15 days after the resident has moved or dies, whichever occurs later.</p> <p>6. Residency agreements must be signed and dated by both parties involved.</p> <p>58A-14.0062(1) and (2), F.A.C.</p>	<p>home, or is continually offensive to other residents.</p> <p>3. The AFCH has had its license denied, revoked or voluntarily surrendered.</p>	
0206	RESIDENT RECORDS STANDARDS	<p>For residents who are OSS recipients, the resident record shall contain a copy of the Alternate Care Certification for Optional State Supplementation (OSS) Form, CF-ES 1006, March 1998, provided by the Department of Children and Family Services.</p> <p>58A-14.0085(1)(a)3., F.A.C.</p>		
0207	RESIDENT RECORDS STANDARDS	<p>The resident record shall contain resident information which includes:</p> <p>a. The name, address and telephone number of the resident's guardian, attorney-in-fact, health care surrogate, next-of-kin, and any other</p>		

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>responsible party with authority to make decisions on behalf of the resident.</p> <p>b. The name, address and telephone number of the resident's health care provider, health maintenance organization, dentist and case manager as applicable.</p> <p>58A-14.0085(1)(a)4., F.A.C.</p>		
0208	RESIDENT RECORDS STANDARDS	<p>Resident records shall contain a complete accounting of any resident funds being received or distributed by the provider for safekeeping.</p> <p>58A-14.0085(1)(a)5., F.A.C.</p>	<p>Each resident has the right to manage their own financial affairs unless the resident or the resident's guardian authorizes the provider to provide safekeeping for funds.</p> <p>A provider with the consent of the resident, shall provide for the safekeeping in the home of funds of the resident not in excess of \$200 cash, and shall keep complete and accurate records of all such funds.</p>	<p>Review resident records to ensure that the AFCH provider is keeping complete and accurate records of funds received or distributed.</p> <p>Is there a documented agreement between the provider and the resident for the safekeeping of resident funds?</p>
0209	RESIDENT RECORDS STANDARDS	<p>For residents who self-administer, with or without supervision or assistance, the resident record shall contain a list of the resident's current medications; or for resident's receiving administration, the record of medications administered.</p> <p>58A-14.0085(1)(a)6., F.A.C.</p>	<p>A record of medication administration shall be maintained which includes the name of the resident and any known allergies the resident may have; the name of the resident's health care provider and the health care provider's telephone number; the name of each medication prescribed, its strength, and directions for use; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The chart must be updated each time the medication is administered.</p> <p>A list of currently prescribed medications shall be maintained for all residents who self-administer or who require supervision or assistance with medications which includes the name of each medication prescribed, its strength and directions for use, and common side effects.</p>	<p>Look for a list of the resident's current medications to see that it is .consistent with actual medications in the home.</p>
0210	RESIDENT RECORDS	<p>For residents receiving nursing services provided or arranged for by the provider, the</p>		

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
	STANDARDS	<p>resident record shall contain the nursing progress notes, and the health care provider's order authorizing the nursing service.</p> <p>58A-14.0085(1)(a)7., F.A.C.</p>		
0211	RESIDENT RECORDS STANDARDS	<p>Resident records shall contain a copy of any special diet order prescribed by the resident's health care provider.</p> <p>58A-14.0085(1)(a)8., F.A.C.</p>		<p>Are the special diet orders being followed? Interview residents and observe meals.</p>
0212	RESIDENT RECORDS STANDARDS	<p>Resident records shall contain a record of any major incidents or significant health changes and action taken in response to such incidents or changes.</p> <p>A major incident includes:</p> <ol style="list-style-type: none"> <li>1. An injury to a resident which requires assessment and treatment by a health care provider. The resident's record must include a description of the circumstances under which the injury occurred.</li> <li>2. Determining that a resident is missing. Whenever a resident is determined to be missing, the provider, relief person, or staff-in-charge shall notify the local law enforcement agency within 1 hour. The resident's representative, next-of-kin, and case manager shall be notified within 4 hours or within a time frame previously agreed upon in writing between the provider and the resident's representative, next-of-kin, or case manager.</li> <li>3. Any event, such as a fire, natural disaster, or other occurrence which results in the disruption of the AFCH's normal activities.</li> </ol>		<p>Review documentation that includes name of resident, date(s) of illness or incident, description of illness or incident, persons notified, and name of physician or emergency services called, if necessary.</p> <p>Facility events should as fires, natural disasters or other occurrences must include resident consequences of the event. For example, in the event of a facility fire, were there injuries to residents? Does the record clearly describe the medical assistance sought and provided (when, what, where, why, who, etc.)?</p> <p>Look for evidence of reporting to health care provider and representative or case manager.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>4. The death of a resident. The resident's representative, next-of-kin, and case manager must be notified within four hours of death or within a time frame previously agreed upon in writing between the provider and the resident's representative, next-of-kin, or case manager.</p> <p>58A-14.007(2)(b), F.A.C. 58A-14.0085(1)(a)9., F.A.C.</p>		
0213	RESIDENT RECORDS STANDARDS	<p>Resident records shall contain the resident's monthly weight record.</p> <p>58A-14.0085(1)(a)10., F.A.C.</p>		<p>The provider must have documentation listing each resident's name, admission weight, weighing and recording of each resident on a monthly basis, and observational comments. The admission weight record for each resident may be taken from the initial physical examination or other accompanying information.</p> <p>Significant weight loss or gain may be an indication of other problems that need to be evaluated such as a change in medical condition of the resident or financial difficulties of the home resulting in inadequate or poor quality of food.</p>
0214	RESIDENT RECORDS STANDARDS	<p>Resident records shall contain a copy of any notice of discharge sent to the resident or the resident's representative.</p> <p>58A-14.0085(1)(a)13., F.A.C.</p>	<p>A resident shall not be discharged without 30 days written notice stating reasons for the move or transfer. The notice shall be delivered to the resident or the resident's representative. Residents shall only be moved or transferred without the required 30 day notice for the following reasons:</p> <ol style="list-style-type: none"> <li>1. The resident's health requires an immediate relocation to a facility which provides a more skilled level of care as certified by a physician;</li> <li>2. The resident's behavior poses an imminent danger to self or others, significantly</li> </ol>	

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
			<p>interferes with the orderly operation of the home, or is continually offensive to other residents; or</p> <p>3. The AFCH has had its license denied, revoked, or has voluntarily surrendered its license.</p>	
0215	RESIDENT RECORDS STANDARDS	<p>Closed resident records shall be kept for a period of five years after the resident leaves the AFCH.</p> <p>The provider shall produce the closed resident record within one working day.</p> <p>58A-14.0085(1)(b), F.A.C.</p>		<p>Ask the AFCH provider whether or not resident records are being retained by the home after a resident is discharged. Review records of discharged residents to ensure the AFCH is in compliance with this standard.</p>
0300	FACILITY RECORDS STANDARDS	<p>AFCH providers must maintain facility records on the premises available for agency inspection.</p> <p>58A-14.0085(3), F.A.C.</p>		
0301	FACILITY RECORDS STANDARDS	<p>AFCH providers shall maintain on the premises available for agency inspection an up-to-date log listing all residents, and each resident's:</p> <p>a. Date of admission, the place admitted from and the reason for moving into the home, if known; and</p> <p>b. Date of discharge, the reason for discharge, and the location to which the person has been discharged, or if the person is deceased, the date of death.</p> <p>58A-14.0085(3)(f), F.A.C.</p>		
0302	FACILITY RECORDS STANDARDS	<p>The AFCH license issued by the agency shall be maintained by the provider on the premises, available for inspection by the agency, and available to the public upon request.</p>		<p>Confirm that the license is kept in the AFCH and is available for immediate inspection. The license need not be posted. Review the most recent AFCH application prior to survey noting the provider, address, capacity, and licensure</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		58A-14.0085(3)(a), F.A.C.		expiration date. Is the license consistent with the application? Is the provider currently licensed at this location?
0303	FACILITY RECORDS STANDARDS	A copy of the most recent county health department inspection shall be maintained by the provider on the premises and available for inspection by the agency.  58A-14.0085(3)(b), F.A.C.	In order to ensure a safe and sanitary environment, the AFCH must be inspected by the county health department, pursuant to rule chapter 64E-12, at the time of license application and prior to license renewal.	Review the sanitation report conducted by the county health department for completion of the report, correction of all outstanding deficiencies, and that the inspection was conducted prior to initial licensing, prior to each annual relicensing, and prior to a capacity increase.
0304	FACILITY RECORDS STANDARDS	A copy of the most recent fire safety inspection shall be maintained by the provider on the premises and available for agency inspection.  58A-14.0085(3)(c), F.A.C.	At the time of license application, prior to license renewal, and prior to an increase in capacity, the provider shall request the local authority having jurisdiction over fire safety to inspect the home for compliance with local codes and ordinances and the minimum standards of this rule. The inspection may be made by an employee of the agency who has a certification in fire safety, if the local authority indicates in writing that there is no inspector available to conduct an inspection. However, only the local fire authority shall give approval for multi-storied frame buildings.	Review the fire safety report conducted by the local authority having jurisdiction for completion of the report, documentation provided by the local authority of correction of all outstanding deficiencies, and that the inspection was conducted prior to initial licensing, prior to each annual relicensing, and prior to a capacity increase.
0305	FACILITY RECORDS STANDARDS	Documentation of radon testing shall be maintained on the premises by the provider and available for agency inspection for AFCHs located in counties requiring radon testing.  58A-14.0085(3)(d), F.A.C.	Effective 7-1-99, radon testing is only required for certain counties and only applies to (1) newly constructed homes, (2) newly licensed homes in existing buildings, and (3) buildings that have had significant structural changes and additions. For purposes of radon testing, dwellings are identified as either single-family home or duplex or large buildings.  Radon testing is required for an AFCH situated as a single-family home or duplex (3 units or less) or large building (4 or more units) if the home meets any of the three categories above, and is located in one of the following counties:  Alachua, Brevard, Charlotte, Citrus, DeSoto, Duval, Gadsden, Gilchrist, Hardee, Hernando, Highlands, Hillsborough, Indian River, Jackson,	Determine if radon testing is required for the AFCH.  If the AFCH is located in a county that mandates radon testing for single-family/duplex homes and/or large buildings determine how the dwelling is identified.  AND  Was the home newly constructed, newly licensed (or applied for a license), or had significant structural changes on or after 7-1-99?  Was the radon test conducted within the first year of construction or licensing, and does the provider have the appropriate radon

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
			<p>Jefferson, Leon, Levy, Manatee, Marion, Martin, Nassau, Osceola, Polk, Putnam, Sarasota, Seminole, Sumter, Suwannee, Union, Volusia, and Walton.</p> <p>Also, radon testing, as described above, is required for large buildings located in Broward, Calhoun, Columbia, Dade, Dixie, Gulf, Hamilton, Holmes, Liberty, Madison, Okaloosa, Palm Beach, Pasco, Pinellas, St. Johns, St. Lucie, and Taylor counties.</p> <p>Radon testing must be completed within the first year of construction or within the first year of receiving a license after which the provider shall have available for agency inspection a copy of either a completed Residential Radon Measurement Report, DH Form 1778 (single-family or duplex), or Nonresidential Radon Measurement Report, DH Form 1777 (large buildings).</p>	<p>measurement report?</p> <p>If the provider has questions regarding radon testing or completion of DH Form 1778, the provider should contact the Office of Radiation Control at 1-800-543-8279.</p>
0306	FACILITY RECORDS STANDARDS	<p>The emergency plan shall be maintained by the provider on the premises and available for agency inspection.</p> <p>58A-14.0085(3)(e), F.A.C.</p>	<p>The AFCH shall have a written plan which specifies emergency and evacuation procedures for fires and such natural disasters as hurricanes, floods, and tornadoes. The provider shall review the plan's emergency and evacuation procedures with the residents, the relief person, all staff, and all household members.</p>	<p>Surveyors must review the plan. Are all required areas covered? Ask residents, relief persons, staff, and household members if the provider has reviewed the emergency and evacuation procedures with them. Are relief persons and staff familiar with their roles in implementing the emergency and evacuation plan?</p>
0307	FACILITY RECORDS STANDARDS	<p>AFCH providers shall maintain on the premises and available for agency inspection all completed survey and complaint investigation reports, and notices of sanctions and moratoriums issued to the AFCH by the agency within the last 3 years, which shall also be available to the public upon request.</p> <p>58A-14.0085(3)(g), F.A.C.</p>		
0308	FACILITY RECORDS	<p>Emergency telephone numbers shall be present by a designated telephone and include the</p>	<p>Verify that the emergency telephone numbers are present by a designated telephone.</p>	

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
	STANDARDS	<p>following:</p> <ol style="list-style-type: none"> <li>1. The emergency number 911;</li> <li>2. Police;</li> <li>3. Fire Department;</li> <li>4. Ambulance;</li> <li>5. The Florida Poison Information Center - 1-800-282-3171;</li> <li>6. Abuse Hotline - 1-800-962-2873;</li> <li>7. District Long-Term Care Ombudsman Council;</li> <li>8. AHCA's Area Office; and</li> <li>9. The Relief Person.</li> </ol> <p>58A-14.0091(2)(c), F.A.C.</p>	Interview staff and residents regarding their knowledge of the location of the emergency numbers.	
0400	<b>STAFF RECORDS STANDARDS</b>	<p>AFCH providers must maintain personnel records on the premises available for agency inspection.</p> <p>58A-14.0085(2), F.A.C.</p>		
0401	STAFF RECORDS STANDARDS	<p>Personnel records must include verification of freedom from communicable disease for the AFCH provider, each relief person, each adult household member, and each staff person.</p> <p>58A-14.0085(2)(a)1., F.A.C.</p> <p>The provider, all staff, each relief person, and all adult household members must submit a statement from a health care provider, based on an examination conducted within the last six</p>		

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>months, that the person is free from apparent signs and symptoms of communicable diseases including tuberculosis. Freedom from tuberculosis must be documented on an annual basis. Persons with a positive tuberculosis test must submit a physician's statement that the person does not constitute a risk of communicating tuberculosis.</p> <p>58A-14.008(1)(a), F.A.C.</p>		
0402	STAFF RECORDS STANDARDS	<p>Personnel records must include written documentation of all training required and a copy of any professional license for the AFCH provider, each relief person, and each staff person.</p> <p>58A-14.0085(2)(a)2., F.A.C.</p>	<p>Prior to assuming responsibility for the care of residents or within 30 days of employment, the AFCH provider shall ensure that each relief person and all staff receive training in areas that are relevant to the person's job duties, including emergency and evacuation procedures, universal precautions, food safety, reporting abuse and neglect, and resident rights.</p>	
0403	STAFF RECORDS STANDARDS	<p>Personnel records must include for each staff member employed by the provider, a copy of the employment application which shall include the date of beginning employment.</p> <p>58A-14.0085(2)(a)3., F.A.C.</p>		
0404	STAFF RECORDS STANDARDS	<p>The personnel record must include for any person left in sole charge of residents written documentation of First Aid and CPR training.</p> <p>58A-14.0085(2)(a)4., F.A.C.</p>		<p>The AFCH provider, each relief person, and any person left in sole charge of residents, which may include staff, household members or volunteers, must hold a currently valid card documenting completion of courses in First Aid and CPR. A nurse shall be considered as having met the training requirement for First Aid.</p>
0405	STAFF RECORDS STANDARDS	<p>If the AFCH provider contracts with a staffing agency to provide services to residents, the contract between the AFCH provider and the staffing agency must specifically describe the services the agency will be providing to</p>	<p>The AFCH provider is not required to maintain personnel records for staff provided by a staffing agency.</p>	<p>If services are provided by contract between the AFCH provider and a third party, review the contract.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		residents. 58A-14.0085(2)(b), F.A.C.		
0500	ADMISSION AND APPROPRIATE PLACEMENT	In order to be admitted as a resident to an AFCH an individual must be at least 18 years of age. 58A-14.0061(1)(a), F.A.C.		Determine compliance through resident record reviews.
0501	ADMISSION AND APPROPRIATE PLACEMENT	In order to be admitted as a resident to an AFCH an individual must be free from apparent signs and symptoms of any communicable disease, including tuberculosis which is likely to be transmitted to other residents, as documented in the Resident Health Assessment, DOEA Form 1110, February 1999. A person who has HIV infection may be admitted provided the person would otherwise be eligible for admission. 58A-14.0061(1)(b), F.A.C.		Review each resident's health assessment to ensure there are no communicable diseases. Observe each residents general health.
0502	ADMISSION AND APPROPRIATE PLACEMENT	In order to be admitted as a resident to an AFCH an individual must be capable of self-preservation in an emergency situation involving the immediate evacuation of the AFCH, with assistance with ambulation, if needed. 58A-14.0061(1)(c), F.A.C.	Self-preservation may include ambulating, assistance with ambulating, assistance with wheelchair mobility, and guidance for confused residents. Assistance with ambulation is defined as providing physical support to enable the resident to move about and maintain balance and providing necessary assistance with walking, stair climbing, or pushing a wheelchair.	Determine compliance through resident record reviews, observance of resident needs and conditions, and by resident and provider interviews.
0503	ADMISSION AND APPROPRIATE PLACEMENT	In order to be admitted as a resident to an AFCH an individual must be able to perform, with supervision or assistance, activities of daily living (ADLs). 58A-14.0061(1)(d), F.A.C.	ADLs include assistance with ambulation, bathing, dressing, eating, grooming and toileting. Toileting is defined as reminding the resident about using the toilet, assisting the resident to the bathroom, helping to undress, positioning on the commode, and helping with related personal hygiene including changing of adult brief.	Observe residents for ADLs requiring assistance or supervision. Can the resident perform those ADLs with assistance or supervision?

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
0504	ADMISSION AND APPROPRIATE PLACEMENT	<p>In order to be admitted as a resident to an AFCH an individual must not be a danger to self or others as determined by a health care provider or licensed mental health professional.</p> <p>58A-14.0061(1)(e), F.A.C.</p>		<p>Review the resident's health assessment regarding compliance with this item.</p> <p>If resident records, staff, or resident interviews note instances of dangerous or inappropriate behavior (e.g., hearing voices, extreme seclusiveness, self-abuse, refusing medication, hostile behavior towards other residents or staff), the AFCH provider or designee should contact the resident's health care provider. 911 should be contacted in emergency situations.</p> <p>Observe resident behavior.</p>
0505	ADMISSION AND APPROPRIATE PLACEMENT	<p>In order to be admitted as a resident to an AFCH an individual must not require licensed professional mental health treatment on a 24-hour a day basis.</p> <p>58A-14.0061(1)(f), F.A.C.</p>		<p>Review the resident's health assessment regarding compliance with this item.</p> <p>If resident records, staff, or resident interviews note instances of dangerous or inappropriate behavior (e.g., hearing voices, extreme seclusiveness, self-abuse, refusing medication, hostile behavior towards other residents or staff), the AFCH provider or designee should contact the resident's health care provider. 911 should be contacted in emergency situations.</p> <p>Observe resident behavior.</p>
0506	ADMISSION AND APPROPRIATE PLACEMENT	<p>In order to be admitted as a resident to an AFCH an individual must not have special dietary needs which cannot be met by the provider.</p> <p>58A-14.0061(1)(g), F.A.C.</p>		<p>Review the resident's health assessment for special dietary instructions. Interview residents concerning whether their special dietary needs are being met by the provider. Observe resident meals being served. Are the meals served consistent with the special diet orders?</p>
0507	ADMISSION AND APPROPRIATE PLACEMENT	<p>In order to be admitted as a resident to an AFCH an individual must not be bedridden.</p> <p>58A-14.0061(h), F.A.C.</p>	<p>Bedridden means confined to bed because of inability to ambulate or transfer to a wheelchair even with assistance, or to sit safely in a chair or wheelchair without personal assistance or physical restraint.</p>	

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
0508	ADMISSION AND APPROPRIATE PLACEMENT	<p>In order to be admitted as a resident to an AFCH an individual must not have stage 3 or 4 pressure sores. An individual with a stage 2 pressure sore may be admitted only if the individual is under the care of a nurse pursuant to a plan of care issued by a health care provider.</p> <p>58A-14.0061(1)(i), F.A.C.</p>	<p>Pressure sore means a breakdown in skin integrity caused by immobility and prolonged pressure. The 4 stages of pressure sores can be identified as follows: stage 1 - a nonblanching macule that may appear red or violet; stage 2 - a skin breakdown as far as the dermis; stage 3 - a skin breakdown into the subcutaneous tissue; stage 4 - penetrate bone, muscle or the joint.</p> <p>Care for a stage 2 pressure sore is a nursing service, and the following criteria must be met.</p> <ol style="list-style-type: none"> <li>1. The resident does not exceed the admission and continued residency standards.</li> <li>2. If provided or arranged for by the AFCH provider, care for a stage 2 pressure sore must be: <ol style="list-style-type: none"> <li>a. Authorized by a health care provider's order;</li> <li>b. Medically necessary and reasonable for treatment of the resident's condition;</li> <li>c. Properly provided pursuant to chapter 464, F.S., and the prevailing standard of practice in the nursing community;</li> <li>d. Safely, effectively, and efficiently provided in the home;</li> <li>e. Recorded in the nursing progress notes; and</li> <li>f. Provided in accordance with the residency agreement.</li> </ol> </li> </ol>	<p>Observe residents and ask the provider to identify any predominantly immobile residents. Ask the provider and residents about any areas of skin redness or broken skin areas.</p> <p>Examination of pressure sores must be performed by persons appropriately licensed.</p>
0509	ADMISSION AND APPROPRIATE PLACEMENT	<p>In order to be admitted as a resident to an AFCH an individual must not require the use of chemical or physical restraints.</p> <p>58A-14.0061(1)(j), F.A.C.</p>	<p>Physical restraint means a device or item which physically limits, restricts, or deprives an individual of movement or mobility. The term also includes any device which was not specifically manufactured as a restraint but which has been altered, arranged or otherwise used for this purpose or otherwise modified to be used as a physical restraint. The term does not include an item or device which the individual can remove or avoid without assistance.</p> <p>Chemical restraint means a pharmacologic drug</p>	<p>Tour the home observing residents that appear to be restrained. If identified, ask the resident if they can remove the device.</p> <p>Are residents taking medications that are not specific to a medical condition and appear to serve as a chemical restraint?</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
			that physically limits, restricts, or deprives an individual of movement or mobility, and is used for discipline or convenience and not required for the treatment of medical symptoms.	
<b>0510</b>	ADMISSION AND APPROPRIATE PLACEMENT	In order to be admitted as a resident to an AFCH an individual must not require 24-hour nursing supervision.  58A-14.0061(1)(k), F.A.C.	Twenty-four (24) hour nursing supervision means services that are ordered by a physician for a resident whose condition requires physician supervision and continued monitoring of vital signs and physical status. Such services must be medically complex enough to require constant supervision, assessment, planning, or intervention by a nurse; be performed by or under the direct supervision of a nurse; required on a daily basis; and consistent with the nature and severity of the resident's condition or the disease state or stage.	
<b>0511</b>	ADMISSION AND APPROPRIATE PLACEMENT	In order to be admitted as a resident to an AFCH an individual must not have personal care and nursing needs which exceed the capability of the provider to meet or arrange for such needs. The provider is responsible for determining the appropriate placement of the individual in the AFCH.  58A-14.0061(1)(l), F.A.C.		Determine admission criteria compliance through resident record reviews, observance of resident needs and conditions, and by resident and provider interviews.  Check to see that persons are not admitted with conditions prohibiting admission.
<b>0512</b>	ADMISSION AND APPROPRIATE PLACEMENT	Prior to admission to an AFCH, the individual must be examined by a health care provider using the Resident Health Assessment, DOEA Form 1110.  58A-14.0061(2), F.A.C.	DOEA Form 1110, February 1999, shall be used on all new admissions on or after 12-6-99.	Review the resident record to verify the presence of a completed and dated Resident Health Assessment form for each resident prior to admission. The form must be signed and dated by a licensed physician, physician's assistant, or an advanced registered nurse practitioner.
<b>0513</b>	ADMISSION AND APPROPRIATE PLACEMENT	Residents placed on an emergency basis by the Department of Children and Family Services must meet the admission requirements. However, only residents whose stay in the home exceeds 30 days, must be examined by a	The TES individual is exempt from the examination requirements by a health care provider using the Resident Health Assessment, DOEA Form 1110, and the residency agreement requirement if their stay in the home does not	If the TES resident has been in the AFCH more than 30 days, the resident's record must also include an examination by a health care provider and a residency agreement.

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>health care provider, and covered by a residency agreement.</p> <p>58A-14.0061(4), F.A.C.</p>	<p>exceed 30 days.</p>	
0514	ADMISSION AND APPROPRIATE PLACEMENT	<p>A temporary emergency placement may not be made if the placement causes the home to exceed licensed capacity.</p> <p>58A-14.0061(4), F.A.C.</p>		
0515	ADMISSION AND APPROPRIATE PLACEMENT	<p>The criteria for continued residency shall be the same as the criteria for admission, except that:</p> <ol style="list-style-type: none"> <li>1. A resident may be bedridden for up to 7 days for a temporary illness.</li> <li>2. A resident with a stage 2 pressure sore must be discharged if the pressure sore has not healed within 30 days or has not been reduced to stage 1.</li> <li>3. A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the AFCH if:               <ol style="list-style-type: none"> <li>a. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates the additional care that may be needed,</li> <li>b. Continued residency is agreeable to the resident, and</li> <li>c. An interdisciplinary care plan is developed and implemented by the hospice in consultation with the provider.</li> </ol> </li> </ol> <p>400.621(1)(f), F.S. 58A-14.0061(5)(a), F.A.C.</p>	<p>Each resident must meet the AFCH continued residency criteria as verified in their individual resident record.</p> <p>Bedridden means confined to bed because of inability to ambulate or transfer to a wheelchair even with assistance, or to sit safely in a chair or wheelchair without personal assistance or physical restraint.</p> <p>Pressure sore means a breakdown in skin integrity caused by immobility and prolonged pressure. The 4 stages of pressure sores can be identified as follows: stage 1 - a nonblanching macule that may appear red or violet; stage 2 - a skin breakdown as far as the dermis; stage 3 - a skin breakdown into the subcutaneous tissue; stage 4 - penetrate bone, muscle or the joint.</p> <p>Care for a stage 2 pressure sore is a nursing service as defined in 58A-14.007(5), and the following criteria must be met.</p> <p>The resident does not exceed the admission and continued residency standards. AND</p> <p>If provided or arranged for by the AFCH provider, the nursing service must be:</p> <p>Authorized by a health care provider's order;</p>	<p>Determine continued residency compliance through resident record reviews, observance of resident needs and conditions, and by resident and provider interviews. Did the resident need limited or minimal assistance at admission, but now needs extensive assistance? For example, is the resident now totally dependent on staff for any of their ADLs? Does the resident now need his medications administered? Is the person administering the medications licensed under Chapter 464, or has the resident or the resident's representative, or provider contracted with a third party to administer medications? Are residents receiving nursing services to permit residents to age in place? If so, does the resident continue to meet residency requirements and are all documents complete pertaining to the required nursing service(s)?</p> <p>Review resident records to ensure that no residents have been bedridden for more than 7 days.</p> <p>Observe residents and ask the provider to identify any predominantly immobile residents. Ask the provider and residents about any areas of skin redness or broken skin areas.</p> <p>A stage 1 pressure sore has an area of skin redness with no skin break. The redness does</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
			<p>Medically necessary and reasonable for treatment of the resident's condition;</p> <p>Properly provided pursuant to chapter 464, F.S., and the prevailing standard of practice in the nursing community;</p> <p>Safely, effectively, and efficiently provided in the home;</p> <p>Recorded in the nursing progress notes, and</p> <p>Provided in accordance with the residency agreement.</p>	<p>not disappear within 30 minutes when pressure is relieved. A stage 2 pressure sore has the skin broken and appears as an abrasion, blister, or shallow crater. A partial layer of skin is lost. A stage 3 pressure sore has a full layer of skin lost, subcutaneous tissue is exposed and there is a deep crater with or without undermining of the adjacent tissue. A stage 4 pressure sore has a thickness of skin and subcutaneous tissue lost and exposed muscle and/or bone.</p>
0516	ADMISSION AND APPROPRIATE PLACEMENT	<p>The provider is responsible for monitoring the continued appropriateness of placement of a resident in the home.</p> <p>If the resident no longer qualifies for continued residency, the provider shall assist the resident to obtain another placement.</p> <p>58A-14.0061(5)(b) and (c), F.A.C.</p>		<p>It is the responsibility of the provider to ensure continued residency requirements are met and to continually observe the residents. Inappropriate residents shall not be retained.</p>
0517	ADMISSION AND APPROPRIATE PLACEMENT	<p>Discharge.</p> <p>A resident shall not be discharged without 30 days written notice stating reasons for the move or transfer. The notice shall be delivered to the resident or the resident's representative.</p> <p>Residents shall only be moved or transferred without the required 30 day notice for the following reasons:</p> <ol style="list-style-type: none"> <li>1. The resident's health requires an immediate relocation to a facility which provides a more skilled level of care as certified by a physician;</li> </ol>		<p>Review closed resident records for compliance with the 30 day written notice requirement.</p> <p>The 30 day notice is not required if undue delay might jeopardize the health, safety, or well-being of residents. If closed records indicate that the 30 day notice was not provided, does the record contain evidence of meeting any of the three exceptions? Examples of behavior which interferes with the orderly operation of the home includes continuous fighting or arguing, non-compliance with house rules, and continuous disruption of other resident's rights.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>2. The resident's behavior poses an imminent danger to self or others, significantly interferes with the orderly operation of the home, or is continually offensive to other residents, or</p> <p>3. The AFCH has had its license denied, revoked, or has voluntarily surrendered its license.</p> <p>58A-14.0061(6), F.A.C.</p>		
<b>0518</b>	ADMISSION AND APPROPRIATE PLACEMENT	<p>An AFCH provider is responsible for ensuring that residents are appropriate for placement and continued residency in the home, and that care and services are provided for residents.</p> <p>58A- 14.008(2)(b)2., F.A.C.</p>		
<b>0600</b>	<b>STAFFING STANDARDS</b>	<p>An adult family care home provider must:</p> <ol style="list-style-type: none"> <li>1. Be 21 years of age;</li> <li>2. Live in the home;</li> <li>3. Be able to read, write and complete written materials involved in applying for AFCH licensing and maintaining an AFCH.</li> </ol> <p>58A-14.008(2)(a), F.A.C.</p>		
<b>0601</b>	STAFFING STANDARDS	<p>All AFCH providers must attend a 12 hour basic AFCH training program provided by the Department of Elder Affairs, prior to accepting any residents, or for providers who already have persons residing in the home that will be considered residents, prior to licensing.</p> <p>58A-14.008(4)(a), F.A.C.</p>		Review copies of certificates of completion of training from DOEA.
<b>0602</b>	STAFFING STANDARDS	<p>The AFCH provider shall annually obtain 3-hours of continuing education in topics related to the care and treatment of frail elders or disabled adults, or the management and administration of an AFCH.</p>		Review copies of certificates of completion of training from DOEA.

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		58A-14.008(4)(b), F.A.C.		
0603	STAFFING STANDARDS	<p>AFCH providers must attend update training for any portion of the basic course which has been updated as the result of new legislation or rule amendment.</p> <p>58A-14.008(4)(c), F.A.C.</p>		Review copies of certificates of completion of training from DOEA.
0604	STAFFING STANDARDS	<p>The AFCH provider must designate one or more relief persons to assume responsibility for the care of residents if the provider is not available to perform that duty.</p> <p>58A-14.008(3)(a), F.A.C.</p>		Review the provider's files and their most recent AFCH application for the name of the designated relief person, address, telephone number, date of birth and social security number.
0605	STAFFING STANDARDS	<p>The relief person must be:</p> <ol style="list-style-type: none"> <li>1. At least 21 years of age, and</li> <li>2. Knowledgeable about and able to provide for all care needs of the residents.</li> </ol> <p>58A-14.008(3)(b), F.A.C.</p>		
0606	STAFFING STANDARDS	<p>The AFCH provider, each relief person, and any person left in sole charge of residents, which may include staff, household members or volunteers, must hold a currently valid card documenting completion of courses in First Aid and CPR.</p> <p>A nurse shall be considered as having met the training requirement for First Aid.</p> <p>58A-14.008(4)(d), F.A.C.</p>		Review documentation of current completion of First Aid and CPR courses. Copies of current First Aid and CPR cards must be on file in the home for each person left in sole charge of residents.
0607	STAFFING STANDARDS	Prior to assuming responsibility for the care of residents or within 30 days of employment, the AFCH provider shall ensure that each relief person and all staff receive training in areas that are relevant to the person's job duties, including, emergency and evacuation	<p>All staff and relief persons must obtain the required training within 30 days of employment.</p> <p>Relief persons and staff may attend AFCH basic training provided by DOEA to fulfill this requirement.</p>	Review documentation to determine whether the provider has ensured that relief persons and staff have received training in areas relevant to their job duties, emergency and evacuation procedures, universal precautions, food safety, reporting abuse and neglect, and resident rights.

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>procedures, universal precautions, food safety, reporting abuse and neglect, and resident rights.</p> <p>58A-14.008(4)(e), F.A.C.</p>		<p>The AFCH provider may provide the required training to relief persons and staff.</p> <p>Resident care violations in these areas could indicate that staff training is needed or that staffing is inadequate.</p> <p>Review employment applications, and training certificates or documents. Was the training provided prior to assuming responsibility for the care of residents or within 30 days of employment, and was it documented?</p> <p>Observe staff (and relief persons, if possible) performing their job duties. Are they caring for residents? Ask the provider to define the job duties of each staff person and relief person? What does each staff person and relief person report as their job duties?</p>
0608	STAFFING STANDARDS	<p>The provider must notify the agency in writing within 30 days of a change of relief persons and ensure that the relief person is appropriately background screened and trained.</p> <p>58A-14.008(3)(c), F.A.C.</p>		<p>Review the most recent AFCH application and other documents on file, if necessary, listing the designated relief person(s). Has the relief person changed? If so, does the provider have copies of documentation notifying the agency's field office or central office of the change of relief person. Was the agency notification provided within 30 days of the change?</p>
0609	STAFFING STANDARDS	<p>If the Department of Children and Family Services, the Agency, or DOEA determines that there are problems in an AFCH which could be reduced through specific training or education beyond that already required, the Agency may require the provider or staff to complete such training or education.</p> <p>400.6211(4), F.S.</p>	<p>The agency may require additional training when it is determined that training already received has not assured that minimum standards are met.</p> <p>The provider, relief person and staff may be required to attend or repeat certain parts of basic training and update training. They may also be required to attend continuing education courses.</p>	<p>Determine the need for additional training based on a review of the number and types of deficiencies cited, repeated, uncorrected, etc.</p> <p>Identify which staff need training.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
0610	STAFFING STANDARDS	<p>The provider, all staff, each relief person, and all adult household members must meet the level 1 background screening requirements, or have been exempted from disqualification.</p> <p>400.619(4),F.S. 58A-14.008(1)(b), F.A.C.</p>	<p>The AFCH must document level 1 background screening compliance on the provider, all staff, each relief person(s), and all adult household members. Level 1 background screening includes screenings through the Florida Department of Law Enforcement and the Florida Abuse Registry.</p> <p>The AFCH must provide evidence of compliance with background screenings.</p> <p>Persons who have not met the background screening requirements, and for whom an exemption from disqualification has not been granted by the Agency, shall not reside within or be employed by the AFCH.</p>	<p>Evidence of compliance with background screening includes copies of screening compliance letters from the Agency's Background Screening Unit, or exemption from disqualification letters from the Agency.</p> <p>Compare the names of the provider, relief person(s), and household members listed on the AFCH application with persons noted during the survey in these capacities. Are there any discrepancies? Have all required persons been screened? Ask for the names and screening results of all staff.</p> <p>An AFCH that has submitted the required background screening forms to the Agency's Assisted Living Unit for processing through the Agency's Background Screening Unit within 10 days of the employment of new staff, admission of new household members, and change of relief persons is in compliance pending completion of their background screening.</p>
0611	STAFFING STANDARDS	<p>An AFCH provider is responsible for the operation and maintenance of the AFCH in accordance with AFCH law and administrative code.</p> <p>58A-14.008(2)(b)1., F.A.C.</p>		
0612	STAFFING STANDARDS	<p>In the event of severe illness, incapacity, or death of the provider, the relief person or staff in charge shall notify each resident's representative or case manager, and the AHCA Area Office within 24 hours.</p> <p>58A-14.008(2)(c), F.A.C.</p>	<p>Review AFCH records to verify that all required parties were notified within 24 hours of the occurrence.</p> <p>Notification should be made to the AHCA Area Office who will in turn notify the AL Unit. If the AL Unit is notified first, the AL Unit will immediately notify the area office.</p>	
0700	MEDICATION STANDARDS	<p>The AFCH provider shall ensure the provision of assistance with or supervision of the self-</p>		

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>administration of medication, or medication administration as required by the resident.</p> <p>58A-14.007(1)(b), F.A.C.</p>		
0701	MEDICATION STANDARDS	<p>Residents who are capable of self-administering their medications shall be encouraged and allowed to do so.</p> <p>58A-14.007(1)(b)1., F.A.C.</p>		
0702	MEDICATION STANDARDS	<p>For residents who require supervision or assistance with self-administration, the provider or staff, as needed:</p> <ol style="list-style-type: none"> <li>1. Remind residents when to take medications;</li> <li>2. Prepare and make available such items as water, juice, cups, spoons, or other items necessary for administering the medication;</li> <li>3. Obtain the medication and provide it to the resident;</li> <li>4. Observe the resident take the medication and verify that the resident is taking the dosage as prescribed, and</li> <li>5. Provide any other assistance at the express direction of the resident or the resident's representative, except for administering the medication as defined in s. 465.003, F.S.</li> </ol> <p>58A-14.007(1)(b)2., F.A.C.</p>	<p>This standard establishes supervision or assistance with self-administration of resident medication.</p>	<p>Observe provider/staff and resident interaction when providing supervision or assistance with medication. Are the necessary items or services provided to assist the resident? Are residents given water, juice, spoons, etc. to enable taking of medications? Are residents asking for assistance or items that are not being provided to them that would enhance assistance with medications? Are staff attentive to resident's needs by carefully listening to residents, watching residents taking medications, and verifying the accuracy of the dosages given?</p>
0703	MEDICATION STANDARDS	<p>Medication administration needed by a resident can be provided or arranged for by the provider, or the resident or the resident's representative may directly contract with a licensed home health agency or nurse to administer medications, provided that:</p> <ol style="list-style-type: none"> <li>1. The resident does not exceed the admission and continued residency</li> </ol>	<p>Medication administration in an AFCH is a nursing service and can be provided or arranged for by the provider if all of the required nursing service components listed in items 1 and 2 of this standard are documented. However, if a resident or resident's representative contracts directly with a licensed home health agency or nurse to administer medications, the provider</p>	<p>Review the medication chart to determine if the correct dosage of medications are being given to the appropriate person at the appropriate times.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>standards;</p> <p>2. If provided or arranged for by the AFCH provider, the provision of medication administration must be:</p> <p>a. Authorized by a health care provider's order;</p> <p>b. Medically necessary and reasonable for treatment of the resident's condition;</p> <p>c. Properly provided pursuant to chapter 464, F.S., and the prevailing standard of practice in the nursing community;</p> <p>d. A service that can be safely, effectively, and efficiently provided in the home;</p> <p>e. A record of medication administration is maintained which includes the name of the resident and any known allergies the resident may have, the name of the resident's health care provider and the health care provider's telephone number, the name of each medication prescribed, its strength, and directions for use, and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The chart must be updated each time the medication is administered; and</p> <p>f. Provided in accordance with the residency agreement.</p> <p>58A-14.007(1)(b)3., F.A.C.</p>	<p>need only ensure that the resident not exceed the admission and continued residency standards. Only persons licensed to administer medications (e.g., registered nurse, licensed practical nurse under the direction of a registered nurse, licensed physician), shall administer medications to AFCH residents.</p> <p>If a provider, relief person(s), or staff person(s) administers medications to residents, the home must maintain a copy of each person's current and valid professional license available for agency inspection.</p> <p>The AFCH provider is not required to maintain copies of professional licenses of staff provided by a staffing agency.</p>	
0704	MEDICATION STANDARDS	<p>A list of currently prescribed medications shall be maintained for all residents who self-administer or who require supervision or assistance with medications which includes the name of each medication prescribed, its strength and directions for use, and common side effects.</p> <p>58A-14.007(1)(b)4., F.A.C.</p>	<p>The currently prescribed resident medication list is required for all residents who self-administer or who require supervision or assistance with medications.</p>	<p>Review the AFCH's currently prescribed resident medication list for all residents who self-administer or who require supervision or assistance with medication. Does the medication list include each medication prescribed, its strength and directions, and common side effects?</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
0705	MEDICATION STANDARDS	<p>Nurses may manage weekly pill organizers for residents who self-administer or who require supervision or assistance with self-administration.</p> <p>58A-14.007(1)(b)5., F.A.C.</p>	<p>If the resident is not filling their pill organizer, then a nurse must perform that duty.</p>	<p>A weekly pill organizer is a container which is designed to hold solid doses of medication and is divided according to day and time increments not to exceed 7 days.</p> <p>Ask for names of residents using weekly pill organizers. Review the health assessments of those residents to determine if they are self-administering or require supervision or assistance.</p>
0706	MEDICATION STANDARDS	<p>Prescription medications which are centrally stored by the provider shall be appropriately stored in their legally dispensed, labeled, original containers.</p> <p>58A-14.007(1)(b)6., F.A.C.</p>	<p>Centrally stored medications must be stored by the provider in the original container and shall not be transferred from one storage container to another.</p> <p>Appropriately stored means that the medication be kept in an area free of dampness and abnormal temperatures, except that a medication requiring refrigeration shall be refrigerated.</p>	
0800	RESIDENT CARE STANDARDS	<p>The AFCH provider shall ensure the provision of personal services including assistance with or supervision of the activities of daily living as required by the resident.</p> <p>58A-14.007(1)(a), F.A.C.</p>	<p>Assistance with activities of daily living means individual assistance with the following:</p> <ol style="list-style-type: none"> <li>1. Ambulation - Providing physical support to enable the resident to move about and maintain balance and providing necessary assistance with walking, stair climbing, or pushing a wheelchair</li> <li>2. Bathing - Assembling towels, soaps, and other necessary supplies, helping the resident in and out of the bathtub or shower, turning the water on and off, adjusting water temperatures, washing and drying portions of the resident's body which are difficult to reach, or being available while the resident is bathing.</li> <li>3. Dressing - Helping the resident to choose, to put on, and to remove appropriate clothing.</li> <li>4. Eating - Helping with cutting food, pouring beverages, and hand feeding residents who</li> </ol>	

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
			<p>are unable to feed themselves.</p> <p>5. Grooming - Helping the resident with shaving, oral care, care of the hair, and nail care.</p> <p>6. Toileting - Reminding the resident about using the toilet, assisting the resident to the bathroom, helping to undress, positioning on the commode, and helping with related personal hygiene, including changing adult briefs.</p>	
0801	RESIDENT CARE STANDARDS	<p>For a diabetic resident or a resident who has documented circulatory problems, cutting toenails shall only be permitted with written approval of the health care provider.</p> <p>58A-14.007(1)(a), F.A.C.</p>		
0802	RESIDENT CARE STANDARDS	<p>The AFCH provider shall provide general supervision which includes being aware of the resident's general whereabouts and well-being while the resident is on the premises of the AFCH in order to ensure that resident's safety and security, and reminding the resident of any important tasks or activities, including appointments.</p> <p>The provider is responsible for determining and providing adequate supervision, however, under no circumstances shall a resident be left unattended for more than 2 hours.</p> <p>58A-14.007(2)(a), F.A.C.</p>	<p>The provider has responsibility for determining the degree of supervision required for a resident's safety and security. For some residents this might entail 24-hour supervision. Based on individual resident needs, a resident may be left alone for no more than 2 hours.</p>	<p>Ask residents who provides care and supervision in the home. Are the residents left alone for periods at a time? How long? Do residents have diagnoses that should prevent them from being left alone?</p> <p>Ask residents if they have missed any health care appointments, or other appointments, that they were aware of.</p> <p>Are all residents capable of self-care and evacuation in the absence of supervision?</p>
0803	RESIDENT CARE STANDARDS	<p>Health monitoring. The AFCH provider shall be responsible for observing, recording and reporting any significant changes in the resident's normal appearance, behavior or state of health to the resident's health care provider and representative or case manager.</p>	<p>Significant changes include a sudden or major shift in behavior or mood; a deterioration in health status, such as unplanned weight change, stroke, heart condition, or a stage 2 pressure sore. Ordinary day-to-day fluctuations in functioning and behavior, short-term illness such as a cold, or the gradual deterioration in the</p>	<p>Are significant changes recorded in the resident's record? Does it appear through record review and/or observation that a resident has experienced a significant change that has not been reported to the resident's health care provider and representative or case manager?</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		58A-14.007(3), F.A.C.	ability to carry out the activities of daily living that accompanies the aging process are not considered significant changes.	Review provider's documentation listing each resident's name, admission weight, weighing and recording of each resident on a monthly basis.
0804	RESIDENT CARE STANDARDS	<p>The provider shall ensure the arrangement of, transportation to and from, and for someone to accompany the resident to medical, dental, nursing, or mental health appointments, to the extent needed by the resident.</p> <p>58A-14.007(6)(a), F.A.C.</p>		Ask the AFCH provider to explain who arranges transportation, transports, and accompanies residents, if needed, to health care appointments. Are there AFCH residents that appear to need accompaniment to health care appointments due to physical infirmities or mental conditions? Are those residents being accompanied? Ask residents if they are aware of any missed health care appointments, and the reason the appointment was missed.
0805	RESIDENT CARE STANDARDS	<p>The AFCH provider shall ensure the provision of clothing that is in good repair, consistent with general standards of dress in the community, and appropriate for the season.</p> <p>58A-14.007(6)(b), F.A.C.</p>		Are residents dressed appropriately? Residents are not overdressed in warm weather or underdressed in cold weather. Clothing is of good condition and fit, and is not threadbare. Consideration should be given to individual preferences of the resident.
0806	RESIDENT CARE STANDARDS	<p>Linens and laundry services shall be furnished as needed by the provider. Residents who choose to use their own linens, or who are willing and able to do their own laundry shall be permitted to do so.</p> <p>58A-14.007(6)(c), F.A.C.</p>		Ask the provider and residents how resident laundry is done. Determine if laundry facilities are available for use by residents who choose to do their own laundry.
0807	RESIDENT CARE STANDARDS	<p>The AFCH shall ensure securing social and leisure services for the resident.</p> <p>58A-14.007(6)(d), F.A.C.</p>		
0808	RESIDENT CARE STANDARDS	<p>The AFCH provider shall arrange for participation in religious activities, if requested by the resident.</p> <p>58A-14.007(6)(e), F.A.C.</p>		

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
0809	RESIDENT CARE STANDARDS	<p>The AFCH provider shall ensure a congenial and homelike atmosphere within the residence.</p> <p>58A-14.007(6)(f), F.A.C.</p>		
0810	RESIDENT CARE STANDARDS	<p>Residents Bill of Rights. An AFCH resident may not be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the State Constitution, or the Constitution of the United States. Each resident has the right to:</p> <ol style="list-style-type: none"> <li>(1) Live in a safe and decent living environment, free from abuse and neglect;</li> <li>(2) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and privacy;</li> <li>(3) Keep and use the resident's own clothes and other personal property in the resident's immediate living quarters, so as to maintain individuality and personal dignity, except when the provider can demonstrate that to do so would be unsafe or an infringement upon the rights of other residents;</li> <li>(4) Have unrestricted private communication, including receiving and sending unopened correspondence, having access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum;</li> <li>(5) Be free to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community;</li> <li>(6) Manage the resident's own financial affairs unless the resident or the resident's guardian authorizes the provider to provide safekeeping for funds in accordance with procedures equivalent to those provided in</li> </ol>	<p>The AFCH provider must ensure compliance with all resident rights.</p> <p>A physical restraint is a device or item which physically limits, restricts, or deprives an individual of movement or mobility. The term also includes any device which was not specifically manufactured as a restraint but which has been altered, arranged or otherwise used for this purpose or otherwise modified to be used as a physical restraint. A physical restraint is not an item or device which the individual can remove or avoid without assistance.</p> <p>A chemical restraint is a pharmacologic drug that physically limits, restricts, or deprives an individual of movement or mobility, and is used for discipline or convenience and not required for the treatment of medical symptoms.</p>	<p>Is there consistent application of resident rights? Are there any household rules listed that violate resident rights?</p> <p>Are resident rights are being protected through resident interviews, family interviews, surveyor observations, and discussions with LTCOC and HRAC staff regarding any resident right complaints?</p> <p>During confidential resident interviews, ask probing questions regarding resident rights such as: What is the provider's demeanor and attitude toward residents;</p> <p>Are residents allowed to select clothing, and decorate their rooms to suit their individual preferences;</p> <p>Are there resident communication privacy problems or restrictions in the AFCH such as in visiting with guests or family, sending and receiving letters, telephone location/availability/assessibility/conduciveness to privacy;</p> <p>Are resident religious preferences respected, including their right not to participate;</p> <p>Are there any prohibitions against resident participation in community functions and activities;</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>s. 400.427, F.S.;</p> <p>(7) Share a room with the resident's spouse if both are residents of the home;</p> <p>(8) Have reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals;</p> <p>(9) Exercise civil and religious liberties, including the right to independent personal decisions. Religious beliefs or practices and attendance at religious services may not be imposed upon a resident;</p> <p>(10) Have access to adequate and appropriate health care;</p> <p>(11) Be free from chemical and physical restraints;</p> <p>(12) Have at least 30 days notice of relocation or termination of residency from the home unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents; If a resident has been adjudicated mentally incompetent, the resident's guardian must be given at least 30 days notice, except in an emergency, of the relocation of a resident or of the termination of a residency. The reasons for relocating a resident must be set forth in writing.</p> <p>(13) Present grievances and recommend changes to the provider, to staff, or to any other person without restraint, interference, coercion, discrimination, or reprisal. This right includes the right to have access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.</p>		<p>Are married couples given an opportunity to share a room;</p> <p>What opportunities does the AFCH provide for regular exercise several times a week and to be outdoors regularly?</p> <p>Are residents attending their scheduled health care appointments as necessary, and how do they get to those appointments?</p> <p>If there are prohibitions or household rules against residents using their own personal property, has the provider clearly established specific personal property as unsafe or infringing upon the rights of other residents? Was the reason clearly explained to the resident? Was the provider's determination not to allow the personal property consistent with the resident's bill of rights?</p> <p>Observe residents in wheelchairs for restraints.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		400.628(1), F.S.		
<b>0900</b>	<b>NURSING SERVICES STANDARDS</b>	<p>Any nursing service needed by the resident can be provided or arranged for by the provider, or the resident or the resident's representative may directly contract with a licensed home health agency or nurse to provide these services, provided that the resident does not exceed the admission and continued residency standards.</p> <p>58A-14.007(5)(a), F.A.C.</p>	Any nursing service directly contracted by the resident with a licensed home health agency or nurse may be provided in the AFCH provided that the resident does not exceed the admission and continued residency standards.	
<b>0901</b>	<b>NURSING SERVICES STANDARDS</b>	<p>If provided or arranged for by the AFCH provider, the nursing service must be:</p> <ol style="list-style-type: none"> <li>1. Authorized by a health care provider's order;</li> <li>2. Medically necessary and reasonable for treatment of the resident's condition;</li> <li>3. Properly provided pursuant to chapter 464, F.S., and the prevailing standard of practice in the nursing community;</li> <li>4. Safely, effectively, and efficiently provided in the home;</li> <li>5. Recorded in the nursing progress notes; and</li> <li>6. Provided in accordance with the residency agreement.</li> </ol> <p>58A-14.007(5)(b), F.A.C.</p>	Any nursing service provided or arranged for by the AFCH provider must be recorded in the resident's record as stated in 1 thru 6. The resident cannot exceed the admission and continued residency standards.	
<b>1000</b>	<b>FOOD SERVICE STANDARDS</b>	In order to ensure adequate nutrition and variety, meals shall be planned based on the recommendations of the U.S. Department of Agriculture's Food Guide Pyramid-A Guide to Daily Food Choices, dated August 1992;		<p>During the tour of the home, observe that there is sufficient supply and variety of food and beverages to accommodate the residents.</p> <p>Observe meal preparation to ensure nutritional</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>prepared by methods which conserve nutritional value; and served in a form easy for residents to manage.</p> <p>58A-14.007(4)(d), F.A.C.</p>		<p>value is conserved. Methods of preparation should cause minimum loss of nutrients.</p> <p>Observe meals being served to residents. Interview residents regarding variety, quality, and quantity of foods and drinks. Are resident food portions adequate? Nutritional meals shall consist of protein, vegetables, fruits, bread and starches, and milk or milk equivalent.</p> <p>Ask residents if they are receiving a balanced diet consisting of the 4 basic food groups: bread, cereal, rice, and pasta; vegetables and fruit; milk, yogurt, and cheese; and meat, poultry, fish, dry beans, eggs and nuts.</p>
1001	FOOD SERVICE STANDARDS	<p>For residents not routinely absent from the home for a day program or other purpose, at least 3 meals shall be prepared and served in the home where the resident lives during each 24-hour period.</p> <p>Beverages and nutritious snacks shall be made available between meals.</p> <p>58A-14.007(4)(a), F.A.C.</p>		<p>Interview staff and residents to determine if meals are served regularly.</p> <p>Nutritious snacks and beverages shall be offered to residents to meet their individual needs and preferences.</p>
1002	FOOD SERVICE STANDARDS	<p>If residents are routinely absent from the AFCH during a regular meal time, they must be provided with take-out meals if other provisions have not been made by the resident or the day program.</p> <p>58A-14.007(4)(b), F.A.C.</p>		<p>Brown bag lunches and picnic lunches can serve as take-out meals when residents are away from the AFCH.</p>
1003	FOOD SERVICE STANDARDS	<p>Dining and serving arrangements shall provide an opportunity for residents to make food selections.</p> <p>58A-14.007(4)(g), F.A.C.</p>		<p>Interview residents about their opportunity to select from foods the AFCH offers.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
1004	FOOD SERVICE STANDARDS	All residents shall be given the opportunity to eat with the AFCH provider, other residents, and other members of the household.  58A-14.007(4)(h), F.A.C.		Ask residents if they are allowed to eat meals with the provider, other residents, and household members. Observe dining arrangement and whose dining together. Are any residents isolated?
1005	FOOD SERVICE STANDARDS	Payment for meals eaten away from home for the convenience of the provider (i.e., restaurants or senior meal sites) is the responsibility of the provider.  58A-14.007(4)(c), F.A.C.	Meals and snacks as part of an individually arranged recreational outing are the responsibility of the resident.	
1006	FOOD SERVICE STANDARDS	The provider shall assist the resident to use any adaptive equipment for eating if such equipment has been ordered by the resident's health care provider.  58A-14.009(2)(b), F.A.C.		Are there any residents with limited use of their arms or hands? Is the resident being assisted with using the adaptive equipment?
1007	FOOD SERVICE STANDARDS	Special diets are to be provided in written orders by the resident's health care provider.  58A-14.007(4)(e), F.A.C.	When a resident has a special diet, written health care provider orders must be on the resident's health assessment or a separate order or prescription form. This information must be in the resident's record. Foods prepared should match the diet order.	Review resident records for special diet orders from the resident's health care provider. Special diet orders may be listed in a health care provider order sheet, resident health assessment, or in a prescription.  Interview the provider and staff to see if they are aware of special diet orders. Review special diets and observe meal preparation and meal service. Is the special order being followed correctly to meet the resident's nutritional needs?
1008	FOOD SERVICE STANDARDS	Consideration shall be given to the resident's cultural and ethnic background and individual preferences in food selection and preparation.  58A-14.007(4)(f), F.A.C.		Interview residents to determine if they have opportunities for input into the types of foods served by the AFCH. Are those foods served?
1100	PHYSICAL SITE	The AFCH shall be located, designed, equipped, and maintained to ensure a home-		If any resident has mobility impairments, such as requiring a walker, wheelchair, or cane, the

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
	<b>STANDARDS</b>	<p>like environment, and to provide safe care and supervision for all residents.</p> <p>Residents shall be allowed free use of all space within the home except when such use interferes with the safety, privacy, and personal possessions of household members and other residents.</p> <p>58A-14.009(1)(a), F.A.C.</p>		<p>AFCH should be designed in such a way that the resident can access all areas of the home.</p> <p>Observe and interview residents to determine if they present any mobility difficulties within the home.</p> <p>Are all areas of the home accessible to all residents?</p> <p>Are needed items accessible to all residents?</p>
<b>1101</b>	<b>PHYSICAL SITE STANDARDS</b>	<p>The AFCH shall be structurally sound and in good repair. Windows, doors, plumbing, and appliances shall be functional and in good working order. All furniture and furnishings shall be clean and functional.</p> <p>58A-14.009(1)(b). F.A.C.</p>	<p>This standard includes all aspects of the building(s), including walkways, carports, porches, and decks and patios. Items included are condition of exterior siding, roofing, eaves (soffet and fascia), eave vent screening, attic vents and screening, deck/porch, railings, ramps, driveways, and skirting of open area under home where it is built up off the ground.</p>	<p>During tour of the home, are windows, doors, plumbing, and appliances functioning properly? Test these items to ensure that they are in good working order. Are furniture and furnishings in common areas and resident rooms clean, functional and working properly?</p>
<b>1102</b>	<b>PHYSICAL SITE STANDARDS</b>	<p>In order to ensure a safe and sanitary environment, the AFCH must be inspected by the county health department at the time of license application and prior to license renewal.</p> <p>58A-14.009(1)(c), F.A.C.</p>	<p>The AFCH shall receive a sanitation inspection every 365 days.</p>	<p>Review the AFCH's county health department sanitation inspection report. Was the inspection conducted by the county health department prior to initial licensing, and annually thereafter?</p> <p>If the provider is requesting a capacity increase, has the county health department conducted a sanitation inspection and approved the home for the increased capacity?</p> <p>Report suspected violations to the county health department.</p>
<b>1103</b>	<b>PHYSICAL SITE STANDARDS</b>	<p>The AFCH shall have a yard available and accessible for use by residents.</p> <p>58A-14.009(5), F.A.C.</p>		<p>During tour of the AFCH, observe whether or not there are any obstructions in resident accessibility to the yard.</p> <p>If there are non-ambulatory residents ensure there are wheelchair ramps from exterior doors,</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
				and non-ambulatory residents can safely and easily maneuver the ramp.
1104	PHYSICAL SITE STANDARDS	<p>At a minimum, there must be 40 square feet of common space per each resident and household occupant, or a total of 150 square feet of common area, whichever is greater.</p> <p>58A-14.009(2)(a), F.A.C.</p>	<p>Common space includes the living room, family room, and dining room.</p> <p>The basement and garage shall not be included in the total common area unless such space was constructed or renovated to be used as a common area pursuant to a lawfully issued permit. Household occupants include residents and household members, 2 years of age and older, who reside in the AFCH.</p> <p>Common space does not include bathrooms, corridors, storage space, or screened porches which cannot be adapted for year round use.</p>	<p>Determine the minimum square footage required for the AFCH by adding the total of a minimum of 40 square feet of common space per resident and household occupant.</p> <p>Example: 40 sq. ft. x 5 residents = 200 sq. ft. + 40 sq. ft. x 1 provider = 40 sq. ft. + 40 sq. ft. x 1 household member = 40 sq. ft. Total = 280 sq. ft.</p> <p>AFCHs can never be less than 150 square feet of common area regardless of the number of residents and household occupants. For example, if only one resident and one provider, the AFCH still must have at least 150 square feet of common area.</p> <p>Review the AFCH floor plan with square footage measurements. If questionable, measure the square footage.</p>
1105	PHYSICAL SITE STANDARDS	<p>The furnishings in common areas shall be adequate to accommodate all residents and household members, including allowing the residents and household members to eat together in the dining area.</p> <p>58A-14.009(2)(b), F.A.C.</p>	<p>Common area furnishings include, but are not limited to, dining table and chairs, couches, living room chairs, bookcases, lamps, personal amenities, personal storage space such as dressers, chests, tables, reading lights, waste baskets, personal chairs, etc.</p>	<p>Observe resident common furnishings throughout the AFCH noting missing items of daily living.</p> <p>Interview residents regarding whether or not common area furnishings adequately meet their needs.</p>
1106	PHYSICAL SITE STANDARDS	<p>The AFCH shall, at a minimum, maintain a telephone in the home which is available and accessible for the resident's use at all times and, to the extent practicable, situated so as to facilitate private communication.</p> <p>400.628(1)(d), F.S. 58A-14.009(2)(c), F.A.C.</p>		<p>Observe location of telephone. Interview residents regarding accessibility and privacy.</p>
1107	PHYSICAL SITE	<p>The procedures for lodging complaints with</p>		<p>Are the procedures for lodging complaints with</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
	STANDARDS	<p>the long term care ombudsman council must be posted in full-view in a common area accessible to all residents.</p> <p>58A-14.009(2)(d), F.A.C.</p>		LTCOC clearly visible to all residents and located in a common area in the home?
1108	PHYSICAL SITE STANDARDS	<p>Bedrooms for all residents shall be finished with walls or partitions which go from floor to ceilings and which have a door which opens directly to a hallway or common area without passage through another bedroom or common bathroom.</p> <p>Bedroom doors shall not have vision panels.</p> <p>Window drapes or shades shall be provided to ensure resident privacy.</p> <p>58A-14.009(3)(b), F.A.C.</p>	Vision panels compromise the privacy of the resident and are not allowed in an AFCH.	Determine during tour of the AFCH that doors open directly to a hallway or common area without passage through another bedroom or common bathroom.
1109	PHYSICAL SITE STANDARDS	<p>Single bedrooms for residents shall provide at least 80 square feet of floor space for each resident. Multi-occupancy bedrooms shall provide at least 60 square feet of floor space per resident. Any area where a sloped ceiling does not allow a person to stand upright shall not be counted as part of the required space.</p> <p>Homes licensed for the first time after February 2, 1995, or already licensed homes who increase their maximum capacity after February 2, 1995, may not have more than two residents per room.</p> <p>58A-14.009(3)(a), F.A.C.</p>	Floor space does not include closet space, bathrooms, or space occupied by built-in furniture (shelves, cabinets, etc.).	During tour of the home, note the number of resident beds present. Ask the provider to clarify inconsistencies between the number of residents reported in each bedroom and the number of beds.
1110	PHYSICAL SITE STANDARDS	There shall be a separate bed at least 36 inches wide and 72 inches in length for each resident consisting of a mattress and frame at a comfortable height to assure easy access by the resident. Cots, rollaways, bunks, trundles,		

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
		<p>couches, and folding beds may not be used for residents.</p> <p>58A-14.009(3)(c), F.A.C.</p>		
1111	PHYSICAL SITE STANDARDS	<p>In addition to closet space, each bedroom shall have separate and private storage space for each resident's clothing and personal effects.</p> <p>Residents shall be allowed to keep and use reasonable amounts of personal belongings, and shall be allowed to decorate their private quarters in an individual style provided such decor does not damage the provider's property.</p> <p>58A-14.009(3)(e), F.A.C.</p>		<p>Observe each bedroom for a separate and private storage space.</p> <p>Observe the residents bedroom for clothing piled on furniture, stored in boxes or garbage bags. This may indicate that adequate storage is not available.</p> <p>Review household rules that may appear to conflict with the resident's right to decorate their room in an individual style. Interview residents to ensure there are no prohibitions that conflict with their right to individually decorate their rooms.</p>
1112	PHYSICAL SITE STANDARDS	<p>A household member may not sleep in areas designated as common areas, nor share a bedroom with a resident. Married residents shall be provided the option of sharing bedroom accommodations, but non-related residents of different genders shall not be required to share bedroom accommodations.</p> <p>58A-14.009(3)(d), F.A.C.</p>		<p>Verify through observation and interviews with residents, staff, relief persons, and provider, that the aforementioned persons do not sleep in common areas, nor share a bedroom with a resident.</p> <p>Verify through observation and interviews that married residents share bedroom accommodations, or at least have the option.</p> <p>Verify through observation and interviews that non-related residents of different genders are not required to share bedroom accommodations.</p>
1113	PHYSICAL SITE STANDARDS	<p>Bedrooms shall be on a ground level for residents who are non-ambulatory or have impaired mobility.</p> <p>58A-14.009(3)(f), F.A.C.</p>		<p>Verify that residents who are non-ambulatory or who require assistance with, or supervision of, ambulation are housed on the ground floor.</p> <p>Suspected violations must be reported to the local fire safety authority.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
1114	PHYSICAL SITE STANDARDS	<p>A toilet and sink shall be provided on each floor with resident bedrooms. There shall be at least one toilet and sink for each 4 household occupants, and at least one tub or shower for each 6 household occupants.</p> <p>58A-14.009(4)(a), F.A.C.</p>	<p>Household occupants include residents and household members, 2 years of age and older, who reside in the AFCH.</p>	<p>Ensure the home has the required number of toilets and sinks, as well as bath tubs and/or showers. Are they operating properly and functional?</p> <p>Ensure that a sink is near each toilet, and that a toilet and sink is provided on each floor where residents live.</p> <p>Calculate all household occupants and determine if there is at least one toilet and sink for each 4 household occupants, and one tub or shower for each 6 household occupants.</p>
1115	PHYSICAL SITE STANDARDS	<p>Bathrooms shall have a finished interior, a mirror, and a door which insures privacy and opens to a hall or common area.</p> <p>Access to a bathroom may not be through another person's bedroom.</p> <p>58A-14.009(4)(b), F.A.C.</p>	<p>The bathroom door must close securely, leaving no gaps or crevices which could compromise the resident's privacy. Privacy provisions may include curtains, stalls, screens, etc. or other devices which separate the appliances and offer privacy.</p> <p>The bedroom door opens to a hall or common area.</p> <p>The bathroom has a mirror in good condition.</p>	<p>Open and close bathroom doors to ensure privacy. Inspect the bathroom for a finished interior. Do the bathrooms open into a hall or common area?</p> <p>If portable bedside commodes are used, what method is used to ensure resident privacy?</p>
1116	PHYSICAL SITE STANDARDS	<p>Glass shower doors shall be tempered safety glass; shower curtains shall provide privacy. Non-slip floor surfaces shall be provided in tubs and showers.</p> <p>Residents shall have racks or hooks for drying linens and be provided a separate place for tooth brushes and towels.</p> <p>58A-14.009(4)(c), F.A.C.</p>		<p>Non-slip floor surfaces shall be provided in tubs and showers. Modern showers and bathtubs which provide a non-skid surface may not require a separate non-skid device, but if the surface is worn, the home is in violation of this provision. Bathtubs and showers with non-skid surfaces should be examined to determine the quality of the surface. If worn, a non-skid device must be used. Non-slip safety devices may include bath mats, peel off stickers, etc.</p> <p>Tempered glass should be so designated on the glass. If not, the assumption should be that the glass is not tempered.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
				<p>Observe the home to ensure there are racks or hooks for drying bath linens.</p> <p>Ensure that each resident has a separate place for toothbrushes and towels. This should include the resident name or other means by which to identify separate toothbrushes and towels.</p>
1117	PHYSICAL SITE STANDARDS	<p>Bathrooms used by physically handicapped residents shall have grab bars for toilets, bathtubs, and showers.</p> <p>Hot water temperature shall be supervised for persons unable to self-regulate water temperature.</p> <p>58A-14.009(4)(d), F.A.C.</p>		<p>Grab bars may be portable or permanent fixtures, but must be securely affixed to the bathtub or shower, or adjoining walls and easily reached.</p> <p>Observe and test that grab bars are in place and securely attached.</p> <p>Ensure that hot water temperature is being regulated by the AFCH for persons unable to self regulate water temperature. Review resident records for such individuals who may require the AFCH to regulate their water temperature.</p>
1118	PHYSICAL SITE STANDARDS	<p>If the home has a hot tub or spa, it shall have a safety cover when not in use.</p> <p>58A-14.009(4)(e), F.A.C.</p>		
1200	FIRE SAFETY STANDARDS AND EMERGENCY PROCEDURES	<p>At the time of license application, prior to license renewal, and prior to an increase in capacity, the provider shall request the local authority having jurisdiction over fire safety to inspect the home for compliance with local codes and ordinances and the minimum standards of this rule.</p> <p>58A-14.0091(1)(b), F.A.C.</p>	<p>The AFCH shall have requested the fire inspector having jurisdiction to inspect the home for compliance with local codes and ordinances. Fire safety inspections shall be conducted every 365 days, and prior to a capacity increase.</p> <p>The inspection may be made by an employee of the agency who has a certification in fire safety, if the local authority indicates in writing that there is no inspector available to conduct an inspection.</p>	<p>Review the fire safety report conducted by the local authority having jurisdiction for completion of the report, verification from the local authority of correction of all outstanding deficiencies, and that the inspection was conducted prior to initial licensing, prior to each annual re-licensing, and prior to a capacity increase. If concerns, notify the local fire safety authority.</p>

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
			Only the local fire authority shall give approval for multi-storied frame buildings.	
1201	FIRE SAFETY STANDARDS AND EMERGENCY PROCEDURES	<p>The AFCH shall have a written plan which specifies emergency and evacuation procedures for fires and such natural disasters as hurricanes, floods, and tornadoes. The provider shall review the plan's emergency and evacuation procedures with the residents, the relief person, all staff, and all household members.</p> <p>58A-14.0091(2)(a), F.A.C.</p>		Surveyors must review the plan. Are all required areas covered? Ask residents, relief persons, staff, and household members if the provider has reviewed the emergency and evacuation procedures with them. Are relief persons and staff familiar with their roles in implementing the emergency and evacuation plan?
1202	FIRE SAFETY STANDARDS AND EMERGENCY PROCEDURES	<p>The provider shall at all times maintain first aid and emergency supplies including a 3-day supply of non-perishable food based on the number of residents and household members currently residing in the home, and 2 gallons of drinking water per current resident and household member.</p> <p>58A-14.0091(2)(b), F.A.C.</p>	<p>All non-perishable food on the premises at time of survey should be included in the calculation of the 3-day supply of fruits, vegetables, protein, grain, non-perishable milk sources. Non-perishables are dry or canned goods that do not require refrigeration.</p> <p>Food items may not be counted twice in determining if the home meets this requirement. That is, if the number of canned beans is applied toward the required supply of protein, it may not be also applied toward the required supply of vegetables.</p> <p>The home must maintain at least 2 gallons of drinking water per current resident and household member. The bottled water must be dated and changed at least every six months.</p> <p>Having a backup generator and a propane gas source does not exempt the home from having a 3-day supply of non-perishable foods.</p> <p>The 3-day supply is three days forward from the survey and does not include the survey day.</p>	

TAG	TITLE	REGULATION TEXT	INTERPRETIVE GUIDELINES	CUSTOM HELP
			<p>Each AFCH must determine the minimal food needs for the individuals to be served for 3 days:</p> <p>Milk or equivalent--2 servings x persons x 3 days.</p> <p>Meat or equivalent--6 oz. (2 or more servings) x persons x 3 days.</p> <p>Fruit--2-4 servings x persons x 3 days.</p> <p>Vegetables: 3-5 servings x person x 3 days.</p> <p>Bread and starches--6-11 servings x persons x 3 days.</p> <p>Fats, oils and sweets—sparingly.</p> <p>Variety in meats, fruits and vegetables, and grain products should be provided during the 3 days. If six cans of fruit or vegetables are served to individuals one meal, several varieties of each should be available.</p>	