

## EXTENDED CONGREGATE CARE

Tag	TITLE	Text	Guidelines	Surveyor Information
	<b>LICENSING</b>			
E 001		<p>Any facility intending to establish an ECC program must meet the ALF license requirements and obtain a license from the agency.</p> <p>ECC Services are only provided in facilities licensed to provide such services in accordance with Ch.400, Part III, F.S., and Ch. 58A-5.030, F.A.C.</p> <p>400.407(3)(b)1, F.S. 58A-5.030(1)(a), F.A.C.</p>	<p>A currently licensed ALF has a standard license and has corrected any identified violation of Ch. 400, Part III, F.S., and Ch. 58A-5, F.A.C.</p> <p>An initial applicant has been surveyed and any identified license violations have been corrected.</p> <p>In order for ECC services to be provided in a facility, the agency must first determine that all requirements in law and rule are met.</p>	<p>Review the facility file for documentation of compliance with regulations for all visits conducted at the facility for the previous two years or since the facility has been licensed, if the facility has not been open for two years. There should be no uncorrected deficiencies and no disqualifying sanctions imposed. Review the file for approval of ECC licensure.</p> <p>The ALF license authorizing ECC services to be provided must be posted in the facility.</p>
E 002		<p>The facility has maintained a standard license for the previous 2 years or since initial licensure if the facility has been open less than two years.</p> <p>400.407(3)(b)1, F.S.</p>	<p>A facility that applies for an ECC license must have maintained a standard ALF license for the previous 2 years or from the time the facility was initially licensed to the current date, if the facility has been licensed for less than two years.</p> <p>If there has been a change of ownership within the last two years, the record of the prior owner is to be considered.</p> <p>A provisional license issued pursuant to an initial application for license shall not be considered equivalent to a standard license for the purposes of issuing a limited mental health, ECC or LNS license.</p> <p>A provisional license issued pursuant to a change of ownership application shall be</p>	<p>Review the facility file.</p> <p>Provisional licenses are limited to a 6 month total time frame from date of issuance to expiration.</p>

			<p>considered equivalent to a standard license for the purpose of issuing a limited mental health, ECC or LNS license.</p> <p>A provisional license issued due to a change of ownership will not be counted against the facility unless the provisional license is extended due to the facility not correcting cited violations for which they have received ECC disqualifying sanctions.</p>	
E 003		<p>The facility has not been subject to any administrative sanctions imposed pursuant to Ch. 58A-5.033, F.A.C., for the previous two years or since initial licensure if the facility has been licensed for less than two years.</p> <p>400.407(3)(b)1a-f, F.S.</p>	<p>Facility notification of disqualifying sanctions is grounds for denial of an ECC license until completion of any administrative proceeding under Chapter 120, F.S. If a Chapter 120 hearing results in removal of the disqualifying sanction, the facility is no longer disqualified from being licensed to provide ECC care.</p> <p>Disqualifying sanctions include:</p> <ol style="list-style-type: none"> <li>a. A class I or class II violation;</li> <li>b. Three or more repeat or recurring class III violations of identical or similar resident care standards as specified in rule from which a pattern of noncompliance is found by the Agency;</li> <li>c. Three or more class III violations which were not corrected in accordance with the corrective action plan approved by the Agency;</li> <li>d. Violations of resident care standards resulting in a requirement to employ the services of a consultant pharmacist or consultant dietitian;</li> <li>e. Denial, suspension, or revocations of a license for another ALF in which the applicant for an ECC license has at least</li> </ol>	<p>Review all survey results conducted within the past two years.</p>

			<p>25% ownership interest; or</p> <p>f. Imposition of a moratorium on admissions or initiation of injunctive proceedings.</p> <p>If there has been a change of ownership within the last two years, the record of the prior owner is to be considered.</p>	
E 004		<p>Only that portion of a facility which meets the physical requirements shall be considered licensed to provide ECC services to residents which meet the admission and continued residency requirements.</p> <p>58A-5.030(1)(b)</p>	<p><b>Physical Requirements</b></p> <p>Each extended congregate care facility shall provide a homelike physical environment which promotes resident privacy and independence including:</p> <p>A private room or apartment, or a semi-private room or apartment shared with a roommate of the resident's choice.</p> <p>The entry door to the room or apartment shall have a lock which is operable from the inside by the resident with no key needed. The resident shall be provided with a key to the entry door on request. The resident's service plan may allow for a non-locking entry door if the resident's safety would otherwise be jeopardized.</p> <p>A bathroom, with a toilet, sink, and bathtub or shower which is shared by a maximum of 4 residents. A centrally located hydro-massage bathtub may substitute for the bathtub or shower in two of the bathrooms. The entry door to the bathroom shall have a lock which is operable from the inside by the resident with no key needed. The resident's service plan may allow for a non-locking bathroom door if the resident's safety would otherwise be jeopardized.</p>	
E 005		The facility has designated a distinct	The facility may choose to license the entire	Review the facility's ECC

		<p>part of the facility to be licensed for ECC care if the designation does not apply to the entire facility.</p> <p>400.407(3)(b)1, F.S.</p>	<p>facility for ECC care or only part of the facility for ECC care. The facility has identified on the application the area to be licensed for ECC services. The written designation identifies which rooms, wings, sections, floors, or that the entire facility will be available for residents needing ECC services. ECC services are not to be provided in an undesignated part of the facility.</p> <p>The rooms to be designated for ECC care may be changed by the facility only by submitting a written request to the Agency and advance approval of the local field office.</p>	<p>application, the floor plan, and any written information provided by the facility to determine the area of the facility designated for ECC services.</p> <p>A tour of the facility, observation of residents, and interviews with residents and staff support that ECC services will be provided only in the designated ECC section of the facility.</p> <p>The written notification to the Agency must include a copy of a floor plan that clearly identifies the designated area, if the entire facility is not licensed for ECC services</p> <p>ECC capacity expansions require a new application to be submitted to the Agency's central office. The new space or additional beds must be approved by the Agency prior to using the space or adding additional ECC beds.</p>
<b>POLICIES &amp; PROCEDURES</b>				
E 100		<p>Policies and procedures established through an extended congregate care program must promote resident independence, dignity, choice, and decision-making. The program shall develop and implement specific written policies and procedures which address aging in place.</p> <p>58A-5.030(2)(a), F.A.C. 400.407(3)(b)3.d.</p>	<p><b>Aging in Place</b> means the process of providing increased or adjusted services to a person to compensate for the physical or mental decline that may occur with the aging process, in order to maximize the person's dignity and independence and permit them to remain in a familiar, non-institutional, residential environment for as long as possible. Such services may be provided by facility staff, volunteers, family, or friends, or through contractual arrangements with a third party.</p>	<p>Review ECC contract.</p>
E 101		<p>The ECC program shall develop and implement specific written policies</p>	<p>The minimum criteria to be admitted to an ECC program:</p>	

		<p>and procedures which address the facility's residency criteria developed in accordance with the admission and discharge requirements described in 58A-5.030(5) and ECC services in 58A-5.030(8).</p> <p>58A-5.030(2)(b), F.A.C.</p>	<ul style="list-style-type: none"> <li>• Must be at least 18 years of age</li> <li>• Be free from signs and symptoms of a communicable disease</li> <li>• Be able to transfer, with assistance if necessary</li> <li>• Not be a danger to self or others</li> <li>• Not be bedridden</li> <li>• Not have any stage 3 or stage 4 pressure sores</li> <li>• Not require oral or nasopharyngeal suctioning, nasogastric tube feeding, monitoring of blood gasses, intermittent positive pressure breathing therapy, skilled rehabilitative services, treatment of a surgical incision, unless surgical incision and the condition which caused it have been stabilized and a plan of care developed</li> <li>• Not require 24-hour nursing supervision</li> <li>• Have been determined appropriate for admission to the facility by the facility administrator</li> </ul> <p>Criteria for continued residency:</p> <ul style="list-style-type: none"> <li>• Resident may be bedridden for up to 14 consecutive days</li> <li>• A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if resident receives services of a licensed hospice which coordinates and ensures the provision of any additional care and services needed, continued residency is agreeable to the resident and the facility and an interdisciplinary care plan is developed and implemented by the licensed hospice in consultation with the facility.</li> <li>• Documentation is maintained in the resident's file.</li> </ul>	
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E 102		<p>Policies and procedures will address the personal and supportive services the facility intends to provide, how the services will be provided, and the identification of staff positions to provide the services including their relationship to the facility;</p> <p>58A-5.030(2)(c), F.A.C.</p>	<p>ECC services shall be provided in the least restrictive environment which respects the resident” independence, privacy and dignity.</p> <p>An ECC program may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends shall be encouraged to provide supportive services for residents and the facility shall providing training for them to enable them to provide supportive services in accordance with the resident’s service plan.</p>	<p>Review the facilities ECC policies and procedures.</p> <p>ECC services are to be provided by facility staff employed or under contract to the facility.</p> <p>A facility should not advertise and market as a facility that provides ECC services unless they are directly providing such services.</p> <p>A resident may, <u>by choice</u>, contract with an outside provider.</p>
E 103		<p>Policies and procedures will address the nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff;</p> <p>58A-5.030(2)(d), F.A.C.</p>	<p>An ECC program shall make available the following additional services if required by the resident’s service plan:</p> <ul style="list-style-type: none"> <li>• Total help with bathing, dressing, grooming and toileting</li> <li>• Nursing assessments more frequently than monthly</li> <li>• Measurement and recording of basic vital functions and weight</li> <li>• Dietary management including provision of special diets, monitoring nutrition, and observing the resident’s food and fluid intake and output</li> <li>• Assistance with self-administered medications, or the administration of medications and treatments pursuant to</li> </ul>	

			<p>a health care provider's order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident's or the resident's surrogate, guardian or attorney-in-fact's informed consent to provide such assistance.</p> <ul style="list-style-type: none"> <li>• Supervision of residents with dementia and cognitive impairments</li> <li>• Health education and counseling and the implementation of health-promoting programs and preventive regimes</li> <li>• Provision or arrangement for rehabilitative services</li> <li>• Provision of escort services to health-related appointments</li> </ul> <p>Licensed nursing staff in an ECC program may provide any nursing services permitted within the scope of their license consistent with the residency requirements of this rule and the facility's written policies and procedures and the nursing services are:</p> <ul style="list-style-type: none"> <li>• Authorized by a health care provider's order and pursuant to a plan of care</li> <li>• Medically necessary and appropriate for treatment of the resident's condition</li> <li>• In accordance with the prevailing standard of practice in the nursing community</li> <li>• A service that can be safely, effectively, and efficiently provided in the facility</li> <li>• Recorded in nursing progress notes and</li> <li>• In accordance with the resident's service plan</li> </ul> <p>At least monthly, or more frequently if</p>	
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			required by the resident's service plan, a nursing assessment of the resident shall be conducted	
E 104		<p>Policies and procedures will identify potential unscheduled resident service needs and mechanisms for meeting those needs including the identification of resources to meet those needs;</p> <p>58A-5.030(2)(e), F.A.C. 400.407(3)(b)3.a., F.S. 400.402(4), F.S.</p>		Review the facility's policies and procedures for meeting unanticipated needs and modifying services to meet needs of residents.
E 105		<p>Policies and procedures will include a process for mediating conflicts among residents regarding choice of room or apartment and roommate;</p> <p>58A-5.030(2)(f), F.A.C.</p>		
E 106		<p>Policies and procedures will address how to involve residents in decisions concerning the resident. The program shall provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions a family member or other resident representative shall be consulted. Choices shall include at a minimum to participate in the process of developing, implementing, reviewing, and revising the resident's service plan.</p> <p>400.407(3)(b)3.e, F.S. 58A-5.030(2)(g)1, F.A.C.</p>	As much as possible, decisions are made by the resident or by the resident and a family member or representative. The facility creates opportunities for the resident to select among a variety of options or choices within the abilities of the resident and considering the physical and mental status of the resident and to maintain and enhance the resident's abilities. Decision-making is presented in such a manner as to promote self-esteem and confidence rather than to frustrate the resident.	<p>Review the resident records to ensure that the resident, or if necessary, a family member or representative, have the opportunity to be involved in making choices and decisions.</p> <p>Interview the resident for involvement.</p> <p>How is the service plan developed? Does the resident attend planning meetings done on his behalf?</p> <p>Failure to provide ECC services may be grounds for denial of the ECC license.</p>
E 107		Policy and Procedures will address resident choice to remain in the same room in the facility, except that a		Where appropriate, was the resident allowed input into remaining in the same room or apartment?

		<p>current resident transferring into an ECC program may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed.</p> <p>58A-5.030(2)(g)2, F.A.C.</p>		
E 108		<p>Policy and Procedure will address resident choice to select among social and leisure activities and to participate in activities in the community.</p> <p>58A-5.030(2)(g) 3 and 4, F.A.C.</p>	<p>The facility has a variety of social and leisure activities. As the functional capabilities of the resident decline, the activities are adjusted to meet the current abilities and interests of the resident. ECC residents may need more individualized rather than group activity programming.</p> <p>Encouragement is given to developing or maintaining community involvement. Such activities as memberships in clubs, churches, sororities or fraternities, volunteer groups, voting, visiting in the home of family or friends, shopping, banking, etc. are encouraged.</p> <p>At a minimum the facility shall arrange transportation to such activities if requested by the resident.</p>	<p>Determine how social and leisure activities are selected. Do the activities meet the needs and interest level of the resident?</p> <p>Is there encouragement and opportunity to participate in community activities?</p>
E 109		<p>Policy and Procedures will address resident choice to provide input with respect to the adoption and amendment of facility policies and procedures.</p> <p>58A-5.030(2)(g)5, F.A.C.</p>	<p>Before making any modifications or amendments of the facility's ECC policies, the resident has an opportunity to give recommendations or to propose changes. Such input may be provided individually or through group meetings with ECC residents.</p>	<p>Determine how the facility includes residents in reviewing and revising the ECC policies.</p>
E 110		<p>Facilities licensed to provide ECC services shall provide each resident with a written copy of the facility policies governing admission and</p>		<p>Review resident file to determine if copy of polices are contained therein.</p> <p>The facility's admission and</p>

		retention.  400.407(3)(b)4, F.S.		discharge log should identify those residents receiving ECC services.
<b>PHYSICAL SITE REQUIREMENTS</b>				
E 200		Each extended congregate care facility shall provide a home-like physical environment which promotes resident privacy and independence.  400.407(3)(b)3.b., F.S. 58A-5.030(3), F.A.C.	If the room or apartment is shared with another resident, there are provisions for the privacy of each resident. This may need to include such items as privacy curtains or screens to ensure privacy in receiving personal care or treatments.	Interview residents about their satisfaction with privacy. Is it an issue?
E0201		Each resident has a private room or apartment, or a semi-private room or apartment shared with roommate of the resident's choice.  58A-5.030(3)(a), F.A.C.	The resident may have his choice of available roommates. However, if a semi-private room is to be provided and the resident is not satisfied with the choice of available roommates, the resident may choose to not be admitted to the facility, be discharged from the facility, or make a selection from the available roommates until a roommate considered more desirable or more appropriate is admitted to the facility.  The room provided is in accordance with the terms of the resident's contract. The facility is not required to provide a private room or apartment unless the resident or another financially responsible party agrees to pay the facility's agreed upon rate for those accommodations.  The facility may need to apply its policy on settling disputes regarding choices of roommates. If so, decisions are made fairly.	Interview residents that are sharing rooms to determine satisfaction or dissatisfaction.
E0202		The entry door to the room or apartment shall have a lock which is operable from the inside by the resident with no key needed.  58A-5.030(3)(a), F.A.C.		

E0203		The resident shall be provided with a key to the entry door on request.  58A-5.030(3)(a), F.A.C.	The resident's service plan may allow for a non-locking entry door if the resident's safety would otherwise be jeopardized.  The facility should review this situation on a resident-by-resident basis rather than having standardized wording for every service plan indicating every ECC resident's safety would be jeopardized by having a working door lock.	Can resident lock room when not occupied? Ask to see the key.  If not allowed to lock door, is it stated in the service plan? Review residents service plan.
E 204		The facility provides a bathroom, with a toilet, sink, and bathtub or shower, which is shared by a maximum of 4 residents.  58A-5.030(3)(b), F.A.C.	A centrally located hydro-massage bathtub may substitute for the bathtub or shower in two of the bathrooms.  This means a total of 4 persons to a bath.	Count residents and bathrooms to determine numbers.
E 205		The bathroom entry door shall have a lock which is operable from the inside by the resident with no key needed  58A-5.030(3)(b), F.A.C.	A resident's service plan may allow for a non-locking bathroom door if the resident's safety would otherwise be jeopardized  The bathroom door is not required to have a door lock that is operable from the outside by a key. However, if that type of a door lock is used, the facility must have a key available to unlock the door.	Check door to verify that locks are present. Are resident's allowed to use bathroom door locks?  Review service plans for information regarding locks. Does the service plan for every resident indicate that a door lock would jeopardize resident safety? If so, why?
<b>STAFFING REQUIREMENTS</b>				
E 300		Each extended congregate care program shall specify a staff member to serve as the extended congregate care supervisor if the administrator does not perform this function.  58A-5.030(4)(a), F.A.C.	Each facility must have a separate ECC supervisor designated in writing. The administrator and the supervisor must complete the initial ECC training and 4 hours of continuing education every two years.  Credentials of the administrator and ECC supervisor are on file to document their ability to serve in their designated capacity.	Review the written designation and training records.  Review service plans for signature of the administrator or ECC supervisor  Interview the ECC supervisor and administrator.

			If the administrator has more than one facility, there must be an ECC supervisor designated in writing.	
E 301		If the administrator supervises more than one facility, he/she shall appoint a separate ECC supervisor for each facility holding an extended congregate care license.  58A-5.030(4)(a)		Interview the ECC supervisor to determine if he/she knows of their designation.  Review facility files for written designation.
E 302		The extended congregate care supervisor shall be responsible for the general supervision of the day-to-day management of an ECC program and ECC resident service planning.  58A-5.030(4)(a)1, F.A.C.	If systematic breakdown or systems not in place, cite the ECC supervisor for job responsibility.	Check documentation of position descriptions, and interview the ECC supervisor to determine knowledge and scope of responsibilities.  Interview staff to determine the consistency between the policies and procedures and the way the facility functions.
E 303		The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in ECC prior to the facility's receiving its ECC license or within 3 months of beginning employment in the facility as an administrator or ECC supervisor.  400.4275(2), F.S. 58A-5.0191(7)(a), F.A.C. 58A-5.024(2)(a)1., F.A.C.	Successful completion of core training is a prerequisite for ECC training. ECC supervisors who attended core training prior to April 20, 1998, are not required to take the core training competency test.	Review personnel files for documentation of training being completed within the required time frames.
E 304		The administrator of a facility with an extended congregate care license and the ECC supervisor, if separate from the administrator, must have a minimum of two years of managerial, nursing, social work, therapeutic	A baccalaureate degree may be substituted for one year of the required experience.  A nursing home administrator licensed under chapter 468, F.S., shall be considered qualified under this paragraph.	Review personnel records to establish that the administrator and ECC supervisor meet the minimum education/experience requirement.

		<p>recreation, or counseling experience in a residential, long-term care, or acute care setting or agency serving elderly or disabled persons.</p> <p>58A-5.030(4)(a)2, F.A.C.</p>		
E0305		<p>The administrator and ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, psychological, or social needs of frail elderly and disabled persons, or persons with Alzheimer's disease or related disorders.</p> <p>400.4275(2), F.S. 58A-5.0191(7)(b), F.A.C. 58A-5.024(2)(a)1., F.A.C.</p>		<p>Continuing education courses may be provided by training entities such as universities, junior colleges, and health care associations.</p>
E 306		<p>Provide, as staff or by contract, the services of a nurse who shall be available to provide nursing services as needed by ECC residents, participate in the development of resident service plans, and perform monthly nursing assessments.</p> <p>400.407(3)(b)3.g., F.S. 58A-5.030(4)(b), F.A.C.</p>	<p>Progress reports support that all needed services have been provided.</p>	<p>Is evidence maintained in the personnel records of current licensure for the individual serving as the ECC nurse?</p>
E 307		<p>Provide enough qualified staff to meet the needs of ECC residents and the amount and type of services established in each resident's service plan.</p> <p>58A-5.030(4)(c), F.A.C.</p>	<p>The agency shall require facilities to immediately provide additional or more qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because of the lack of sufficient or adequately trained staff.</p>	<p>When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine</p>

			<p>if the plan will increase the staff to needed levels and meet resident needs.</p> <p>When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.</p> <p>Based on the recommendations of the local authority with jurisdiction over fire safety, the agency may require additional staff when the facility fails to meet the fire safety standards, until such time as the local fire safety authority informs the agency that fire safety requirements are being met.</p> <p>Review the service plans, progress reports, fire drill reports, and emergency evacuation plans to ensure that sufficient personnel exist to provide identified services.</p> <p>Observations of residents and interviews with staff and residents support that timely, appropriate services are being provided to residents.</p> <p>Review employee schedules, time cards, logs, and pay receipts, if necessary to verify adequate staff coverage.</p> <p>Look for residents who require 2 staff persons to assist with transferring</p>
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				from bed to chair. Are there enough staff available to provide the required assistance on a 24 hour basis?
E 308		Regardless of the number of ECC residents, awake staff shall be provided to meet resident scheduled and unscheduled night needs.  400.407(3)(b)3a, F.S. 58A-5.030(4)(d), F.A.C.	The facility allows for unplanned or unscheduled service needs when they arise and modifies staffing to meet those needs.	Review work schedule and incident reports to determine if incident occurred that should not have with adequate staff.
E 309		All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training provided by the facility administrator or ECC supervisor within 6 months of beginning employment in the facility.  400.4275(2), F.S. 58A-5.0191(7)(c), F.A.C. 58A-5.024(2)(a)1., F.A.C.	Staff training must address ECC concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an ECC facility. Direct care staff means staff providing personal or nursing services to residents, or supervising staff providing such services.	Has the facility developed a standardized ECC training program to ensure that all direct care employees receive the same basic training? The content of the training may need to be modified to fit the individualized training needs of a given employee or to meet the care needs of specific residents.  Review the training curriculum to determine all aspects are covered.
E 310		Ensure and document that staff receive extended congregate care training as required under rule 58A-5.0191.  400.407(3)(b)3.h., F.S. 58A-5.030(4)( f)		
E 311		Ensure sufficient staff is available, taking into account the physical plant and fire safety features of the building, to help more infirm residents evacuate in an emergency.  s. 400.407(3)(b)3.c., F.S.	The facility increases staffing when dictated by the design of the physical plant or fire safety features of the building. The facility has enough staff to assist with evacuation of the building in an emergency, including those residents who need two persons to assist with transfer.	
<b>ADMISSION AND CONTINUED RESIDENCY</b>				
E400		An individual must meet the following minimum criteria in order	The primary purpose of extended congregate care services is to allow	

		<p>to be admitted to an ECC program.</p> <ul style="list-style-type: none"> <li>• Must be at least 18 years of age</li> <li>• Be free from signs and symptoms of a communicable disease</li> <li>• Be able to transfer, with assistance if necessary</li> <li>• Not be a danger to self or others</li> <li>• Not be bedridden</li> <li>• Not have any stage 3 or stage 4 pressure sores</li> <li>• Not require oral or nasopharyngeal suctioning, nasogastric tube feeding, monitoring of blood gasses, intermittent positive pressure breathing therapy, skilled rehabilitative services, treatment of a surgical incision, unless surgical incision and the condition which caused it have been stabilized and a plan of care developed</li> <li>• Not require 24-hour nursing supervision</li> <li>• Have been determined appropriate for admission to the facility by the facility administrator.</li> </ul> <p>58A-5.030(5)(a), F.A.C.</p>	<p>residents, as they become more impaired, the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency. A facility licensed to provide ECC services may also admit an individual who exceeds the admission criteria for a facility with a standard license, if the individual is determined appropriate for admission to the ECC facility.</p> <p>A resident not meeting these requirements will be inappropriate.</p> <p>To be classified as skilled rehabilitative services, it must include all of the following conditions:</p> <ol style="list-style-type: none"> <li>a. Ordered by and remaining under the supervision of a physician;</li> <li>b. Reasonable and necessary to the treatment of a recent or presently existing illness or injury;</li> <li>c. Performed by a physical therapist, occupational therapist, certified respiratory care practitioner/therapist;</li> <li>d. Required at least 5 days a week;</li> <li>e. Reviewed and reevaluated at least every 30 days by the physician and the physical, occupational therapist or respiratory care practitioner/therapist.</li> </ol> <p>59G-4.290(4)(a-e), F.A.C.</p>	
E 401		<p>Criteria for continued residency in an ECC program shall be the same as the criteria for admission, except as follows:</p>	<p>Hospice regulations require a primary caregiver who may need additional training by hospice to ensure that the resident's needs continue to be met.</p>	<p>Review the interdisciplinary care plans for all residents receiving hospice services. If the facility is providing services to hospice residents, ensure the services are</p>

	<p>1. A resident may be bedridden for up to 14 consecutive days.</p> <p>2. A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:</p> <p>a. the resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed. 58A-5.030(5)(b)2a, F.A.C.</p> <p>b. continued residency is agreeable to the resident and the facility 58A-5.030(5)(b)2b, F.A.C.</p> <p>c. an interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service within the scope of their license including 24-hour nursing supervision, and total help with the activities of daily living 58A-5.030(5)(b)2.c., F.A.C.</p> <p>d. documentation of the requirements of this subparagraph is maintained in the resident's file. 58A-5.030(5)(b)2d, F.A.C.</p>	<p>An ALF staff member cannot be appointed as primary caregiver since that staff person must be available to hospice residents on a 24 hour basis, 7 days a week. Having a different ALF staff person appointed as primary caregiver for each shift would not meet the hospice program requirements.</p> <p>Once an ECC resident is no longer a part of a hospice program, they must meet the ECC requirements for continued residence or they are inappropriate and other living arrangements must be made.</p>	<p>provided under the facility's contract.</p>
<b>HEALTH ASSESSMENT</b>			
E 500	<p>Prior to admission to an ECC program, all persons, including residents transferring within the same facility to that portion of the facility licensed to provide ECC services,</p>	<p>The health assessment is completed using the current DOEA Form 1823 dated March 1999. A faxed copy of the completed form is acceptable</p>	<p>Review the resident's file for a copy of the last health assessment form.</p> <p>Is the assessment complete? Does the resident need services that are not</p>

		<p>must be examined by a physician or advanced registered nurse practitioner.</p> <p>400.407(3)(b)6, F.S. 58A-5.030(6), F.A.C.</p>	<p>Previous versions of DOEA Form 1823 completed up to 4/17/2000 are acceptable.</p> <p>The health assessment must be in a language understood by the resident or the resident's representative.</p> <p>A health assessment conducted within 60 days prior to admission to the ECC program shall meet this requirement.</p> <p>Medical examination reports completed by the physician or ARNP on their own assessment forms are acceptable provided all required admission information is listed on the form or accompanying forms for new admissions. Once admitted, the evaluations must be completed on the DOEA 1823 form.</p>	<p>covered in the health assessment?</p> <p>Was the form completed by a physician or ARNP? Has it been signed and dated?</p> <p>Are services indicated as needed on the health assessment appropriate for an ECC facility?</p>
E501		<p>Once admitted, a new health assessment must be obtained at least annually.</p> <p>58A-5.030(6), F.A.C.</p>	<p>Health assessments must be obtained at least every 365 days.</p>	<p>Check date on last health assessment. Were there changes that require revisions to the resident's service plan?</p>
	<b>SERVICE PLAN</b>			
E600		<p>Prior to resident admission, the ECC supervisor shall develop a preliminary service plan which includes an assessment of whether the resident meets the facility's residency criteria, and appraisal of the residents unique physical and psychosocial needs and preferences, and an evaluation of the facility's ability to meet the resident's needs.</p> <p>58A-5.030(7)(a), F.A.C.</p>	<p>The ECC supervisor is actively involved with gathering information, talking with all pertinent individuals, making the arrangements, and developing a preliminary service plan. The preliminary service plan uses the information obtained from the health assessment to assess resident needs.</p>	<p>Is the service plan unique to the individual?</p>
E601		<p>Within 14 days of admission the extended congregate care supervisor shall coordinate the development of a</p>	<p>Service plan means a written plan, developed and agreed upon by the resident and, if applicable, the resident's</p>	<p>Review the plan to determine that it was developed and executed within 14 days of the resident's ECC</p>

		<p>written service plan which takes into account the resident's health assessment, the resident's unique physical and psychosocial needs and preferences, and how the facility will meet the resident's needs including the following if required.</p> <ol style="list-style-type: none"> <li>1. Health monitoring</li> <li>2. Assistance with personal care services</li> <li>3. Nursing services</li> <li>4. Supervision</li> <li>5. Special diets</li> <li>6. Ancillary services</li> <li>7. The provision of other services such as transportation and supportive services, and</li> <li>8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences.</li> </ol> <p>58A-5.030(7)(b), F.A.C.</p>	<p>representative or designee or the resident's surrogate, guardian, or attorney in fact, if any, and the administrator or designee representing the facility, which address the unique physical and psychological needs, abilities, and personal preferences of each resident receiving ECC services. The plan shall include a brief written description, in easily understood language of what services shall be provided, who shall provide the services, when services shall be provided, and the purpose and benefits of the services.</p> <p>The administrator or ECC supervisor evaluates the resident through observation and discussions with staff, health care providers, the resident, family members, the resident's representative, and any other pertinent individuals.</p> <p>The facility may develop its own method of assessing residents. There is no Agency approved or DOEA approved form to document the assessment.</p> <p>The information obtained from the assessment is compared with the facility's criteria for continued residency, the general layout of the facility, the staffing needed to provide the appropriate services, and any necessary modifications of the facility to accommodate the resident and continue to meet required fire safety standards.</p> <p>The resident's psychological, social, and emotional needs are considered in terms of maximizing ongoing adjustment and maintaining the resident at their highest possible level. Does the resident need supportive services because of such concerns as coping with a chronic condition or changes in functional abilities,</p>	<p>admission.</p> <p>Interview staff, resident, and other appropriate parties.</p> <p>Review service plans and resident records.</p> <p>Does the resident record reflect needs as currently observed?</p> <p>Review the resident's file and the service plan for verification that each area has been assessed.</p> <p>Interview the resident to determine that their needs and concerns were addressed. Did the facility consider the resident's need for staff assistance or assistive devices or equipment to maintain or improve functional abilities?</p> <p>Observe care, environment, social and therapeutic interactions.</p> <p>ECC regulations do not address a required "assessment form". The facility must have an assessment mechanism but use of a specific assessment form cannot be required.</p> <p>The service plan is reviewed to ensure that each area of need is addressed. Review health care provider orders, other parts of the resident's file, compare with information learned from the resident and staff interviews and your observations of the resident.</p> <p>Are needs being met? Does the plan</p>
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			<p>modifications in family relationships, being in need of emotional support, needing assistance in developing a social support system, are there behavioral changes?</p> <p>The facility considers how decreased functional levels may modify the resident's abilities.</p> <p>The service plan is written in simple to understand language and addresses each of the specified areas as needed. The facility staff may develop their own form as long as the required content is provided.</p>	<p>reflect the resident's current condition? Are the services provided sufficient to meet the needs? Are efforts made to maximize autonomy, choice, rights, etc.</p> <p>Review the service plan to ensure involvement of the facility staff, the resident's representative or designee, and the resident in the decision making process.</p> <p>Is there evidence of negotiation or reconciliation when there are differences between the resident's needs and desires and the facility's ability to meet them?</p> <p>The service plan is reviewed for inclusion of all parties in the decision making process and for periodic updating.</p> <p>Interview staff, the resident, family and any representative for participation.</p> <p>What efforts are made to work with a confused resident?</p> <p>Has the plan been modified to meet changing concerns of the resident, the representative, or the facility?</p>
E602		<p>Pursuant to the definitions of shared responsibility and managed risk, the service plan shall be developed and agreed upon by the resident or the resident's representative or designee, surrogate, guardian, or attorney in fact, the facility designee, and shall reflect the responsibility and right of the resident to consider options and</p>	<p>Shared responsibility means exploring the options available to a resident within a facility and the risks involved with each option when making decisions pertaining to the resident's abilities, preferences, and service needs, thereby enabling the resident and, if applicable, the resident's representative or designee, or the resident's surrogate, guardian, or attorney in fact, the</p>	<p>Check to see if there is a DNR order.</p> <p>Review service plan to see if the DNR order is incorporated into the service plan.</p> <p>Interview resident to determine if advance directives and shared risk were discussed as part of the</p>

		<p>assume risks when making choices pertaining to the resident's service needs and preferences.</p> <p>s. 400.407(3)(b)3.f., F.S. 58A-5.030(7)( c), F.A.C.</p>	<p>facility to develop a service plan which best meets the resident's needs and seeks to improve the resident's quality of life.</p> <p>Managed risk means the process by which the facility staff discuss the service plan and the needs of the resident with all the appropriate parties to the resident, consequences of a decision, including any inherent risk, are explained to all parties and reviewed periodically in conjunction with the service plan, taking into account changes in the resident's status and ability of the facility to respond accordingly.</p>	<p>managed care.</p>
E603		<p>The service plan shall be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident's physical or mental status, or pursuant to recommendations for modifications in the resident's care as documented in the nursing assessment.</p> <p>58A-5.030(7)(d), F.A.C.</p>	<p>The facility meets the time guidelines.</p> <p>The plan is reviewed and updated every 90 days from the date of the beginning of ECC services.</p>	
<b>EXTENDED CONGREGATE CARE SERVICES</b>				
E 700		<p>All services shall be provided in the least restrictive environment, and in a manner which respects the resident's independence, privacy and dignity.</p> <p>58A-5.030(8), F.A.C.</p>	<p>Services are provided in the manner that allows the resident the maximum amount of independence.</p>	
E701		<p>An ECC program may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in</p>	<p>Supportive services means services designated to encourage and assist residents to remain in the least restrictive living environment and to maintain their independence as long as possible.</p> <p>The facility offers a variety of supportive services to supplement those services</p>	<p>Interview residents, representatives, and family members to determine what training opportunities have been presented. Are there supportive services that are needed but have not been provided?</p> <p>Review facility records to determine</p>

		<p>developing and implementing self-directed activities, and volunteer services</p> <p>58A-5.030(8)(a), F.A.C.</p>	<p>offered by the facility.</p> <p>There is written documentation assessing needs of residents on a continuing basis. Written documentation in the resident's file includes the health care provider prescription, provider of rehabilitation services to document type, frequency, outcome and end result.</p> <p>There is written documentation that the facility provides or arranges for these services.</p> <p>If family and friends provide supportive services to residents, did the facility provide training to enable them to provide these services?</p>	<p>if training is being offered for families of residents to enable them to provide supportive services.</p> <p>Observe any social or supportive services being offered.</p> <p>Is there evidence of unmet needs, i.e., signs of physical or emotional decline? Interview the residents. What has been done to address these problems?</p> <p>Observe nursing staff. Review diet orders from the health care provider.</p> <p>Interview the resident as to the level of activity.</p> <p>Review of the resident's assessment should coincide with the surveyor's observation of the resident's mental and physical condition.</p> <p>Is the staff aware of the procedure for contacting the ECC nurse and the resident's health care provider? Review resident records for notations of changes in condition and who was contacted concerning the changes in condition.</p> <p>Review the facility's ECC policies and procedures.</p> <p>Review the resident's record and observe residents.</p> <p>Written documentation must be in the resident's record.</p> <p>Interview residents and staff.</p>
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E 702		An ECC program shall make available, if required by the resident's service plan, total help with bathing, dressing, grooming and toileting.  58A-5.030(8)(b) 1.	Policies and procedures address obtaining additional services when needed.  There is written evidence that the ECC nurse and resident's health care provider have been notified, when indicated.	
E 703		If required by the resident's service plan, nursing assessments will be conducted more frequently than monthly.  58A-5.030(8)(b)2. F.A.C.		This tag will be cited if the service plan calls for a nursing assessment more frequently than monthly and is only being done monthly or less frequently.
E 704		If required by the resident's service plan, measurement and recording of basic vital functions and weight must be conducted.  58A-5.030(8)(b)3. F.A.C.		Review service plan for inclusion of these requirements and the assessment to determine they were conducted and in the stated frequency.
E 705		If required by the resident's service plan, an ECC program shall make available dietary management including provision of special diets, monitoring nutrition, and observing the resident's food and fluid intake and output.  58A-5.030(8)(b)4. F.A.C.		Review resident record for documentation of nutritional monitoring and food and fluid intake and output.
E 706		An ECC program shall provide assistance with self-administered medications, or the administrations and treatments pursuant to a health care provider's order if required by	A certificate of waiver (Federal) and certificate of exemption (State) must be obtained if the facility staff conducts certain laboratory tests, including blood glucose testing and urine dipstick testing.	When requests for CLIA waivers may be submitted to the following address.  AHCA Lab Unit 2727 Mahan Drive, Bldg. 1

		<p>the resident's service plan.</p> <p>If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's informed consent to provide such assistance as required under 400.4256, F.S.</p> <p>58A-5.030(8)(b)5., F.A.C.</p>	<p>The ALF program encourages residents to be as self-sufficient as possible. Residents may do their own testing (as with a blood glucose testing machine) or they may be taught how to do their own testing. An order from the health care provider must be in the resident's file and include how the testing is to be done. No waiver is needed if the resident is doing his own testing. An RN or LPN (under the supervision of an RN or health care provider) may provide the service under the provisions of an ECC license, with an order from the health care provider, a certificate for exemption from the state and a CLIA waiver certificate for the facility.</p>	<p>Tallahassee, FL 32308 (850) 487-3063</p>
E707		<p>If required by the resident's service plan, an ECC program shall supervise residents with dementia and cognitive impairments.</p> <p>58A-5.030(8)(b)6, F.A.C.</p>	<p>The written policies of the facility identify the range of ECC services to be provided in this facility. A facility is not obligated to provide every ECC service authorized by rule or by law but must offer each ECC service defined in the facility policies and procedures when the need arises.</p>	<p>Does the service plan specify the type of supervision needed by the afflicted person? If so, is the ALF providing the service?</p> <p>Are there secured areas within the facility or other means to ensure supervision and protection of residents?</p> <p>Are there major incident reports of residents missing? Review resident files for reports/notes of wandering/missing.</p>
E708		<p>If required by the resident's service plan, health education and counseling and the implementation of health-promoting programs and preventive regimes will be provided.</p> <p>58A-5.030(8)(b)7, F.A.C.</p>		
E709		<p>An ECC program will provide or</p>	<p>ECC residency criteria prohibits skilled</p>	

		<p>arrange rehabilitative services if required by the resident's service plan.</p> <p>58A-5.030(8)(b)8, F.A.C.</p>	<p>rehabilitative services. In order to be classified as skilled rehabilitative services, the services must include all of the following conditions:</p> <p>a. Ordered by and remaining under the supervision of a physician;</p> <p>b. Reasonable and necessary to the treatment of a recent or presently existing illness or injury;</p> <p>c. Performed by a physical therapist, occupational therapist, certified respiratory care practitioner/therapist;</p> <p>d. Required at least 5 days a week;</p> <p>e. Reviewed and reevaluated at least every 30 days by the physician and the physical, occupational therapist or respiratory care practitioner/therapist.</p> <p>59G-4.290(4)(a-e), F.A.C.</p>	
E 710		<p>An ECC program shall provide escort services to health related appointments if required by the resident's service plan.</p> <p>58A-5.030(8)(b)9, F.A.C.</p>		<p>Are residents provided with escorts if required by service plan?</p> <p>Are dementia and cognitively impaired residents identified that require supervision? Missed appointments?</p>
E 711		<p>Licensed nursing staff in an ECC program may provide any nursing service permitted within the scope of their license consistent with the residency requirements and the facility's written policies and procedures.</p> <p>58A-5.030(8)(c),F.A.C.</p>		
E 712		<p>Nursing services must be:</p> <p>1. Authorized by a health care</p>	<p>The ECC license allows the facility to provide services identified under the LNS license without being licensed separately for</p>	<p>A service plan and nursing assessment must be completed within the time frames specified for the ECC</p>

		<p>provider's order and pursuant to a plan of care</p> <p>2. Medically necessary and appropriate for treatment of the resident's condition</p> <p>3. In accordance with the prevailing standard of practice in the nursing community</p> <p>4. A service that can be safely, effectively, and efficiently provided in the facility</p> <p>5. Recorded in nursing progress notes</p> <p>And</p> <p>6. In accordance with the resident's service plan.</p> <p>58A-5.030(8)(c), F.A.C.</p>	<p>those services, as long as these services are provided in the ECC licensed part of the facility. The resident must meet the criteria for continued residency in the ECC facility. LNS services provided in the non-ECC licensed part of the facility require an LNS license.</p>	<p>designation.</p>
E 713		<p>At least monthly, or more frequently if required by the resident's service plan, a nursing assessment of the resident shall be conducted.</p> <p>58A-5.030(8)(d), F.A.C.</p>		<p>This tag will be cited if a nursing assessment has not been conducted within at least the last 30 days.</p>
<b>ECC RECORDS STANDARDS</b>				
E 800		<p>ECC facilities maintain service plans for each ECC resident.</p> <p>400.407(3)(b)6, F.S.</p>	<p>Prior to admission the extended congregate care supervisor shall develop a preliminary service plan which includes an assessment of whether the resident meets the facility's residency criteria, an appraisal of the resident's unique physical and psychological needs and preferences, and an evaluation of the facility's ability to meet</p>	<p>Does the resident's record contain a completed service plan containing all the required items completed within the mandated time frames?</p> <p>The service plan must also be maintained for residents if the facility is providing LNS services under an</p>

			<p>the resident's needs.</p> <p>Within 14 days of admission the ECC supervisor shall coordinate the development of a written service plan.</p>	<p>ECC license.</p> <p>Service plans must be maintained for at least 2 years following the departure of a resident from the facility.</p>
E 801		<p>ECC facilities maintain nursing progress notes for each resident receiving nursing services.</p> <p>400.407(3)(b)2, F.S. 58A-5.030(9)(a),2, F.A.C.</p>	<p>Nursing progress notes or progress report means a written record of nursing services, other than medication administration or the taking of vital signs, provided to each resident who receives ECC services.</p> <p>The progress notes shall be completed by the nurse who delivered the service and shall describe:</p> <ul style="list-style-type: none"> <li>• the date, type, scope, amount, duration, and outcome of services that are rendered;</li> <li>• the general status of the resident's health;</li> <li>• any deviations;</li> <li>• any contact with the resident's physician, and</li> <li>• shall contain the signature and credential initials of the person rendering the service.</li> </ul>	<p>The progress note is completed each time a service identified on the service plan is provided. Each of the required areas are addressed.</p> <p>There is evidence of ongoing assessment and professional evaluation of the resident's condition and the effects of any therapeutic intervention, as appropriate.</p> <p>If the resident has had medical tests completed, had appointments with their health care provider, been hospitalized, etc., there may be additional documentation available to review.</p> <p>Review progress notes for the required content and compare with information learned from the resident, staff interviews, and observations.</p>
E 802		<p>ECC facilities maintain nursing assessments.</p> <p>400.426(3), F.S. 58A-5.030(9)(a)3, F.A.C.</p>	<p>Nursing assessment means a written review of information collected from observation of and interaction with a resident, the resident's record, and any other relevant sources; the analysis of the information; and recommendations for modification of the resident's care, if warranted.</p> <p>At least monthly (every 30 days), or more frequently if required by the resident's service plan, a nursing assessment of the resident must be completed.</p>	<p>The nursing assessment could include such areas as the resident's clinical or social history, current physical and emotional status, medications, cognitive, physical, and emotional limitation, and current life patterns that might influence care needs.</p> <p>Review the facility's policies and procedures to determine that the specific requirements for the nursing assessment are met. Review</p>

				<p>documentation to ensure that the administration has been informed of findings.</p> <p>Interview appropriate nursing and administrative staff.</p> <p>Does the most recent assessment reflect the current condition of the resident?</p> <p>Does the assessment reflect appropriate standards of practice?</p> <p>When the nursing assessment reveals a change in needed services and a service plan has not yet been updated, determine if the services are being provided as required.</p>
<b>DISCHARGE</b>				
E 900		<p>If the facility and the resident are unable to agree on a service plan, or if the facility is unable to meet the resident's needs as identified in the service plan, or if the resident no longer meets the criteria for continued residency, the resident shall be discharged.</p> <p>400.426(8), F.S. 400.428(1), F.S. 400.407(3)(b)7, F.S. 58A-5.303(10), F.A.C.</p>	<p>The concepts of aging in place, shared responsibility and managed risk must be considered.</p> <p>The facility must allow at least 30 days written notice of relocation or termination of residency from the facility unless, for medical reasons, the resident requires an emergency relocation to a facility providing a more skilled level of care or the resident engages in behavior that is harmful or offensive to other residents.</p> <p>Prior to the decision being made to discharge the resident, the facility is required to complete a comprehensive review of the resident's physical and functional status; and the ability of the facility, family members, friends, or any other pertinent individuals or agencies to provide the care and services required. When it has been decided that the resident</p>	<p>Review the resident's file, service plan, meeting notes and any other available information. Interview and observe residents.</p> <p>If necessary, the Agency may implement the medical review team process to determine whether or not the resident is appropriately residing in the facility. The medical review team is called into play when there is disagreement between the facility and the Agency on the resident's placement, not when the resident and facility disagree.</p>

			must be relocated, the facility must give the resident at least 30 days written notice of discharge for a non-emergency relocation.	
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