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**ST - I0000 - Initial Comments**

**Title** Initial Comments

**Type** Memo Tag

**Regulation Definition**

**Interpretive Guideline**

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

**ST - I0100 - Definition**

**Title** Definition

**Type** Rule

400.960, FS; 59A-26.001 FAC

**Regulation Definition**

**Interpretive Guideline**

400.960 Definitions.-As used in this part, the term:

- (1) "Active treatment" means the provision of services by an interdisciplinary team which are necessary to maximize a client's individual independence or prevent regression or loss of functional status.
- (2) "Agency" means the Agency for Health Care Administration.
- (3) "Client" means any person determined by the Agency for Persons with Disabilities to be eligible for developmental services.
- (4) "Developmentally disabled" has the same meaning as "developmental disability" as that term is defined in s. 393.063.
- (5) "Direct service provider" means a person 18 years of age or older who has direct contact with individuals who have developmental disabilities and who is unrelated to such

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individuals.

(6) "Intermediate care facility for the developmentally disabled" means a residential facility licensed and certified in accordance with state law, and certified by the Federal Government, pursuant to the Social Security Act, as a provider of Medicaid services to persons who have developmental disabilities.

(7) "Restraint" means a physical device, method, or drug used to control behavior.

(a) A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the individual's body so that he or she cannot easily remove the restraint and which restricts freedom of movement or normal access to the individual's body.

(b) A drug used as a restraint is a medication used to control the person's behavior or to restrict his or her freedom of movement. Physically holding a person during a procedure to forcibly administer psychotropic medication is a physical restraint.

(c) Restraint does not include physical devices, such as orthopedically prescribed appliances, surgical dressings and bandages, supportive body bands, or other physical holding necessary for routine physical examinations and tests; for purposes of orthopedic, surgical, or other similar medical treatment; to provide support for the achievement of functional body position or proper balance; or to protect a person from falling out of bed.

(8) "Seclusion" means the physical segregation of a person in any fashion or the involuntary isolation of a person in a room or area from which the person is prevented from leaving. The prevention may be by physical barrier or by a staff member who is acting in a manner, or who is physically situated, so as to prevent the person from leaving the room or area. For purposes of this part, the term does not mean isolation due to a person's medical condition or symptoms.

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59A-26.001 Definitions.

(1) Administrator - The person who is responsible for the overall management of an Intermediate Care Facilities for the Developmentally Disabled (hereinafter referred to as ICF/DD) licensed under this part and certified under 42 CFR 483

Subpart I. The Administrator must meet the following criteria:

(a) Be a qualified Developmental Disabilities Professional (QDDP); or

(b) Be a licensed nursing home administrator; or

(c) Have a Bachelor's degree in a human services field and at least one year of experience working with persons with developmental disabilities or related conditions; or

(d) Have five years of experience working with persons with developmental disabilities or related conditions is sufficient. This requirement is for administrators who become effective after the date of this rule.

(2) Advanced Practice Registered Nurse (APRN) - A person duly licensed to practice as an advanced practice registered nurse in accordance with chapter 464, F.S.

(3) Certified Behavior Analyst - A person who is certified under the Florida Behavior Certification Program in accordance with section 393.17, F.S.

(4) Client Representative - The person authorized or designated to act on behalf of a client, which may include a guardian, guardian advocate, or other legally appointed representative, a parent, or if unavailable, another family member.

(5) Day Program - A program that provides day services for individuals in a non-residential setting. The array of services may include pre-school, pre-vocational and vocational training, behavior management, adult education, recreation, semi-independent and independent skills development training, and individual therapies.

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- (6) Dental Hygienist - A person duly licensed to practice as a dental hygienist in accordance with chapter 466, F.S.
- (7) Dentist - A person duly licensed to practice dentistry in accordance with chapter 466, F.S.
- (8) Facility - The total administrative unit officially licensed and certified as an ICF/DD, which may consist of a number of living units.
- (9) Health Care Professional - A physician, physician assistant or advanced practice registered nurse.
- (10) Interdisciplinary Team (IDT) - The IDT shall be composed of client or client's representative, Qualified Development Disabilities Professional, social worker, a licensed nurse, the client's physician and other staff in disciplines determined by the individual client's needs to develop a care plan to include prevention and management interventions with measurable goals. The team will determine that it is safe for the resident to self-administer drugs before the resident may exercise that right.
- (11) Level of Care - The type of care required by a Medicaid applicant or recipient based on medical and related needs as defined by the criteria established in rule chapter 65B-38, F.A.C.
- (12) Licensed Nurse - A person duly licensed to practice nursing as a licensed practical nurse, registered nurse or APRN in accordance with chapter 464, F.S.
- (13) Licensed Practical Nurse - A person duly licensed to practice as a practical nurse in accordance with chapter 464, F.S.
- (14) Over-the-Counter Medication (OTC) - Medication that is authorized, pursuant to federal or state law, for general distribution and use without a prescription in the treatment of human diseases, ailments, or injuries.
- (15) Ophthalmic Medication - Eye solution (eye drops) or ointment to be instilled in the eye or applied around the eyelid.
- (16) Oral Medication - Any medication, tablet, capsule, or

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liquid introduced into the gastrointestinal tract by mouth.

(17) Otic Medication - Solutions or ointments to be applied in the outer ear canal or around the outer ear.

(18) Pharmacist - A person duly licensed to practice pharmacy in accordance with chapter 465, F.S.

(19) Physician - A person duly licensed to practice medicine in accordance with chapter 458 or 459, F.S.

(20) Physician's Assistant - A person duly licensed to practice medicine in accordance with chapter 458 or 459, F.S.

(21) Prescribed Medication - A drug or medication obtained pursuant to a prescription, as defined in section 465.003, F.S.

(22) Psychologist - A person duly licensed to practice as a psychologist in accordance with chapter 490, F.S.

(23) Qualified Intellectual Disabilities Professional (QIDP) - A person who meets the requirements for a QIDP as required by 42 C.F.R. Part 483, Subpart I, section 483.430, F.S.

(24) Registered Dietitian - A person registered by the Commission on Dietetic Registration of the American Dietetic Association.

(25) Registered Nurse (RN) - A person duly licensed to practice as a registered nurse in accordance with chapter 464, F.S.

(26) Unlicensed Medication Assistant (UMA) - An unlicensed direct care service staff member employed in an ICF/DD who has completed the required medication administration training and has met skills validation requirements for the administration of medications to an ICF/DD client.

**ST - I0101 - License required; license application**

**Title** License required; license application

**Type** Rule

400.962(4-5) , F.S.

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**Regulation Definition**

- (4) The applicant must demonstrate that sufficient numbers of staff, qualified by training or experience, will be employed to properly care for the type and number of residents who will reside in the facility.
- (5) The applicant must agree to provide or arrange for active treatment services by an interdisciplinary team to maximize individual independence or prevent regression or loss of functional status. Standards for active treatment shall be adopted by the Agency for Health Care Administration by rule pursuant to ss. 120.536(1) and 120.54. Active treatment services shall be provided in accordance with the individual support plan and shall be reimbursed as part of the per diem rate as paid under the Medicaid program.

**Interpretive Guideline**

- Review facility staffing when there are concerns with provision of care, including medical / nursing services, active treatment services (including behavioral support).
- Do those staff providing care have sufficient pre-service and/ or inservice training to address unique circumstances within the facility?

**ST - I0106 - Administration of Medication**

**Title** Administration of Medication

**Type** Rule

400.9685, F.S.

**Regulation Definition**

- (1) Notwithstanding the provisions of the Nurse Practice Act, part I of chapter 464, unlicensed direct care services staff who are providing services to clients in intermediate care facilities for the developmentally disabled, licensed pursuant to this part, may administer prescribed, prepackaged, premeasured medications under the general supervision of a registered nurse as provided in this section and applicable rules. Training required by this section and applicable rules must be conducted by a registered nurse licensed pursuant to chapter 464 or a physician licensed pursuant to chapter 458 or chapter 459.
- (2) Each facility that allows unlicensed direct care service staff

**Interpretive Guideline**

- Observe med pass. If unlicensed personnel are administering medications review the following:  
Facility policy for medication administration, Client express informed consents, Staff medication training, including credentials of trainer.

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to administer medications pursuant to this section must:

- (a) Develop and implement policies and procedures that include a plan to ensure the safe handling, storage, and administration of prescription medication.
  - (b) Maintain written evidence of the expressed and informed consent for each client.
  - (c) Maintain a copy of the written prescription including the name of the medication, the dosage, and administration schedule.
  - (d) Maintain documentation regarding the prescription including the name, dosage, and administration schedule, reason for prescription, and the termination date.
  - (e) Maintain documentation of compliance with required training.
- (3) Agency rules shall specify the following as it relates to the administration of medications by unlicensed staff:
- (a) Medications authorized and packaging required.
  - (b) Acceptable methods of administration.
  - (c) A definition of "general supervision."
  - (d) Minimum educational requirements of staff.
  - (e) Criteria of required training and competency that must be demonstrated prior to the administration of medications by unlicensed staff including inservice training.
  - (f) Requirements for safe handling, storage, and administration of medications.

**ST - I0300 - Fiscal Standards**

**Title** Fiscal Standards

**Type** Memo Tag

59A-26.005 (1)-(7) FAC

**Regulation Definition**

The licensee must maintain fiscal records as required by Chapter 409, Part III, F.S, Rules 59G-5.020 and 59G-6.040,

**Interpretive Guideline**

Review the financial records of the clients in the sample.

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F.A.C. There must be a system of accounting used to accurately reflect details of the ICF/DD operation, including clients' funds held in trust and other client property. The fiscal and client fund records must be supported by documentation of all transactions. Documentation of quarterly reconciliation for client fund records must be kept on file for five years and must be provided to the Agency for review when requested.

The licensee must:

(1) Refund any amount or portion of prepayment in excess of the amount or portion obligated for services already furnished if a client leaves the facility prior to the end of any prepayment period.

(2) Maintain financial and statistical records in accordance with Title 42 CFR, Sections 483.420(b)(1)-(2), effective October 1, 2014, as incorporated by reference and located at <<http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-420.xml>>.

(3) Comply with requirements of Rules 59G-6.040 and 59G-6.045, F.A.C.

(4) Keep complete and accurate records of all clients' funds, other effects, and property.

(5) Deposit and maintain in an interest bearing account with a financial institution on behalf of each client, all money and interest on money held for that client. A copy of the client's bank account statements and expenditure detail must be provided to the client or client's representative within seven calendar days of written request.

(5) Protect clients' funds from theft, negligence or abuse. Should loss of a client's funds occur, the licensee will be responsible for reimbursing the client for the full amount of funds to which he or she is entitled within 30 calendar days of confirmation of the theft, negligence or abuse of client funds.

(7) Make a final accounting of all personal effects and money



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belonging to the client held by the licensee upon the discharge or death of a client within 30 calendar days after the client's discharge or death.

**ST - I0400 - Admission Polices and Requirements**

**Title** Admission Polices and Requirements

**Type** Rule

59A-26.006 (1)-(2) FAC

**Regulation Definition**

- (1) The admission of an individual to an ICF/DD must be under the supervision of the administrator of the facility.
- (2) Individuals shall only be admitted after completion of a written admission agreement. The agreement must be in effect at all times while the individual is a client of the facility. The agreement must be reviewed bi-annually for revisions by the licensee and the client or client's representative. Either party may initiate revision to the agreement at any time. No agreement or any provision thereof shall be construed to relieve any licensee of any requirement or obligation imposed upon it by chapter 400, part VIII, chapter 408, part II, F.S., and this rule. Such agreements must be maintained by the licensee for at least five years after each client's discharge from the facility, and assess no additional charges, expenses or other financial liabilities in excess of the provisions included in the admission contract. All charges for services not covered by Title XIX of the Social Security Act or not covered by the basic per diem rates of the licensee, for which the client or the client's representative may be responsible for payment, must be specified in the admission contract.

**Interpretive Guideline**

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**ST - I0401 - Admission Polices and Requirements**

**Title** Admission Polices and Requirements

**Type** Rule

59A-26,006 (3)(a)-(l) FAC

**Regulation Definition**

- (3) The licensee must comply with the admission agreement. The admission agreement must include a description of the program and services to be provided, including:
- (a) The daily, weekly, or monthly rate and refund provisions for unused portions thereof;
  - (b) Board;
  - (c) Lodging;
  - (d) Residential and nursing services;
  - (e) Linen and furnishings;
  - (f) Sufficient seasonal clothing as required by the client and applicable to the client's needs for instances when the client or client's representative does not provide sufficient clothing. Sufficient seasonal clothing must be provided and include a basic wardrobe for the client, including a five-day supply of sleepwear, socks, shoes, undergarments, outer clothing to include shirts, pants, or dresses; a winter coat; raingear; and personal grooming and hygiene items. The licensee must maintain an inventory of the client's clothing and provide a copy of the inventory to the client or client's representative within fourteen calendar days of a written request;
  - (g) Training and assistance as required with activities of daily living;
  - (h) The provision and maintenance of walkers, wheelchairs, dentures, eyeglasses, hearing aids and other orthotic, prosthetic or adaptive equipment as prescribed;
  - (i) Therapies prescribed by the client's individual habilitation or support plan including medical and nutritional therapies;

**Interpretive Guideline**

Review the admission agreement of the sampled clients during the recertification survey.

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- (j) Transportation services including vehicles with lifts or other adaptive equipment when needed;
- (k) Other services prescribed in the client's individual habilitation or support plan; and,
- (l) Provisions for providing a duplicate of the agreement to the client or client's representative.

**ST - I0402 - Admission Polices and Requirements**

**Title** Admission Polices and Requirements

**Type** Rule

59A-26.006 (4)(a)-(c) FAC

**Regulation Definition**

- (4) The following conditions apply to admission and retention of all clients:
- (a) Individuals must not be admitted to or retained in a facility if the licensee cannot provide, or arrange for the provision of, all services prescribed in the individual habilitation or support plan.
  - (b) Clients who have been voluntarily admitted must not be held in a facility against their will.
  - (c) The licensee must develop procedures to be implemented in the event that a voluntarily admitted client should decide to leave the facility against the recommendations of the interdisciplinary team. Procedures must include:
    1. Counseling by the facility social worker or QDDP with referrals made to the Agency for Persons with Disabilities and other professionals or advocates, as appropriate.
    2. If a client insists on leaving, the licensee will assist the client in locating an appropriate alternative placement.

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**ST - I0403 - Admission Polices and Requirements**

**Title** Admission Polices and Requirements

**Type** Rule

59A-26.006 (5)-(7) FAC

**Regulation Definition**

(5) Individuals who have a communicable disease must be evaluated by a physician prior to admission. If the physician's evaluation finds the disease would endanger other clients of the facility, then the admission should be postponed until the communicable period has passed or appropriate precautions have been implemented by the facility staff.

(6) A registered nurse must assess each newly admitted client within four hours after admission.

(7) If a pre-existing medical condition exists, if medical problems are identified by the nursing admissions assessment, or if a client is admitted who does not have a complete medical record including medical history, positive physical findings, diagnosis, and signed physician's orders for treatment, nursing care or diets, the client must be examined by the admitting physician within 96 hours of admission.

**Interpretive Guideline**

Verify compliance with these requirements during record review of newly admitted clients since last recertification survey.

**ST - I0500 - Personnel Standards**

**Title** Personnel Standards

**Type** Rule

59A-26.007 (1) FAC

**Regulation Definition**

(1) Each new staff member employed by the facility to provide direct services to clients must have a medical examination at

**Interpretive Guideline**

Pull a sample of staff personnel files to verify compliance.

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the time of employment and prior to contact with clients. Annually thereafter, staff must submit a physician's statement that, based on test results, the employee does not constitute a threat of communicating diseases to clients. If any staff is found to have or is suspected of having a communicable disease, then he or she must be removed from all duties that require contact with clients until certification is received from a physician that such risk no longer exists.

**ST - I0501 - Personnel Standards**

**Title** Personnel Standards

**Type** Rule

59A-26.007 (3) FAC

**Regulation Definition**

(3) Regardless of the organization or design of client living units, the minimum overall direct care staff-client ratios must comply with those specified in 42 CFR 483.430(d)(3), dated October 1, 2014, as incorporated by reference and available at <http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-430.xml> and <http://www.flrules.org/Gateway/reference.asp?No=Ref-06402>.

**Interpretive Guideline**

**ST - I0506 - Personnel Standards**

**Title** Personnel Standards

**Type** Rule

59A-26.007 (4) FAC

**Regulation Definition**

(4) The licensee must have an administrator, licensed nurses to care for each client's health care needs, and QDDPs to ensure

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each client's active treatment program is integrated, coordinated and monitored.

**ST - I0507 - Personnel Standards**

**Title** Personnel Standards

**Type** Rule

59A-26.007 (5) FAC

**Regulation Definition**

(5) All staff must receive training within 30 days of employment and annually thereafter on the licensee's emergency disaster procedures that include the staff's role before, during, and after the emergency.

**Interpretive Guideline**

Pull a sample of staff personnel files to verify compliance.

**ST - I0508 - Personnel Standards**

**Title** Personnel Standards

**Type** Rule

59A-26.007 (6) FAC

**Regulation Definition**

(6) The licensee must ensure that 50% of its staff on duty at all times are certified in cardio-pulmonary resuscitation (CPR) and have received basic first aid training.

**Interpretive Guideline**

Verify staff are certified in CPR and training in basic first aid.

**ST - I0509 - Personnel Standards**

**Title** Personnel Standards

**Type** Rule

59A-26.007 (7) (a)-(f) FAC

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**Regulation Definition**

(7) All staff must receive training and demonstrate competency in the prevention and minimal use of restraint and seclusion within 30 days of employment. Competency in these methods must be demonstrated and documented annually thereafter. Training must include:

- (a) The emotional and physical effects of restraint and seclusion on clients and staff;
- (b) History of trauma, impact on clients and the potential for retraumatization;
- (c) Crisis prevention and intervention approaches including de-escalation strategies;
- (d) Applicable legal and clinical requirements governing behavioral services, restraints and seclusion;
- (e) Safe and appropriate initiation of physical contact and application and monitoring of restraints and seclusion; and,
- (f) Approaches to facilitate the earliest possible release from restraints or seclusion.

**Interpretive Guideline**

Pull a sample of staff personnel files to verify compliance.

**ST - I0600 - Training, Habilitation, Active Treatment, Pro**

**Title** Training, Habilitation, Active Treatment, Pro

**Type** Rule

59A-26.008 (1)(a)-(k) FAC

**Regulation Definition**

(1) Programs, services, functions and the pattern of staff organization within the facility must be focused upon serving the individual needs of each client and the facility must provide for:

- (a) Comprehensive diagnosis and evaluation of each client as a basis for planning, programming and management of the client so that the client's abilities, preferences, needs, behavior assessment, behavior intervention plan and level of

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functioning are comprehensive in scope and adequately addressed in the habilitation plan or support plan.

1. The QDDP is responsible for the integration, coordination, monitoring and review of each client's active treatment program, which may require the involvement of other personnel, including other agencies serving the client.

2. For school age clients, when services are provided by the local school district, the licensee must include the school system, the client, and client's representative in the habilitation planning process. The licensee's individual program plan shall be in addition to any individual education plan prepared by the school district.

(b) Freedom of movement consistent with the protection of the health, safety, and welfare of individual clients within and outside of the facility.

(c) Routine and ongoing monitoring of each client's conditions for early detection of health or nutrition risks, which, when found, must be analyzed by the IDT to identify probable causes and to implement appropriate intervention strategies.

(d) Recognition and resolution of client care problems through participation of professional staff and consulting personnel.

(e) Consideration of every reasonable alternative, least restrictive and most effective procedures, prior to the use of invasive treatment.

(f) Proper positioning of clients who cannot position themselves in appropriate body alignment.

(g) Documentation of observed evidence of progress that each client demonstrates in attaining goals and objectives specified in the habilitation plan, support plan or individual program plans.

(h) Each client's active treatment program plan must be reviewed and revised by the IDT annually and when there is a substantial reduction of active treatment or routine physical care in response to health care needs as indicated by a loss of acquired skills or significant worsening of undesirable



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behavior.

(i) All clients shall have the opportunity to eat orally and receive therapeutic services necessary to maintain or improve eating skills and abilities, unless this is not possible as assessed by the IDT. For clients who receive enteral and/or parenteral feedings, the IDT must evaluate and review these clients' potential to return to oral eating at least quarterly.

(j) Client rights as required by the Bill of Rights of Persons Who Are Developmentally Disabled, sections 393.13(3) through 393.13(4)(j), F.S.

(k) Equipment essential to ensure the health, safety and welfare of each client.

**ST - I0601 - Training, Habilitation, Active Treatment, Pro**

**Title** Training, Habilitation, Active Treatment, Pro

**Type** Rule

59A-26.008 (2)-(3) FAC

**Regulation Definition**

(2) Staff responsible for providing client care must be knowledgeable in the physical and nutritional management skills appropriate to the clients served.

(3) The licensee must provide instruction, information, assistance and equipment to help ensure that the essential physical and nutritional management of each client is continued in educational, day treatment and acute care facilities.

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**ST - I0602 - Training, Habilitation, Active Treatment, Pro**

**Title** Training, Habilitation, Active Treatment, Pro

**Type** Rule

59A-26.008 (4)-(5) FAC

**Regulation Definition**

(4) Licensed practical nurses working in an ICF/DD must be supervised by a registered nurse, APRN or physician. Nursing physical assessments must be conducted by a registered nurse, APRN or physician.

(5) Nursing service documentation in client records must include a comprehensive nursing assessment and client specific medications, treatments, dietary information, and other significant nursing observations of client conditions and responses to client programs. For those clients with stable conditions, nursing progress summaries are adequate in lieu of shift documentation, as long as significant events are also recorded.

**Interpretive Guideline**

**ST - I0603 - Training, Habilitation, Active Treatment, Pro**

**Title** Training, Habilitation, Active Treatment, Pro

**Type** Rule

59A-26.008 (6) FAC

**Regulation Definition**

(6) Standing orders for medications, and pro re nata (p.r.n. or "as needed") orders are prohibited for the use of psychotropic medication including hypnotics, antipsychotics, antidepressants, antianxiety agents, sedatives, lithium, and psychomotor stimulants. The client's physician must review

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medication orders at least every 60 calendar days except for clients having a Level of Care 9, in which case medication orders must be reviewed by the physician at least every 30 calendar days.

**ST - I0604 - Training, Habilitation, Active Treatment, Pro**

**Title** Training, Habilitation, Active Treatment, Pro

**Type** Rule

59A-26.008 (7) FAC

**Regulation Definition**

(7) For clients using medication to manage behavior, the client's individual program plan must specify observable and measurable symptoms to be alleviated by the medication, intervals for re-evaluating the continued use of the medications by the IDT and consideration of the reduction and elimination of the medication.

**Interpretive Guideline**

**ST - I0605 - Training, Habilitation, Active Treatment, Pro**

**Title** Training, Habilitation, Active Treatment, Pro

**Type** Rule

59A-26.008 (8) FAC

**Regulation Definition**

(8) When a psychotropic medication is initiated based upon a recommendation by the IDT, a physician, APRN, registered nurse or pharmacist must ensure or make provisions for the instruction of the facility staff regarding side effects and adverse effects of the prescribed medication including when to notify the physician if undesirable side effects or adverse effects are observed. The staff must document in the progress

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notes that these instructions have been given. Any time a psychotropic medication is initiated, changed, increased or decreased, the facility must assure the physician writes a progress note. The facility must ensure the physician makes a progress note every 30 calendar days. The effect of the medication on targeted symptoms must be reviewed and monitored at least quarterly by the IDT.

**ST - I0606 - Training, Habilitation, Active Treatment, Pro**

**Title** Training, Habilitation, Active Treatment, Pro

**Type** Rule

59A-26.008 (9) (a)-(c) FAC

**Regulation Definition**

(9) Psychologists or certified behavior analysts must provide consultation and in-service training to staff concerning:

- (a) Principles and methods of understanding and changing behavior in order to devise the most optimal and effective program for each client.
- (b) Principles and methods of individual and program evaluation, for the purposes of assessing client response and measuring program effectiveness.
- (c) Design, implementation and monitoring of behavioral services.

**Interpretive Guideline**

**ST - I0607 - Training, Habilitation, Active Treatment, Pro**

**Title** Training, Habilitation, Active Treatment, Pro

**Type** Rule

59A-26.008 (10)-(11) FAC

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**Regulation Definition**

(10) If a physical restraint is used on a client, the client must be placed in a position that allows airway access and does not compromise respiration. Airway access and respiration must not be blocked or impeded by any material placed in or over the client's mouth or nose. A client must be placed in a face-up position while in restraints. Hand-cuffs or shackles must not be used for the purposes of restraints.

(a) Restraints and seclusion must not be used for the convenience of staff.

(11) The licensee must develop and implement policies and procedures to reduce, and whenever possible, eliminate the use of restraints and seclusion. Policies must include:

(a) Debriefing activities as follow-up to use of restraints and seclusion;

(b) A process for addressing client's concerns and complaints about the use of restraint and seclusion; and,

(c) A process for analyzing and identifying trends in the use of restraints and seclusion.

**Interpretive Guideline**

**ST - I0608 - Training, Habilitation, Active Treatment, Pro**

**Title** Training, Habilitation, Active Treatment, Pro

**Type** Rule

59A-26.008 (12)-(13) FAC

**Regulation Definition**

(12) Recreation required by each client's habilitation plan or support plan must be provided as a purposeful intervention through activities that modify or reinforce specific physical or social behaviors.

(13) Leisure activities for clients for whom recreation services are not a priority in the client's individual program plan, must be provided in accordance with individual preferences,

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abilities, and needs, and with the maximum use of community resources.

**ST - I0700 - Dietary Services**

**Title** Dietary Services

**Type** Rule

59A-26.009 (1) FAC

**Regulation Definition**

**Interpretive Guideline**

(1) A registered dietician must oversee dietary services and must provide medical nutritional therapy.

**ST - I0701 - Dietary Services**

**Title** Dietary Services

**Type** Rule

59A-26.009 (2)-(3) FAC

**Regulation Definition**

**Interpretive Guideline**

(2) Menus must be prepared in advance, followed, and made accessible to clients and staff.

(3) Menus must be approved by the registered dietitian.

**ST - I0702 - Dietary Services**

**Title** Dietary Services

**Type** Rule

59A-26.009 (4)-(6) FAC

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**Regulation Definition**

**Interpretive Guideline**

- (4) Each client must receive food prepared by methods that conserve nutritive value, flavor and appearance.
- (5) Each client must receive food that is palatable, attractive and at the proper temperature.
- (6) Substitutes offered must be of similar nutritive value.

**ST - I0703 - Dietary Services**

**Title** Dietary Services

**Type** Rule

59A-26.009 (7) (a)-(b) FAC

**Regulation Definition**

**Interpretive Guideline**

- (7) As required by the Department of Health, all matters pertaining to food service must comply as required by the following regulations based on the number of beds to be licensed:
  - (a) For facilities with 25 or more beds the provisions of rule chapter 64E-11, F.A.C., Food Hygiene.
  - (b) For facilities with 24 beds or fewer the provisions of rule chapter 64E-12, F.A.C., Community Based Residential Facilities.

**ST - I0704 - Dental Services**

**Title** Dental Services

**Type** Rule

59A-26.010 (1)(a)-(b) FAC

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**Regulation Definition**

**Interpretive Guideline**

(1) Comprehensive dental diagnostic services must be provided to all clients and must include:

- (a) Periodic, at least annual, oral prophylaxis, by a dentist or dental hygienist; and,
- (b) At least annually, a complete extra and intra-oral examination utilizing diagnostic aides necessary to properly evaluate each client's oral condition.

**ST - I0705 - Dental Services**

**Title** Dental Services

**Type** Rule

59A-26.014010 (2)(a)-(c) FAC

**Regulation Definition**

**Interpretive Guideline**

(2) Comprehensive dental treatment services must be provided to all clients and must include:

- (a) Daily oral care, as prescribed by a dentist or dental hygienist;
- (b) Emergency treatment on a 24-hour, seven days-a-week basis, by a dentist; and,
- (c) Treatment as prescribed by a dentist.

**ST - I0800 - Psychological Services**

**Title** Psychological Services

**Type** Rule

59A-26.011 FAC



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**Regulation Definition**

Psychologists providing services to the clients of the facility must be licensed pursuant to sections 490.005 and 490.006, F.S., and have a minimum of one year of experience or training in the field of intellectual or developmental disabilities.

**Interpretive Guideline**

**ST - I0900 - Drugs and Pharmaceutical Services**

**Title** Drugs and Pharmaceutical Services

**Type** Rule

59A-26.012 (1) FAC

**Regulation Definition**

(1) An ICF/DD must have a Class I Institutional Pharmacy Permit as required by the Department of Health in section 465.019, F.S. All prescription medications must be compounded and dispensed by a pharmacy registered in Florida. A consultant pharmacist must be responsible for implementation of the pharmacy program as defined by each licensee even when the consultant pharmacist is not the vendoring pharmacist.

**Interpretive Guideline**

**ST - I0901 - Drugs and Pharmaceutical Services**

**Title** Drugs and Pharmaceutical Services

**Type** Rule

59A-26.012 (2) FAC

**Regulation Definition**

(2) Labeling of prescription medications must be done as required by the Department of Health in sections 465.0235,

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465.186 and 499.0054, F.S. and rule chapter 64B16-27, F.A.C., as required by the Department of Health. Stock bottles of nonprescription drugs which are properly labeled according to the regulations related to the Drug and Cosmetic Act, section 499.0054, F.S., are permitted

**ST - I0902 - Drugs and Pharmaceutical Services**

**Title** Drugs and Pharmaceutical Services

**Type** Rule

59A-26.012 (3) FAC

**Regulation Definition**

(3) All drugs, including nonprescription stock drugs, must be stored in a locked room or cabinet, or in a locked drug cart. External medications must be stored separately from internal and ophthalmic preparations.

**Interpretive Guideline**

**ST - I0903 - Drugs and Pharmaceutical Services**

**Title** Drugs and Pharmaceutical Services

**Type** Rule

59A-26.012 (4) FAC

**Regulation Definition**

(4) Biologicals and other drugs must be stored to maintain its integrity of packaging, quality and potency. If refrigeration is required then these drugs must be in a locked container.

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**ST - I0904 - Drugs and Pharmaceutical Services**

**Title** Drugs and Pharmaceutical Services

**Type** Rule

59A-26.012 (5) FAC

**Regulation Definition**

(5) All drugs listed in Schedules II through V must be handled, used, administered and dispensed as required by the Florida Comprehensive Drug Abuse Prevention and Control Act in section 893.06, F.S.

**Interpretive Guideline**

**ST - I0905 - Drugs and Pharmaceutical Services**

**Title** Drugs and Pharmaceutical Services

**Type** Rule

59A-26.012 (6) FAC

**Regulation Definition**

(6) A count of controlled drugs listed in Schedules II-V of section 893.03, F.S., must be made jointly between shifts by the licensed nurse beginning duty and the licensed nurse leaving duty. For facilities licensed for six beds or less, the count must be done by the supervising registered nurse on a weekly basis. For facilities licensed for more than six beds, a medication count of controlled substances must be made at every change of shift by the licensed nurse or an unlicensed medication assistant (UMA) as defined in rule 59A-26.002, F.A.C. The count at shift change must be witnessed by another licensed nurse or another staff member trained in medication administration.

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**ST - I0906 - Drugs and Pharmaceutical Services**

**Title** Drugs and Pharmaceutical Services

**Type** Rule

59A-26.012 (7) FAC

**Regulation Definition**

(7) A record must be maintained for all drugs listed in section 893.03, F.S., of the Florida Comprehensive Drug Abuse Prevention and Control Act as Schedules II, III, IV, and V for continuous reconciliation.

**Interpretive Guideline**

**ST - I0907 - Drugs and Pharmaceutical Services**

**Title** Drugs and Pharmaceutical Services

**Type** Rule

59A-26.012 (8) FAC

**Regulation Definition**

(8) Medicinal substances classified as controlled substances by the Drug Enforcement Administration (DEA), as provided in the Drug Abuse Prevention and Control Act of 1970 and related regulations, and section 893.03, F.S., as required by the Florida Comprehensive Drug Abuse Prevention and Control Act and must be disposed of as required by rule 64B16-28.303, F.A.C., as required by the Department of Health.

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**ST - I0908 - Drugs and Pharmaceutical Services**

**Title** Drugs and Pharmaceutical Services

**Type** Rule

59A-26.012 (9) FAC

**Regulation Definition**

(9) Disposal of other drugs not covered above must be made in accordance with a system of drug administration.

**Interpretive Guideline**

**ST - I0909 - Drugs and Pharmaceutical Services**

**Title** Drugs and Pharmaceutical Services

**Type** Rule

59A-26.012 (10) FAC

**Regulation Definition**

(10) All prescribed drugs dispensed for the client while in the facility may be given to the client or client's representative upon discharge with the physician's written orders.

**Interpretive Guideline**

**ST - I0910 - Drugs and Pharmaceutical Services**

**Title** Drugs and Pharmaceutical Services

**Type** Rule

59A-26.012 (11)(a)-(b) FAC

**Regulation Definition**

(11) An inventory of drugs released must be prepared and signed by the licensed nurse releasing the drugs and the person

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receiving the drugs. This inventory must be filed in the client's medical record.

(a) All medications of deceased clients must be accounted for on an inventory list prepared by a licensed nurse and filed in the client's record. These medications must be returned for credit or destroyed in accordance with subsections (8) and (9), above.

(b) All controlled drugs not administered to a client due to wastage, loss, or returned to the pharmacy must be documented in each client's medical record and accounted for by licensed nurse as required by the Florida Comprehensive Drug Abuse Prevention and Control Act in section 893.07, F.S.

**ST - I0911 - Drugs and Pharmaceutical Services**

**Title** Drugs and Pharmaceutical Services

**Type** Rule

59A-26.012 (12)-(13)

**Regulation Definition**

(12) All verbal orders must be written on the physician's order sheet by the licensed nurse receiving the order and countersigned by the physician within 72 hours. Verbal orders for Schedule II drugs are permitted in emergency situations but are limited to a 72-hour supply. In an emergency situation, the physician must directly contact the pharmacist and the pharmacist must receive a copy of the original or direct copy of the physician's order within 72 hours as required by the Florida Comprehensive Drug Abuse Prevention and Control Act in section 893.04, F.S.

(13) Telephoned physician orders for medication may only be accepted by a licensed nurse, a physician's assistant or a licensed pharmacist. Telephoned orders will be immediately recorded in the client's medical record. Faxed physician orders

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are acceptable with a physician's signature. A physician's signature on the original physician's order must occur within 72 hours of receipt of the faxed order.

**ST - I1000 - Administration of Medications to ICF/DD Clien**

**Title** Administration of Medications to ICF/DD Clien

**Type** Rule

59A-26.013 (1) FAC

**Regulation Definition**

(1) It is the responsibility of the licensee to ensure that individual unlicensed medication assistants (UMA or UMAs) who will be administering medication to clients meet all requirements of this rule.

**Interpretive Guideline**

**ST - I1001 - Administration of Medications to ICF/DD Clien**

**Title** Administration of Medications to ICF/DD Clien

**Type** Rule

59A-26.013 (2)-(3) FAC

**Regulation Definition**

(2) Unlicensed medication assistants may administer only prescribed, prepackaged, premeasured oral, topical nasal, and ophthalmic medications.  
(3) UMAs may administer over the counter (OTC) medications as currently prescribed by the client's health care professional.

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**ST - I1002 - Administration of Medications to ICF/DD Clie**

**Title** Administration of Medications to ICF/DD Clie

**Type** Rule

59A-26.013 (4)(a)-(c) FAC

**Regulation Definition**

**Interpretive Guideline**

(4) UMAs may not:

- (a) Administer medications by injection including intra-muscular, intravenous or subcutaneous;
- (b) Administer medication vaginally or rectally; or
- (c) Conduct glucose monitoring.

**ST - I1003 - Administration of Medications to ICF/DD Clie**

**Title** Administration of Medications to ICF/DD Clie

**Type** Rule

59A-26.013 (5)(a)-(c) FAC

**Regulation Definition**

**Interpretive Guideline**

(5) UMAs may administer medications to a client only after the following requirements are met for that client:

- (a) A current informed consent has been signed by the client or client's representative. The consent must acknowledge and permit UMAs to administer specifically listed medications prescribed by a licensed health care professional to the client. The informed consent must be updated and signed annually;
- (b) A written report for the client that indicates the client's behavior and any past medication reactions must be documented on the Medication Administration Record (MAR). The written report and MAR must be updated if the client's behavior or medication reactions change. Information



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included in the written report can be provided by the client or client's representative, or another UMA or direct care staff person who is familiar with the client. The person administering medications must be familiar with the information included in the written report and MAR prior to administering medications to clients; and,

(c) A determination is made that the client to whom medication will be administered has not been deemed capable of self-administration of his or her medications. The determination is to be made by the facility through assessment and IDT review.

**ST - I1004 - Administration of Medications to ICF/DD Clie**

**Title** Administration of Medications to ICF/DD Clie

**Type** Rule

59A-26.013 (6)(a)-(e) FAC

**Regulation Definition**

- (6) Administration of medication by UMAs must be under the supervision of a registered nurse or APRN.
- (a) Supervision includes weekly monitoring of medication and 24-hour availability of a registered nurse or APRN via telephone or paging device;
- (b) Prior to assigning tasks to an UMA, the supervisory nurse must verify the training and validation of the unlicensed medication assistant as required by this rule chapter;
- (c) The supervisory nurse must communicate the assignment to the UMA and verify that the UMA understands the assignment;
- (d) Monitoring and supervision of the completion of the assignment must be documented by the supervising nurse;
- (e) The supervising nurse must participate in performance evaluations of the UMA relative to performance of medication administration.

**Interpretive Guideline**

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**ST - I1005 - Administration of Medications to ICF/DD Client**

**Title** Administration of Medications to ICF/DD Client

**Type** Rule

59A-26.013 (7)(a)-(d) FAC

**Regulation Definition**

**Interpretive Guideline**

(7) Requirements governing acquiring, receiving, dispensing, administering, disposing, labeling, and storage of medication by UMAs include:

(a) Outdated medication must be properly destroyed by the supervising nurse. The disposal must be witnessed by one other staff of the facility and a record of the medication disposal must be maintained by the facility and signed by the supervising nurse and witness;

(b) Torn, damaged, illegible or mislabeled prescription labels must be reported immediately to the dispensing pharmacy or pharmacist;

(c) Clients must not miss the administration of medications due to delays in refilling a prescription. It shall be the responsibility of the supervising nurse to ensure that refills are ordered and obtained in a timely manner;

(d) No client shall be administered a prescription or OTC medication or treatment, except upon the written order of the client's prescribing health care professional.

**ST - I1006 - Administration of Medications to ICF/DD Client**

**Title** Administration of Medications to ICF/DD Client

**Type** Rule

59A-26.013 (8)(a)-(f) FAC

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**Regulation Definition**

- (8) When administering medications to clients, the UMA must:
- (a) Wash his or her hands with soap and water prior to administration of medication, or supervising the self-administration of medication to clients. They must also wash their hands between the administration of medication to each client and when there is a change in route of administration;
  - (b) Prepare medications for one individual client at a time in a quiet location that is free from distraction;
  - (c) Administer medications to one client at a time. To complete a client's medication process, the medication of one client must be returned to the portable or permanent medication storage unit and documentation made in the MAR before administering medications to, or supervising the self-administration of, medication for another client;
  - (d) Administer medications to each client, at the time, with the dosage, and by the route prescribed by the client's health care professional. Each time medication is administered:
    - 1. Conduct a triple-check of the dosage and time of administration against the original medication container label and the MAR before administering or supervising the self-administration of the medication;
    - 2. Confirm the client to whom the medication is to be administered is the same client for whom the medication has been prescribed or ordered;
    - 3. Administer as prescribed and via the route instructed by the client's prescribing health care professional;
    - 4. Do not crush, dilute or mix medications without written directions or instructions from the client's prescribing health care professional;
    - 5. Check the expiration date before administering each medication. Medications with an expiration date preceding the current date must not be administered;
    - 6. Facilitate the correct positioning and use any adaptive

**Interpretive Guideline**

Verify during observation of medication administration.

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equipment or techniques required for that client for the proper administration of medications.

(e) Ensure the oral medication administered or supervised during self-administration has been completely ingested before leaving the client. Directly observe the client for a period of at least twenty minutes following the administration of a new medication ordered by the client's prescribing health care professional. This observation period is to immediately detect and react to possible side effects of the medication or to document the effectiveness of the medication. UMAs must review the MAR for special instructions regarding required observation of medications and the UMA must monitor for side effects and effectiveness of all administered drugs.

(f) Immediately record the administration of the medication in the MAR.

**ST - I2000 - Training and Validation Required for Unlicens**

**Title** Training and Validation Required for Unlicens

**Type** Rule

59A-26.014 (1) FAC

**Regulation Definition**

(1) Required medication administration training must include criteria to ensure that competency is demonstrated through validation and revalidation of the qualification of the UMA and all requirements of UMAs specified in this rule chapter.

**Interpretive Guideline**

**ST - I2001 - Training and Validation Required for Unlicens**

**Title** Training and Validation Required for Unlicens

**Type** Rule

59A-26.014 (2) FAC

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**Regulation Definition**

(2) Medication administration training must be conducted by a registered nurse, APRN or physician for UMAs and will be provided by the ICF/DD licensee. Any person providing medication administration training sessions or conducting skills validation or revalidation tests must first complete a trainer orientation session, which includes requirements of this rule and information to be covered during medication administration training sessions. Documentation of the trainer's completed orientation must be provided to each UMA that he or she trains or validates.

**Interpretive Guideline**

**ST - I2002 - Training and Validation Required for Unlicens**

**Title** Training and Validation Required for Unlicens

**Type** Rule

59A-26.014 (3)(a)-(j) FAC

**Regulation Definition**

(3) Medication administration training must include the following topics:

- (a) Basic knowledge and skills necessary for medication administration charting on the Medication Administration Record (MAR);
- (b) Roles of the physician, nurse, pharmacist and direct care staff in medication supervision;
- (c) Procedures for recording/charting medications;
- (d) Interpretation of common abbreviations used in the administration and charting of medications;
- (e) Knowledge of facility medication systems;
- (f) Safety precautions used in medication administration;
- (g) Methods and techniques of medication administration;
- (h) Problems and interventions in the administration of medications;

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- (i) Observation and reporting of anticipated side effects, adverse effects and desired positive outcome; and,
- (j) Each duty of UMAs as required in this rule chapter.

**ST - I2003 - Training and Validation Required for Unlicens**

**Title** Training and Validation Required for Unlicens

**Type** Rule

59A-26.014 (4) FAC

**Regulation Definition**

(4) Validation or revalidation of the effective completion of the training is required for each UMA to assess that competency has been achieved after completion of required training. To become validated or revalidated, the UMA must be able to successfully demonstrate, in a practical setting, his or her ability to correctly administer or supervise the self-administration of medications to clients in a safe and sanitary manner and to correctly and accurately document actions related to the administration of medications, in accordance with the requirements of this chapter. At completion of the training, an UMA must attain an overall score of 100% on knowledge tests that cover the training and facility specific questions. The UMA will have three attempts to achieve a 100% score. If after the third attempt a score of 100% is not achieved, the UMA must repeat the training and may not administer medication to clients until such time as a score of 100% is achieved. Additionally, an UMA must be able to state the purpose, common side effects, and signs and symptoms of adverse reactions for a list of commonly used medications from memory or demonstrate how they obtain that information and maintain it for easy access.

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**ST - I2004 - Training and Validation Required for Unlicens**

**Title** Training and Validation Required for Unlicens

**Type** Rule

59A-26.014 (5)(a)-(d) FAC

**Regulation Definition**

**Interpretive Guideline**

(5) Validation or revalidation of competency will be conducted by an RN, physician, or APRN. The ICF/DD licensee will maintain documentation containing the following information:

- (a) The name and address of the validator;
- (b) Validation or revalidation date, with expiration date of 365 days from the validation;
- (c) Printed name and signature of the validating health care professional as it appears on his or her license; and,
- (d) Validating health care professional's license number, with license expiration date.

**ST - I2005 - Training and Validation Required for Unlicens**

**Title** Training and Validation Required for Unlicens

**Type** Rule

59A-26.014 (6) FAC

**Regulation Definition**

**Interpretive Guideline**

(6) All training curricula, handouts, testing materials, and documents used to comply with the medication administration training and skills requirements of this rule will be kept on file for five years in the ICF/DD facility.

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**ST - I2006 - Training and Validation Required for Unlicens**

**Title** Training and Validation Required for Unlicens

**Type** Rule

59A-26.014 (7)(a)-(d) FAC

**Regulation Definition**

**Interpretive Guideline**

(7) The following must be validated or revalidated for each UMA:

- (a) Demonstration of the ability to read and follow medication instructions on a prescription label, physician's order or MAR;
- (b) Demonstration of the ability to write legibly, complete required documentation, and convey accurate and discernible information; and,
- (c) Demonstration of the ability to perform as required in this rule chapter.
- (d) Demonstration of the ability to state the purpose, common side effects, and signs and symptoms of adverse reactions for a list of commonly used medications from memory or demonstrate how they obtain that information and maintain it for easy access.

**ST - I2007 - Training and Validation Required for Unlicens**

**Title** Training and Validation Required for Unlicens

**Type** Rule

59A-26.014 (8)-(10) FAC

**Regulation Definition**

**Interpretive Guideline**

(8) UMAs and the ICF/DD licensee must maintain a copy of the UMA's current skills validation document, and documentation of orientation for their medication



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administration trainer and validator. UMAs are responsible for maintaining a copy of these documents and providing copies to the ICF/DD licensee, if requested.

(9) If requested, an UMA will have available a copy of their signed skills validation documentation to provide to the client or client's representative. UMAs will also have available, if requested, a copy of their annual skills revalidation documentation, within five working days of the revalidation date.

(10) UMAs who have not successfully renewed their validation prior to the expiration date will not be eligible to administer medications to clients until medication administration retraining and revalidation of skills have been successfully completed.

**ST - I3000 - Plant Maintenance and Housekeeping**

**Title** Plant Maintenance and Housekeeping

**Type** Rule

59A-26.015 (1)-(2)(a)-(g) FAC

**Regulation Definition**

(1) The facility must maintain the interior and exterior of buildings accessible to clients and all equipment, furniture, and furnishings in a clean manner and in such condition such that client safety and well-being are not jeopardized.

(2) Each licensee must establish written policies designed to maintain the physical plant and overall ICF/DD environment in such a manner that the safety and well-being of clients are ensured. The building and mechanical maintenance program must be under the supervision of a qualified person, as determined by the facility. All mechanical and electrical equipment must be maintained in working order, and must be accessible for cleaning and inspecting. All mechanical systems must be tested, balanced and operated prior to being placed

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into service and maintained in good working order. The facility must have a written plan for maintenance, including record keeping, sufficient staffing, equipment, and supplies.

The licensee must:

(a) Maintain the building in good repair, safe and free of the following: cracks in the floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile, linoleum or vinyl; loose handrails or railings; loose or broken window panes and screens; and other similar hazards;

(b) Maintain all electrical, lighting (interior and exterior), signal, mechanical, potable water supply, hot water heaters, heating, air conditioning, fire protection and sewage disposal systems in safe, clean and functioning condition;

(c) Maintain all electrical cords and appliances in a safe and functioning condition;

(d) Maintain the interior and exterior finishes of the buildings as needed to keep them clean and safe, to include painting, washing, and routine maintenance;

(e) Maintain all furniture and furnishings in a clean and safe condition;

(f) Maintain the grounds free from refuse, litter, insect, vermin, and vermin breeding areas; and,

(g) Maintain screens on windows and doors in good repair, free of breaks in construction.

**ST - I3001 - Plant Maintenance and Housekeeping**

**Title** Plant Maintenance and Housekeeping

**Type** Rule

59A-26.015 (3)(a)-(f) FAC

**Regulation Definition**

(3) The facility must have a plan for housekeeping including staff, equipment and supplies. As part of the licensee's

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housekeeping plan, the licensee must:

(a) Keep the buildings in a clean, safe and orderly condition.

This includes all rooms, corridors, attics, basements and storage areas;

(b) Keep floors clean and non-slip to ensure client safety;

(c) Control odors within the housekeeping staff's areas of responsibility by effective cleaning procedures and by the proper use of ventilation. Deodorants must not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices;

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

(e) Not use bathrooms, shower stalls and lavatories for laundering, janitorial or storage purposes; and,

(f) Store all cleaning compounds, insecticides and all other potentially hazardous compounds or agents in locked cabinets or rooms.

**ST - I3002 - Plant Maintenance and Housekeeping**

**Title** Plant Maintenance and Housekeeping

**Type** Rule

59A-26.015 (4)(a)-(g) FAC

**Regulation Definition**

(4) The licensee must have a written plan and must supply clean linens to a client based on the weather and climate.

Linens must be in good condition to provide proper care and comfort to each client, either through on-site laundry service or a contract with an outside service.

(a) The on-site laundry room must be maintained and operated in a clean, safe and sanitary manner.

(b) Written operating procedures must be developed and

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implemented to provide for the handling and storage of clean and soiled linens. These operating procedures must be available to all facility staff or Agency representatives upon request.

(c) Laundry personnel must thoroughly wash their hands and exposed portions of their arms with soap and water before starting work, after smoking, eating, using the toilet or handling soiled linens.

(d) Clean linen must be protected from contamination during handling and storage.

(e) Soiled linen must be handled and stored in a manner that protects facility clients and personnel.

(f) If an outside laundry service is used, the facility must ensure that clean linens are protected during transport back to the facility to avoid contamination.

(g) Clients' personal clothing must be handled and clothing stored in a manner that will not allow contamination of clean clothing by soiled clothing. The licensee must ensure that the personal clothing or linens of each client are returned to that individual client after laundering.

**ST - I4001 - Fire Protection, Life Safety, Systems Failure**

**Title** Fire Protection, Life Safety, Systems Failure

**Type** Rule

59A-26.016 (3) FAC

**Regulation Definition**

... ICF/DD's providing services to clients that receive chronic, skilled/acute nursing or medical care or designated as a Level of Care 9 will be reviewed as a Health Care occupancy status under the Florida Specific Edition of NFPA 101 Life Safety Code, as adopted pursuant to rule 69A-3.012, F.A.C., as required by the Division of State Fire Marshal at Department of Financial Services and rule chapter 69A-38, F.A.C., as

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required by the Agency for Persons with Disabilities. To ensure the life safety code requirements are appropriate for all clients served in an ICF/DD, each licensure survey shall establish or confirm the occupancy status. Beginning December 1, 2015, upon renewal of each ICF/DD license, the license shall display the occupancy status. The ICF/DD licensee must receive written approval from the Agency, including the Office of Plans and Construction, prior to a change in the occupancy status. A client requiring chronic, skilled/acute nursing or medical care, or designated as a Level of Care 9 client, may not reside in an ICF/DD with a Residential Board and Care occupancy status.

**ST - I4004 - Fire Protection, Life Safety, Systems Failure**

**Title** Fire Protection, Life Safety, Systems Failure

**Type** Rule

59A-26.016 (6) (a)-(c) FAC

**Regulation Definition**

- (6) In the event of a system failure of the fire alarm system, smoke detection system, or sprinkler system, the following actions must be taken immediately by the licensee:
- (a) Notify the local fire authority and document any instructions received by the licensee;
  - (b) Notify the Agency for Health Care Administration Office of Plans and Construction, and the Agency's local field office; and,
  - (c) Assess the extent of the condition, and implement corrective action with a documented period for compliance. If the corrective action will take more than four hours to complete, the following items must be completed:
    - 1. Implement a contingency plan containing a description of the problem, a specific description of the system failure, and the projected correction period. All staff on shifts involved

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must have documented in-service training for the emergency contingency.

2. Begin a documented fire watch until the system is restored. Persons used for fire watch must receive training specific to their duty including what to look for, what to do, and how to expeditiously contact the fire department. To maintain a fire watch, the facility must utilize only certified public fire safety personnel, a guard service, or facility staff. If facility staff is utilized for this function, they must meet the following requirements:

- a. Be off duty from their regular facility position or assigned only to fire watch duty and be excluded from counting toward the required staffing pattern;
  - b. Be trained and competent as determined by the licensee in the duties and responsibilities of a fire watch; and,
  - c. Have immediate access to electronic communication.
3. If the projected correction period changes or when the system is restored to normal operation, the licensee must notify the Agency's Office of Plans and Construction, the Agency's local field office and local fire authorities.

**ST - I6000 - Construction and Physical Environment Standar**

**Title** Construction and Physical Environment Standar

**Type** Rule

59A-26.019 (1)(a)-(b) FAC

**Regulation Definition**

All new facilities and all additions, renovations and alterations of existing facilities must be in compliance with the following physical plant standards:

(1) Site requirements.

(a) Utilities must be commensurate with the facility's regular operational needs and emergencies. The site must be remote from uncontrolled or uncontrollable sources of insect and

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rodent harborage and air and water pollution.

(b) A site may include structures other than the ICF/DD facility such as storage sheds and greenhouses. Ancillary spaces may be available within the living units or in a separate on-site structure to provide services that cannot be purchased in the community or when clients are physically unable to attend community or therapy services.

**ST - I6001 - Construction and Physical Environment Standar**

**Title** Construction and Physical Environment Standar

**Type** Rule

59A-26.019 (2)(a)-(j) FAC

**Regulation Definition**

(2) Living unit requirements.

(a) There must be sufficient equipment and appliances to meet the programmatic needs of all clients.

(b) Each living unit must have a kitchen that is adequate for preparing all meals, cleaning and storing of food and equipment. The kitchen design, appliances, equipment, materials and finishes must convey the image of a home like kitchen.

(c) Each living unit must have a dining area.

(d) Provisions must be made to ensure meals are eaten at the dining table with appropriate positioning devices, chairs or wheelchairs for each client, as needed.

(e) Sufficient space must be provided to accommodate client needs for indoor gross motor, fine motor and special teaching activities within the facility.

(f) Each client living unit must have three or more bedrooms.

1. Each client must have accessible personal space within the bedroom to accommodate an individual bed and personal furnishings, and to decorate and arrange without disturbing others. This space must also be utilized to store personal

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possessions.

2. The dimensions and arrangement of the client bedrooms must provide a minimum of three feet wide (0.91 m) clear access space to each bed along at least 75 percent of the length of one side of the bed and must be designed to allow the use of a wheelchair and other portable equipment. In multiple-bed rooms, a clearance of 3 feet 8 inches (1.11 meters) to any fixed obstruction must be available at the foot of each bed to permit the passage of equipment and beds. For beds equipped with a piped in medical gas headwall unit, there must be minimum clearance of 3 feet (0.91m) along the entire length of the bed between both sides of the bed and any other bed, wall or any other fixed obstruction. The maximum number of clients sharing a bedroom shall be two.

(g) Each living unit must provide adequate space for all clients to carry out normal bathroom functions, or for assistance in carrying out these functions, including bathing, toileting, washing and grooming. Facilities must be as comparable to normal home like standards as is appropriate to the functional level of clients. The standard range of bathroom fixtures must be provided in adequate numbers and in standard arrangements providing privacy for clients in performing each function. Each client must have access to a toilet room without having to enter the general corridor area. One toilet room shall serve no more than four beds and no more than two client rooms. The toilet room door must be side-hinged, swing out from the toilet room, and unless otherwise required by code, be at least 32 inches (81.28 centimeters) wide.

(h) Each living unit must provide a minimum of one multi-purpose staff workroom of not less than 120 square feet.

(i) Each living unit must be equipped to wash and dry the personal clothing of all clients residing in the living unit.

(j) Each living unit must include outdoor activity spaces that provide a variety of activities accessible to clients and that provide cover and protection from the elements.



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**ST - I6002 - Construction and Physical Environment Standar**

**Title** Construction and Physical Environment Standar

**Type** Rule

59A-26.019 (3)(a)-(p) FAC

**Regulation Definition**

**Interpretive Guideline**

(3) Details and finishes.

(a) Potential hazards such as sharp corners or loose laid rugs or carpets shall not be permitted.

(b) Doors to all rooms containing bathtubs, showers, and water closets for client use must be equipped with privacy hardware that permits emergency access without keys. When such rooms have only one entrance or are small, the doors must open outward and, if on the corridor, must open into an alcove.

(c) All interior doors, except those that automatically close upon smoke detection, must be side-hinged swinging type doors. Interior corridor doors, except those to small closets not subject to occupancy, shall not swing into the corridor.

(d) Operable windows must be equipped with insect screens.

(e) Threshold covers must be designed to facilitate use of wheelchairs and carts and to prevent tripping and shall provide a smooth and level transition from surface to surface.

(f) Grab bars, 1-1/2 inches (3.8 centimeters) in diameter, must be installed in all client showers, tubs, and baths and on both sides of all client-use toilets. Wall-mounted grab bars shall provide a 1-1/2 inch (3.8 centimeters) clearance from walls and shall sustain a concentrated load of 250 pounds (113.4 kilograms).

(g) Handrails with a maximum diameter of 1-1/2 inches (3.8 centimeters) must be provided on both sides of all corridors used by clients. Mounting height shall be between 36 inches (91.4 centimeters) and 42 inches (106.7 centimeters). A

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clearance of 1-1/2 inches (3.8 centimeters) must be provided between the handrail and the wall. Rail ends shall return to the wall.

(h) Each client hand washing facility must have a mirror for the client unless prohibited by the IDT. Mirror placement must allow for convenient use by both wheelchair occupants and ambulatory persons. Tops and bottoms may be at levels usable by clients either sitting or standing. Additional mirrors may be provided for wheelchair clients, or one separate full-length mirror located in the client room may be provided to meet the needs of wheelchair clients. All mirrors must provide a distortion free image.

(i) Provisions for soap dispensing and hand drying must be included at all hand washing facilities. Hand drying provisions in client use areas shall be paper or cloth towels enclosed to protect against dust or soil and shall be single-unit dispensing.

(j) Towel bars must be provided at each bathing area.

(k) Floor material must be readily cleanable and appropriate for the location. If composition floor tiles are used, the interstices must be tight. In residential care and sleeping areas, a base must be provided at the floor line. Floors in areas used for food preparation and assembly must be water-resistant. Floor surfaces, including tile joints, must be resistant to food acids. In all areas subject to frequent wet-cleaning methods, floor materials must not be physically affected by germicidal cleaning solutions. Floors subject to traffic while wet, such as shower and bath areas, kitchens, and similar work areas, must have a slip resistant surface and floor-to-base intersections must be watertight. Carpet and padding in client areas must be stretched tight, in good repair and free of loose edges or wrinkles that might create hazards or interfere with the operation of wheelchairs, walkers, or wheeled carts.

(l) Wall finishes must be washable and, if near plumbing fixtures, must be smooth and have a moisture-resistant finish. Finish, trim, walls, and floor constructions in dietary and food

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storage areas must be free from rodent and insect harboring spaces.

(m) Basic wall construction in areas not subject to conditioned air must be constructed of masonry, cement, plaster or moisture resistant gypsum wallboard.

(n) The finishes of all exposed ceilings and ceiling structures in the dietary facilities area must be readily cleanable with routine housekeeping equipment.

(o) Where it is not possible to inspect smoke barriers because of the fire-tested membrane, fire-rated access panels must be installed adjacent to each side of the smoke barriers at intervals not exceeding 30 feet (9.14 meters) and in such locations as necessary to view all surfaces of the barriers.

(p) There must be a minimum clearance of six inches (15.24 centimeters) between all conduits, piping, and ductwork at corridor walls to facilitate the inspection of these walls.

**ST - I6003 - Construction and Physical Environment Standar**

**Title** Construction and Physical Environment Standar

**Type** Rule

59A-26.019 (4)(p) FAC

**Regulation Definition**

(4) Mechanical system requirements.

(p) The temperature of hot water supplied to client use lavatories, showers and bath must be between 105°F (40.6°C) and 110°F (43.3°C) at the discharge end of the fixture.

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**ST - I6004 - Construction and Physical Environment Standar**

**Title** Construction and Physical Environment Standar

**Type** Rule

59A-26.019 (5)(e) FAC

**Regulation Definition**

**Interpretive Guideline**

(5) Electrical requirements.

Cross-reference to State ICF LSC Tags 1062, 1064

(e) Lighting.

1. All spaces occupied by people, machinery and equipment within buildings, approaches to buildings and parking lots must have electric lighting.

2. Client bedrooms must have general lighting and separate fixed night lighting. The night-light must have a switch at the entrance to each client's room. A reading light must be provided for each client. Client reading lights, and other fixed lights not switched at the door, must have switch controls convenient for use at the luminary. Wall-mounted switches for control of lighting in client area must be of a quiet operating type.

**ST - I6005 - Construction and Physical Environment Standar**

**Title** Construction and Physical Environment Standar

**Type** Rule

59A-26.019 (6)(a)-(d) FAC

**Regulation Definition**

**Interpretive Guideline**

(6) Other general requirements.

Cross-reference to State ICF LSC Tags 1062, 1064

(a) There must be at least one telephone accessible to the clients.

(b) An accessible, potable supply of water must be provided in

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all facilities.

(c) An adequate and safe method of sewage collection, treatment and disposal must be provided in each facility.

Whenever a municipal or public sewer system is available to the property such system must be used.

(d) In all facilities vermin must be controlled in all areas of the facility.

**ST - I6006 - Construction and Physical Environment Standar**

**Title** Construction and Physical Environment Standar

**Type** Rule

59A-26.019 (7)(a) &(b)(1-2) FAC

**Regulation Definition**

(7) Physical Plant Requirements for Disaster Resistance of ICF/DD Construction.

(a) Definitions. The following definitions apply specifically to this subsection:

1. Existing Facility means a facility that prior to December 1, 2015:

a. Is licensed and certified; or

b. Has received a Stage II preliminary plan approval from the Agency for a new facility.

2. New Facility means:

a. An ICF/DD licensed after December 1, 2015; or

b. A facility that receives a Stage II Preliminary Plan approval after December 1, 2015; or

c. An addition of a wing or floor to an existing ICF/DD, which has not received a Stage II Preliminary Plan approval pursuant to this section.

3. Net Square Footage means the clear floor space of an area excluding cabinetry and other fixed furniture or equipment.

4. During and Immediately Following means a period of 72 hours following the loss of normal support utilities to the

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Cross-reference to State ICF LSC Tags 1062, 1064

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facility.

5. Occupied Client Area(s) means the location of clients inside the new facility or in the addition of a wing or floor to an existing facility during and immediately following a disaster. If clients are to be relocated into an area of the existing facility during and immediately following a disaster, then for these purposes that location will be defined as the "occupied client area."

6. Client Support Area(s) means the area(s) required to ensure the health, safety and well-being of clients during and immediately following a disaster, such as a staff work area, clean and soiled utility areas, food preparation area and other areas as determined by the licensee to be kept operational during and immediately following a disaster.

7. On-site means either in, immediately adjacent to, or on the campus of the facility, or addition of a wing or floor to an existing facility.

8. Client(s) Served means the number of clients as determined by the licensee that will be served in the occupied client area(s) during and immediately following a disaster, including clients from other facilities, if applicable.

(b) New Facility Construction Standards. The following construction standards are in addition to the physical plant requirements described in this rule. These minimum standards are intended to increase the ability of the new facility to be structurally capable of serving as a shelter for clients, staff and the family of clients and staff and equipped to be self-supporting during and immediately following a disaster.

1. Space standards.

a. Each new facility must provide a minimum of 30 net square feet (2.79 square meters) per client served in the occupied client area(s). The number of clients served is to be determined by the facility.

b. Each licensee must have space for administrative and support activities and space for use by facility staff to allow

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for care of clients in the occupied client area(s).  
c. Each licensee must have space for all staff and family members of clients and staff.

**ST - I6009 - Nurse call systems**

**Title** Nurse call systems

**Type** Rule

59A-26.019(5)(h)

**Regulation Definition**

(h) Nurse call systems. Each facility must have a nurse call system that meets the following requirements:

1. A nurse call system must be provided that will register a call from each client bed to the related staff work area(s) by activating a visual signal at the client room door and activating a visual and audible signal in the clean utility, soiled utility, nourishment station, medication prep and the master station of the nursing unit or sub-nursing unit. Audible signals may be temporarily silenced provided subsequent calls automatically reactivate the audible signal. In rooms containing two or more calling stations, indicating lights must be provided for each calling station. In the corridor zone of multi-corridor nursing units, lights must be installed at corridor intersections in the vicinity of staff work areas;
2. An emergency calling station of the pull cord type must be provided and must be conveniently located for client use at each client toilet, bath or shower room, but not inside the shower unless the nurse call device is listed for wet locations. The call signal must be the highest priority and shall be cancelled only at the emergency calling station. The emergency station must activate distinctive audible and visual signals immediately at the client room door or wireless page, and activate a visual and audible signal in the staff work areas or mobile nurse station receiver and the master station of the

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client unit. If a mobile nurse station receiver is utilized to receive the client call it will be worn by all staff who are assigned to the client unit and must identify the specific client and or room from which the call was placed;

3. The nurse call master station must not block incoming client calls. The master station control settings must not prevent the activation of the incoming audible and visual signals. In wireless systems, all orphaned calls to mobile nurse station receivers will register at the nurse call master station;

4. In multi-client rooms, activation of an emergency call shall not cancel a normal call from the same room; and,

5. A corridor dome light must be located directly outside of any client care area that is equipped with a wired nurse call station.

**ST - I7000 - Disaster Preparedness**

**Title** Disaster Preparedness

**Type** Rule

59A-26.020 (1)(a) FAC

**Regulation Definition**

(1) Each licensee must have a written plan with procedures to be followed in the event of an internally or externally caused disaster or emergency event. The initiation, development, and maintenance of this plan must be the responsibility of the facility administrator, and must be reviewed and approved by the County Emergency Management Agency. The plan must be reviewed and approved annually and include the following:

(a) Basic information concerning the facility to include:

1. Name of the facility, address, telephone number, 24-hour contact number if different from the facility number, emergency contact telephone number, and fax number;
2. Name, address, and telephone number of the licensee;
3. The year facility was built, including type of construction;

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Cross-reference to State ICF LSC Tags 1053



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4. Name, address, work, home and other available telephone numbers of the facility's administrator;
5. Name, address, work, home and other available telephone numbers of persons implementing the provisions of this plan, if different from the administrator;
6. An organizational chart showing all positions with key emergency positions identified by title. The name and telephone numbers at home, work and any other available telephone number shall be included for these persons;
7. An organizational chart, if different from the previous chart required, identifying the hierarchy of authority in place during emergencies, and all positions on a day to day basis;
8. A description of the potential hazards that the facility is vulnerable to such as hurricanes, tornadoes, flooding, fires, hazardous materials incidents or transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, including procedures for each of these hazards; and,
9. A copy of the Fire Safety Plan as stated in the Life Safety Code.

**ST - I7001 - Disaster Preparedness**

**Title** Disaster Preparedness

**Type** Rule

59A-26.020 (1)(b) FAC

**Regulation Definition**

- (b) Site specific information concerning the facility to include:
1. Number of facility beds and maximum number of clients on site;
  2. Type of clients served by the facility;
  3. Identification of the flood zone within which the facility is located as indicated on a Flood Insurance Rate Map;
  4. Identification of the hurricane evacuation zone within which

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the facility is located;

5. Proximity of the facility to a railroad or major transportation artery; and,

6. Whether the facility is located within the 10 or 50-mile emergency planning zone of a nuclear power plant. The 10 mile zone is called the Emergency Planning Zone (EPZ) and the 50 mile zone is called the Ingestion Pathway Zone (IPZ).

**ST - I7002 - Disaster Preparedness**

**Title** Disaster Preparedness

**Type** Rule

59A-26.020 (1)(c) FAC

**Regulation Definition**

(c) Establish management functions, policies, and procedures for emergency operations that:

1. Identifies by name and title, who is in charge during an emergency, and one alternate, should that person be unable to serve in that capacity;
2. Identifies the chain of command to ensure continuous leadership and authority in key position;
3. Provides the procedures to ensure timely activation and staffing of the facility in emergency functions including any provisions for emergency workers' families.
4. Provides the operational and support roles for all facility staff. This may be accomplished through the development of standard operating procedures which must be attached to this plan.
5. Provides procedures to ensure the following are supplied:
  - a. Food, water and sleeping arrangements;
  - b. The type of emergency power, natural gas, diesel or other. If natural gas, identify alternate means should loss of power occur that would affect the natural gas system. The capacity of the emergency fuel system shall be specified;

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- c. Transportation of clients, staff and supplies;
  - d. A 72 hour supply of all essential supplies and client medications; and,
  - e. 24-hour staffing on a continuing basis until the emergency has abated.
6. Provides procedures for the facility to receive timely information on impending threats and the alerting of facility decision makers, staff and clients to potential emergency conditions, which shall include:
- a. Specification as to how the facility will receive warnings, to include, evenings, nights, weekends, and holidays;
  - b. Identification of the facility's 24-hour contact number, if different than the number listed in the introduction;
  - c. Specification as to how key staff will be alerted;
  - d. Procedures and policy for reporting to work for key workers;
  - e. Specification as to how clients will be alerted and the precautionary measures that will be taken;
  - f. Identification of the primary notification and the alternative means of notification should the primary system fail for on duty and off duty staff; and,
  - g. Identification of procedures for notifying the client's representative that the facility is being evacuated, including contact information for continued communication.
7. Provides the policies, responsibilities and procedures for the evacuation of clients from the facility, which shall include:
- a. Identification of the individual responsible for implementing facility evacuation procedures;
  - b. Identification and provision for transportation arrangements through mutual aid agreements that will be used to evacuate clients. These agreements must be in writing, and copies of these agreements must be submitted during plan review;
  - c. Description of transportation arrangements for logistical support to include moving records, medications, food, water, equipment and other necessities. The facility shall provide

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copies of agreements if transportation is provided by anyone other than the licensee;

- d. Identification of the pre-determined locations to which clients will be evacuated;
  - e. A copy of the mutual aid agreement that has been entered into with a facility to receive clients. It must include name, address, telephone number and contact person for the host facility. It must include the number of evacuees to be sheltered, including clients, staff and family members;
  - f. Evacuation routes, maps, written instructions and secondary routes that will be used should the primary route be impassable;
  - g. Specification of the amount of time it will take to evacuate all clients successfully to the receiving facility;
  - h. Procedures that ensure facility staff will accompany evacuating clients;
  - i. Procedures that will be used to keep track of clients once they have been evacuated, which includes a log system;
  - j. Determination of the items and supplies and the amount of each that should accompany each client during the evacuation. This must provide for a minimum 72-hour stay, with provisions to extend this period of time if needed;
  - k. Procedures for notifying client representatives of evacuation;
  - l. Procedures for ensuring all clients are accounted for and are out of the facility;
  - m. Description when the facility will begin the pre-positioning of necessary medical supplies and provisions; and,
  - n. Description when and at what point the mutual aid agreements for transportation and the notification of alternative facilities will begin.
8. Procedures that specify prerequisites needed and the process for clients to re-enter the facility, which shall include:
- a. Identification of the responsible person for authorizing re-entry;

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- b. Procedures for inspecting the facility to ensure it is structurally sound; and,
  - c. Identification as to how clients will be transported from the receiving facility back to their home facility and how the facility staff will receive accurate and timely data on re-entry operations.
9. Establish sheltering or hosting procedures that will be used once the evacuating clients arrive, if the facility is to be used as a receiving facility for an evacuating facility. These procedures shall include:
- a. The receiving procedures for clients arriving from the evacuating facility;
  - b. Identification of the location where the additional clients will reside. The plan shall provide a floor plan, which identifies the room area where clients will be housed, room size, and number of clients per room or area;
  - c. Provision of additional food, water and medical needs of clients being hosted for a minimum of 72 hours;
  - d. Description of the procedures for ensuring 24-hour operations;
  - e. Description of the procedures for providing shelter for family members of key workers; and,
  - f. Procedures for tracking additional clients sheltered within the facility.
10. Identify the procedures for increasing employee awareness of possible emergency situations and provide training on the emergency roles before, during and after an emergency. Annually, the facility shall:
- a. Identify how key workers will be instructed in their emergency roles during non-emergency times;
  - b. Provide a training schedule for all employees and identify the providers of the training;
  - c. Identify the provisions for training new employees regarding their disaster related roles; and,
  - d. Provide the schedule for exercising all or portions of the emergency plan on an annual basis with all staff and all shifts.

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

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**Aspen State Regulation Set: I 4.06 ICF-State**

**ST - I7003 - Disaster Preparedness**

**Title** Disaster Preparedness

**Type** Rule

59A-26.020 (1)(d) FAC

**Regulation Definition**

(d) If the licensee evacuates, the licensee must immediately, but within no more than 24 hours upon completion of evacuation, report to the Agency's Long Term Care Unit in Tallahassee at (850)412-4303, the location and number of clients evacuated, and contact information for continued communication for the duration of the evacuation. In the event the Long Term Care Unit is unavailable to receive such information, the licensee shall contact the appropriate Agency field office.

**Interpretive Guideline**