CHAPTER 7

ASSISTED LIVING FACILITIES (ALF’S)
ASSISTED LIVING FACILITIES

I. TYPES OF ALF FACILITIES
(Regulations are under ACHA Regulations 58A-5 and can be found at:
http://ahca.myflorida.com/mchq/long_term_care/Assisted_living)

1. Standard ALF license
2. ECC (Extended Congregate Care)
3. LNS (Limited Nursing Services)
4. LMH (Limited Mental Health) - the facility will care for 3 or more residents with mental illness
5. While assisted living is the most common licensure term, some states still use other terms to describe assisted living, such as residential care, personal care, basic care, domiciliary care, housing with services, and board and care.

ECC, LNS and LMH – this type of license is required if the facility will offer 1 or more of the following Personal Services:
1) Administration of Medications
2) Assistance with 1 or more of the ADL’s (ambulation, bathing, dressing, eating, grooming and toileting)

II. ADULT FAMILY CARE HOMES
(Regulations are under ACHA Regulations 58A-14 and can be found at:

This facility is similar to an ALF but limited to 5 residents

III. GENERAL REQUIREMENTS OF THE ALF

1. Must post Resident Bill of Rights
2. Must provide all residents with access to a phone (in a private area)
3. Last ACHA inspection is posted in a prominent location for review
4. Ombudsman information is posted with complaints against the facility
5. Must maintain copies of all inspections for 5 years
6. The facility must have an administrator (can be the owner) that ensures the facility is safe, clean, provides adequate nutrition and appropriate temperature ranges
7. Must maintain a “Resident File” for each resident in the building
8. If the facility is licensed for more than 17 residents
   (1) must have written Policy & Procedure manual on how residents will be assisted
   (2) must have written schedule for cleaning equipment, storage and work areas
   (3) must have written policies for nutritional services
9. All residents must have been seen by a healthcare professional within 60 days of admission or within 30 days after admission.
10. A contract between each resident and facility which is signed before admission. Facility keeps a copy, the resident gets a copy. Facility must keep their copy of every contract for 5 years after it’s expiration date.
11. The facility must maintain an accurate Medication Administration Record (MAR) or Medication Observation Record (MOR) for all residents on supervised medication
III. STAFF REQUIREMENTS

1. The Administrator
   (1) 21 years of age or older
   (2) high school diploma or GED
   (3) must have completed 26 contact hours of “ALF Core Training”
   (4) 12 hours of Continuing education

2. For Manager (in absence of Administrator)
   (1) must always have at least 1 person in charge
   (2) at least 18 year of age
   (3) must have training in First Aid
   (4) must have 2 hours of CE on HIV within 6 months of starting
   (5) every 2 years must complete 1 hour of HIV C.E.

3. Staff providing Personal Care
   (1) must have 1 hour CE in Infection Control (including Universal Precautions)
   (2) must have 3 hours of training within 30 days of employment on resident behaviors, assistance with
      ADL’s etc.
   (3) must have 2 hours CE on HIV within 6 months of hire
   (4) 1 hour of additional CE every 2 years

4. For Facilities providing Special Services (i.e. Alzheimers Disease)
   (1) must have 4 hours of additional training in Alzheimer’s Disease within 3 months of hiring
   (2) if employee is involved in direct care – must have 4 more hours of training within 9 months of hire
      in Alzheimer’s disease

IV. THE RESIDENT’S RECORD (The Chart)

1. A Resident Record must be maintained for every current Resident
2. This Resident Record must be retained for 1 year after the discharge date
3. A copy of any P.O.A. (power of attorney) must be in the file
4. Must include statements about:
   (1) Physical and Mental status
   (2) Resident’s capability of administering own meds or their need for supervision or assistance
   (3) ADL’s – independent, requires supervision or requires individual assistance with ADL’s
5. Signed orders for all medications, diet and therapies

V. MEDICATIONS

1. O.T.C. Drugs
   (1) No Floor Stock allowed
   (2) When an OTC is prescribed by doctor it is treated as if it is a Prescription Medication
   (3) A resident can pick up or order an OTC without a doctor’s order

2. PRN Drug Orders
   (1) If a nurse is present that may evaluate the resident and then give a PRN medication as a result of
      their assessment
   (2) If a Med Tech is present they may only assist in the administration of a PRN order is the Resident
      has requested the medication. The Med Tech can not make a judgement that the resident needs a
      PRN drug
   (3) PRN orders must have a frequency and a reason for use as part of the order

3. Changes in Medication Instructions
   (1) Facility must document the Date of Revision
4. **Resident leaves the facility**
   (1) On discharge, the meds should be turned over to the resident, their legal guardian or family member
   (2) If meds are not taken at discharge they must be stored for at least 15 days. After 15 days the meds are considered abandoned and can be destroyed

5. **Destruction of Medications**
   (1) Meds may be destroyed by the administrator or their designee plus one witness OR
   (2) Meds may be destroyed by a Pharmacist

6. **Drugs that can be considered “Chemical Restraints”**
   (1) this includes: Antipsychotics, Sedative Hypnotics, Tranquilizers, Antidepressants
   (2) These residents MUST be reviewed by the prescriber AT LEAST annually

7. **Self Medication**
   (1) if a resident keeps meds in their apartment they must be stored so that other residents don’t have ready access to them
   (2) residents may have their prescription meds supervised and stored centrally by the facility but may still keep OTC medications in their apartment. The OTC’s stored in the residents room do not have to be charted on the MAR
   (3) a doctor may write an order that “all meds (OTC’s included) must be supervised and stored centrally if a resident is a high risk for abuse or inappropriate use

8. **Drug Samples in the facility**
   (1) A doctor may give his patient samples in an ALF as long as the sample drug is labeled with the resident’s name, the practitioner’s name, the date dispensed, name and strength of the drug and directions for it’s use (unless these are on the sample package)

VI. **REQUIREMENTS FOR A CONSULTANT**

1. If the facility has a special ALF Pharmacy license it must employee a Consultant Pharmacist.
   (1) must do monthly inspections
   (2) must provide written report to administrator

2. In the case of a Class I, Class II or an unresolved Class III deficiency
   (1) ACHA may require the facility hire a licensed RN or a Consultant Pharmacist to help resolve the deficiencies
   (2) Administrator must obtain a copy of the Consultant License
   (3) The consultant’s visit must take place within 7 days for a Class I or Class II deficiency
   (4) The consultant’s visit must take place within 14 days for a Class III violation
   (5) The consultant must provide the administrator with a corrective action plan within 10 days of their visit
   (6) Consultant must continue at the facility until the Administrator and the Consultant send Letters to ACHA requesting that the Consulting arrangement be terminated. ACHA must agree in writing before termination of consultant services
## RESIDENT HEALTH ASSESSMENT for ASSISTED LIVING FACILITIES

**TO BE COMPLETED BY FACILITY:**

<table>
<thead>
<tr>
<th>Resident's Name</th>
<th>DOB:</th>
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**INSTRUCTIONS TO LICENSED HEALTH CARE PROVIDERS:** AFTER COMPLETION OF ALL ITEMS IN SECTIONS 1 AND 2 OF THIS FORM (pages 1 through 4), PLEASE RETURN TO:

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
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<tbody>
<tr>
<td>FACILITY ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>TELEPHONE NUMBER:</td>
<td>CONTACT PERSON:</td>
</tr>
</tbody>
</table>

### SECTION 1: HEALTH ASSESSMENT (MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER BY MEANS OF A FACE-TO-FACE EXAMINATION WITH THE RESIDENT)

<table>
<thead>
<tr>
<th>Known Allergies:</th>
<th>Height:</th>
<th>Weight:</th>
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<tr>
<th>Medical history and diagnoses:</th>
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<td>Physical or sensory limitations:</td>
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<td>Cognitive or behavioral status:</td>
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<td>Nursing/treatment/therapy service requirements:</td>
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<td>Special precautions:</td>
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</tbody>
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AHCA Form 1823, October 2010  
Rule 58A-5.0181, F.A.C.
TO BE COMPLETED BY FACILITY:  
Resident's Name ___________________________  DOB: ___________________________

SECTION 1: HEALTH ASSESSMENT (MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER BY 
MEANS OF A FACE-TO-FACE EXAMINATION WITH THE RESIDENT.)

A. To what extent does the individual need supervision or assistance with the following?

<table>
<thead>
<tr>
<th>ACTIVITIES OF DAILY LIVING</th>
<th>✔️</th>
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<th>COMMENTS*</th>
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<tr>
<td>Ambulation</td>
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<td>Bathing</td>
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<td>Dressing</td>
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<td>Eating</td>
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<tr>
<td>Self Care (grooming)</td>
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<tr>
<td>Toileting</td>
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<td>Transferring</td>
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B. Special Diet Instructions

- Regular
- Calorie Controlled
- No Added Salt
- Low Fat/Low Cholesterol

Other, please describe: ___________________________

C. Does the individual have any of the following conditions/requirements? If yes, please include an explanation in the comments column.

<table>
<thead>
<tr>
<th>STATUS</th>
<th>YES/NO (Y/N)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A communicable disease, which could be transmitted to other residents or staff?</td>
<td>YES</td>
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<tr>
<td>2. Bedridden?</td>
<td>YES</td>
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<td>3. Any stage 2, 3, or 4 pressure sores?</td>
<td>YES</td>
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<td>4. Pose a danger to self or others?</td>
<td>YES</td>
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<tr>
<td>5. Require 24-hour nursing or psychiatric care?</td>
<td>YES</td>
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</table>

D. In your professional opinion, can this individual's needs be met in an assisted living facility, which is not a medical, nursing or psychiatric facility? Yes __ No ___

Comments (Use additional page if necessary): ___________________________

AHCA Form 1823, October 2010  
Rule 58A-5.0181, F.A.C.
SECTION 2-A: SELF-CARE AND GENERAL OVERSIGHT ASSESSMENT (MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER BY MEANS OF A FACE-TO-FACE EXAMINATION WITH THE RESIDENT.)

A. ABILITY TO PERFORM SELF-CARE TASKS:
Indicate by a checkmark (*) in the appropriate column below the extent to which the individuals is able to perform each of the listed self-care tasks. If "needs supervision" or "needs assistance" is indicated, please explain the extent and type of supervision or assistance necessary in the comments column.*

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<tr>
<th>TASKS</th>
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<th>S*</th>
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<th>COMMENTS*</th>
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<tbody>
<tr>
<td>Preparing Meals</td>
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<td>Shopping</td>
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<td>Making Phone Calls</td>
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<td>Handling Personal Affairs</td>
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<td>Handling Financial Affairs</td>
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<tr>
<td>Other</td>
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B. GENERAL OVERSIGHT:
Indicate by a checkmark (*) in the appropriate column below the extent to which the individual needs general oversight. If other, please explain in the comments column.*

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<th>TASKS</th>
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<th>COMMENTS*</th>
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<td>Observing Wellbeing</td>
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<td>Observing Whereabouts</td>
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<td>Reminders for Important Tasks</td>
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C. ADDITIONAL COMMENTS/_OBSERVATIONS (Use additional page if necessary):
SECTION 2-B: SELF-CARE AND GENERAL OVERSIGHT ASSESSMENT—MEDICATIONS (MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER BY MEANS OF A FACE-TO-FACE EXAMINATION WITH THE RESIDENT)

A. Please list all current medications prescribed below (additional pages may be attached):

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DOSAGE</th>
<th>DIRECTIONS FOR USE</th>
<th>ROUTE</th>
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B. Does the individual need help with taking his or her medications (meds)? Yes ___ No ___. If yes, please place a checkmark ("\*") in front of the appropriate box below:

- Needs Assistance with Self-Administration of Medications
- Needs Medication Administration

C. ADDITIONAL COMMENTS/OBSERVATIONS (Use additional page if necessary):

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

NOTE: MEDICAL CERTIFICATION IS INCOMPLETE WITHOUT THE FOLLOWING INFORMATION:

NAME OF EXAMINER (Please Print): ________________________________

SIGNATURE OF EXAMINER: ________________________________

MEDICAL LICENSE #: ________________________________

ADDRESS OF EXAMINER: ________________________________

TELEPHONE #: ________________________________

TITLE OF EXAMINER (Please check the appropriate box): MD   DO   ARNP   PA

DATE OF EXAMINATION: ________________________________

AHCA Form 1823, October 2010

Rule 58A-5.0181, F.A.C.
SECTION 3: SERVICES OFFERED OR ARRANGED BY THE FACILITY FOR THE RESIDENT (MUST BE COMPLETED BY THE ALF ADMINISTRATOR OR DESIGNEE)

Note: This section must be completed for all residents based on needs identified in Sections 1 and 2 of this form, or electronic documentation, which at a minimum includes the elements below, except for residents receiving the following:

(a) Extended congregate care services (ECC) in a facility holding an ECC license; or
(b) Services under a community living support plan in a facility holding a limited mental health license; or
(c) Medicaid assistive care services; or
(d) Medicaid waiver services.

<table>
<thead>
<tr>
<th>#</th>
<th>(Column 1) Needs Identified from Sections 1 &amp; 2</th>
<th>(Column 2) Service Needed</th>
<th>(Column 3) Service Frequency &amp; Duration</th>
<th>(Column 4) Service Provider Name</th>
<th>(Column 5) Date Service Began</th>
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NAME OF ADMINISTRATOR OR DESIGNEE:  

(Please Print)  

SIGNATURE OF ADMINISTRATOR OR DESIGNEE:  

DATE OF SIGNATURE:  

AHCA Form 1823, October 2010  

Rule 58A-5.0181, F.A.C.
# Medication Review

<table>
<thead>
<tr>
<th>Resident ID:</th>
<th>Med Mode:</th>
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<tbody>
<tr>
<td>Label:</td>
<td>MOR:</td>
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AHCA FORM 3180-1030, Revised May 2011 – HQA Field Operations
## A COMPARISON OF ALF'S TO NURSING HOMES

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>NURSING HOMES</th>
<th>ALF'S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy receives and fills new telephone RX from facility staff</td>
<td>This is an acceptable practice in a nursing home</td>
<td>New verbal RX's should be verified with prescriber and must contain quantity and refill info (same as a community rx)</td>
</tr>
<tr>
<td>Pharmacy receives a directions change on an existing order</td>
<td>The drug may be picked up and relabeled, replaced with a new container or an ancillary label can be used to indicate &quot;order change - refer to MAR)&quot;</td>
<td>The drug may be picked up and relabeled, replaced with a new container (if special ALF Pharmacy license in place) or an ancillary label can be used to indicate &quot;order change - refer to MAR)&quot;</td>
</tr>
<tr>
<td>A medication is discontinued</td>
<td>The drug may be returned for credit as long as the product is unit dosed, non-controlled, and in the possession of nursing staff. Controlled substances cannot be returned to Pharmacy</td>
<td>The drug may be returned for credit as long as the product is unit dosed, non-controlled, and in the possession of nursing staff (only in those ALF's with a Special ALF Pharmacy license). Controlled substances cannot be returned to Pharmacy</td>
</tr>
<tr>
<td>A residents has a RX retirement benefit and the facility asks the vendor Pharmacy to repackaged meds dispensed by retirement plan</td>
<td>Florida law requires the vendor Pharmacy to repackaged meds from retirement plan and can charge for this service. DEA does not allow a registrant (i.e. Pharmacy) to handle controls dispensed by another DEA registrant</td>
<td>Florida law does not allow the vendor Pharmacy servicing an ALF to repackaged medications from another Pharmacy. This law is specific to nursing homes only</td>
</tr>
<tr>
<td>The facility requests a refill on an existing order which has run out of refills</td>
<td>The Physician signature on the monthly POS gives authorization to refill the medication. Exclusions would include CII meds and drugs with a specific stop date</td>
<td>A prescription in the ALF is treated as an RX in retail practice. The prescriber must be contacted for refill authorization</td>
</tr>
<tr>
<td>The Pharmacy receives a faxed order for a new Schedule II drug</td>
<td>DEA allows the Pharmacy to treat faxed CII orders from a nursing home (and Hospice) as the original hard copy script</td>
<td>DEA does not address this practice in the ALF therefore the Pharmacy is required to handle the order as an &quot;Emergency Telephone Order&quot; and must obtain a written RX per DEA regs</td>
</tr>
<tr>
<td>The facility(or Physician) asks that a resident's medication to be stored in their room</td>
<td>Federal regulations only allow life saving medication to be stored in the residents room. This is limited to NTG products and fast acting inhalers</td>
<td>The resident is allowed to store meds in their room as long as their Physician has not written an order for supervision of medication administration</td>
</tr>
<tr>
<td>A residents leaves the facility and wishes to take his/her medication with them</td>
<td>In the nursing home the physician must write an order that would allow the resident to be released with their medication</td>
<td>In the ALF a resident can be released with their medication without any special requirements</td>
</tr>
<tr>
<td>Floor Stock (OTC drugs)</td>
<td>The nursing home is allowed to have OTC floor stock. If they service Medicaid residents they must provide certain OTC categories for these residents</td>
<td>The ALF CANNOT have floor stock products. All medication must be labeled &quot;patient specific&quot;</td>
</tr>
<tr>
<td>Emergency Kits</td>
<td>The nursing home is required to have an emergency kit in the facility at all times</td>
<td>The ALF CANNOT have an Emergency kit even if they have a Special ALF Pharmacy license</td>
</tr>
</tbody>
</table>
Assisted Living Facility and Adult Family Care Home

Residents' Bill of Rights

FLORIDA STATUTES 400.428 and 400.628 (respectively)

No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident shall have the right to:

- Live in a safe and decent living environment, free from abuse and neglect.
- Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
- Retain clothes and other personal property.
- Unrestricted private communication including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his/her choice during visiting hours.
- Participate in and benefit from community services and activities to achieve the highest possible level of independence, autonomy, and interaction with the community.
- Manage his/her own financial affairs.
- Share a room with spouse if both are residents of the facility.
- Reasonable opportunity to exercise.
- Exercise civil and religious liberties, including personal decisions.
- Adequate and appropriate health care.
- Thirty (30) days notice of relocation or termination of residency.
- Present grievances and recommend changes in policies, procedures, and services to the facility without restraint, interference, coercion, discrimination, or reprisal.
- (ALF) Be free from physical and chemical restraints other than those prescribed by the resident's physician and consented to, by the resident or resident's legal guardian, F.S. 400.441 (1)(i) or (AFCH) Be free from chemical and physical restraints except as ordered by a physician, F.S. 400.628.
7.15

58A-5.0185 Medication Practices.
Pursuant to Sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule.

(1) SELF ADMINISTERED MEDICATIONS.
(a) Residents who are capable of self-administering their medications without assistance shall be encouraged and allowed to do so.
(b) If facility staff note deviations which could reasonably be attributed to the improper self-administration of medication, staff shall consult with the resident concerning any problems the resident may be experiencing with the medications; the need to permit the facility to aid the resident through the use of a pill organizer, provide assistance with self-administration of medications, or administer medications if such services are offered by the facility. The facility shall contact the resident’s health care provider when observable health care changes occur that may be attributed to the resident’s medications. The facility shall document such contacts in the resident’s records.

(2) PILL ORGANIZERS.
(a) A “pill organizer” means a container which is designed to hold solid doses of medication and is divided according to day and time increments.
(b) A resident who self-administers medications may use a pill organizer.
(c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse shall manage the pill organizer in the following manner:
   1. Obtain the labeled medication container from the storage area or the resident;
   2. Transfer the medication from the original container into a pill organizer, labeled with the resident’s name, according to the day and time increments as prescribed;
   3. Return the medication container to the storage area or resident; and
   4. Document the date and time the pill organizer was filled in the resident’s record.
(d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it shall be noted in the resident’s record and the facility shall consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility shall contact the resident’s health care provider regarding questions, concerns, or observations relating to the resident’s medications. Such communication shall be documented in the resident’s record.

(3) ASSISTANCE WITH SELF-ADMINISTRATION.
(a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least 18 years old, trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S.
(b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container.
(c) Staff shall observe the resident take the medication. Any concerns about the resident’s reaction to the medication shall be reported to the resident’s health care provider and documented in the resident’s record.
(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
   1. The health care provider may prescribe a medication schedule which coincides with the resident’s presence in the facility;
   2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident’s medication record; 58A-5 ASSISTED LIVING FACILITIES OCTOBER 2010 Page 16
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident’s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term “competent resident” means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms “judgment” and “discretion” mean interpreting vital signs and evaluating or assessing a resident’s condition.
4. MEDICATION ADMINISTRATION.
(a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider’s order or prescription label.
(b) Unusual reactions or a significant change in the resident’s health or behavior shall be documented in the resident’s record and reported immediately to the resident’s health care provider. The contact with the health care provider shall also be documented in the resident’s record.
(c) Medication administration includes the conducting of any examination or testing such as blood glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff.
(d) A facility which performs clinical laboratory tests for residents, including blood glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents’ own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109.
5. MEDICATION RECORDS.
(a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider’s name, the resident’s name, the date dispensed, the name and strength of the drug, and the directions for use.
(b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known allergies the resident may have; the name of the resident’s health care provider, the health care provider’s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered.
(c) For medications which serve as chemical restraints, the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician’s annual evaluation of the use of the medication.
6. MEDICATION STORAGE AND DISPOSAL.
(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their rooms or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the rooms or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if:
1. The facility administers the medication;
2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request;
3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility’s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident’s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident’s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked “discontinued medication.” Such medication may be reused if re-prescribed by the resident’s health care provider.
(d) When a resident’s stay in the facility has ended, the administrator shall return all medications to the resident, the resident’s family, or the resident’s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident’s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident’s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.
(7) MEDICATION LABELING AND ORDERS.
(a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:
1. The resident’s name; and
2. Identification of each medicinal drug product in the container.
(b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another.
(c) If the directions for use are “as needed” or “as directed,” the health care provider shall be contacted and requested to provide revised instructions. For an “as needed” prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, “as needed for pain, not to exceed 4 tablets per day.” The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident’s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident’s medication observation record. The facility may then place an “alert” label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident’s medication observation record. The facility must obtain a written medication order from the health care provider within 10 days.
working days. A faxed copy of a signed order is acceptable.

(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.

(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer’s packaging, which shall also include the practitioner’s name, the resident’s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer’s labeled package, they shall be kept in a container that bears a label containing the following:

1. Practitioner’s name;
2. Resident’s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.

(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident’s health care provider shall provide the resident with a written prescription, or a fax copy of such order.

(8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, vitamins, nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription.

(a) A stock supply of OTC products for multiple resident use is not permitted in any facility.

(b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident’s name and the manufacturer’s label with directions for use, or the licensed health care provider’s directions for use. No other labeling requirements are necessary nor should be required.

(c) Residents or their representatives may purchase OTC products from an establishment of their choice.

(d) A facility cannot require a licensed health care provider’s order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider’s order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required.

Rulemaking Authority 429.256, 429.41 FS. Law Implemented 429.255, 429.256, 429.41 FS. History–New 10-17-99, Amended 7-30-06, 4-15-10, 10-14-10.