Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

ST - G0000 - 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 - G0001 - Definitions

Title Definitions

Type Memo Tag

400.462 FS; 59A-18.002

Regulation Definition

Interpretive Guideline

400.462 Definitions.-As used in this part, the term:
(1) "Administrator" means a direct employee, as defined in subsection (10), who is a licensed physician, physician assistant, or registered nurse licensed to practice in this state or an individual having at least 1 year of supervisory or administrative experience in home health care or in a facility licensed under chapter 395, under part II of this chapter, or under part I of chapter 429.
(2) "Admission" means a decision by the home health agency, during or after an evaluation visit to the patient's home, that there is reasonable expectation that the patient's medical, nursing, and social needs for skilled care can be adequately met by the agency in the patient's place of residence. Admission includes completion of an agreement with the patient or the patient's legal representative to provide home health services as required in s. 400.487(1).

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(3) "Advanced practice registered nurse" means a person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, as defined in s. 464.003.
(4) "Agency" means the Agency for Health Care Administration.
(5) "Approved training program" means a course of training approved by the agency, in consultation with the Board of Nursing, to train a family caregiver as a home health aide for medically fragile children.
(6) "Certified nursing assistant" means any person who has been issued a certificate under part II of chapter 464.
(7) "Client" means an elderly, handicapped, or convalescent individual who receives companion services or homemaker services in the individual's home or place of residence.
(8) "Companion" or "sitter" means a person who spends time with or cares for an elderly, handicapped, or convalescent individual and accompanies such individual on trips and outings and may prepare and serve meals to such individual. A companion may not provide hands-on personal care to a client.
(9) "Department" means the Department of Children and Families.
(10) "Direct employee" means an employee for whom one of the following entities pays withholding taxes: a home health agency; a management company that has a contract to manage the home health agency on a day-to-day basis; or an employee leasing company that has a contract with the home health agency to handle the payroll and payroll taxes for the home health agency.
(11) "Director of nursing" means a registered nurse who is a direct employee, as defined in subsection (10), of the agency and who is a graduate of an approved school of nursing and is licensed in this state; who has at least 1 year of supervisory experience as a registered nurse; and who is responsible for overseeing the delivery of professional nursing and home

health aide services of the agency.
(12) "Eligible relative" means a patient 21 years of age or younger who has an underlying physical, mental, or cognitive impairment that prevents him or her from safely living independently, is eligible to receive skilled care or respite care services under the Medicaid program, and is related to his or her family caregiver.
(13) "Fair market value" means the value in arms length transactions, consistent with the price that an asset would bring as the result of bona fide bargaining between well-informed buyers and sellers who are not otherwise in a position to generate business for the other party, or the compensation that would be included in a service agreement as the result of bona fide bargaining between well-informed parties to the agreement who are not otherwise in a position to generate business for the other party, on the date of acquisition of the asset or at the time of the service agreement.
(14) "Family caregiver" means a person who provides or intends to provide significant personal care to an eligible relative.
(15) "Home health agency" means a person that provides one or more home health services.
(16) "Home health agency personnel" means persons who are employed by or under contract with a home health agency and enter the home or place of residence of patients at any time in the course of their employment or contract.
(17) "Home health aide" means a person who is trained or qualified, as provided by rule, and who provides hands-on personal care, performs simple procedures as an extension of therapy or nursing services, assists in ambulation or exercises, assists in administering medications as permitted in rule and for which the person has received training established by the agency under this part, or performs tasks delegated to him or her under chapter 464.
(18) "Home health aide for medically fragile children" means

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

a family caregiver who meets the qualifications specified in this part and who performs tasks delegated to him or her under chapter 464 while caring for an eligible relative, and provides care relating to activities of daily living, including those associated with personal care; maintaining mobility; nutrition and hydration; toileting and elimination; assistive devices; safety and cleanliness; data gathering; reporting abnormal signs and symptoms; postmortem care; patient socialization and reality orientation; end-of-life care; cardiopulmonary resuscitation and emergency care; residents' or patients' rights; documentation of services performed; infection control; safety and emergency procedures; hygiene, grooming, skin care, and pressure sore prevention; wound care; portable oxygen use and safety and other respiratory procedures; tracheostomy care; enteral care and therapy; peripheral intravenous assistive activities and alternative feeding methods; and any other tasks delegated to the family caregiver under chapter 464.

(19) "Home health services" means health and medical services and medical supplies furnished to an individual in the individual ' s home or place of residence. The term includes the following:

(a) Nursing care.

(b) Physical, occupational, respiratory, or speech therapy.

(c) Home health aide services.

(d) Dietetics and nutrition practice and nutrition counseling.

(e) Medical supplies, restricted to drugs and biologicals prescribed by a physician.

(20) "Home infusion therapy" means the administration of intravenous pharmacological or nutritional products to a patient in his or her home.

(21) "Home infusion therapy provider" means a person that employs, contracts with, or refers a licensed professional who has received advanced training and experience in intravenous infusion therapy and who administers infusion therapy to a

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

patient in the patient's home or place of residence.
(22) "Homemaker" means a person who performs household chores that include housekeeping, meal planning and preparation, shopping assistance, and routine household activities for an elderly, handicapped, or convalescent individual. A homemaker may not provide hands-on personal care to a client.
(23) "Immediate family member" means a husband or wife; a birth or adoptive parent, child, or sibling; a stepparent, stepchild, stepbrother, or stepsister; a father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; a grandparent or grandchild; or a spouse of a grandparent or grandchild.
(24) "Medical director" means a physician who is a volunteer with, or who receives remuneration from, a home health agency.
(25) "Nurse registry" means any person that procures, offers, promises, or attempts to secure health-care-related contracts for registered nurses, licensed practical nurses, certified nursing assistants, home health aides, companions, or homemakers, who are compensated by fees as independent contractors, including, but not limited to, contracts for the provision of services to patients and contracts to provide private duty or staffing services to health care facilities licensed under chapter 395, this chapter, or chapter 429 or other business entities.
(26) "Patient" means any person who receives home health services in his or her home or place of residence.
(27) "Personal care" means assistance to a patient in the activities of daily living, such as dressing, bathing, eating, or personal hygiene, and assistance in physical transfer, ambulation, and in administering medications as permitted by rule.
(28) "Physician" means a person licensed under chapter 458, chapter 459, chapter 460, or chapter 461.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(29) "Physician assistant" means a person who is a graduate of an approved program or its equivalent, or meets standards approved by the boards, and is licensed to perform medical services delegated by the supervising physician, as defined in s. 458.347 or s. 459.022.
(30) "Remuneration" means any payment or other benefit made directly or indirectly, overtly or covertly, in cash or in kind. However, if the term is used in any provision of law relating to health care providers, the term does not apply to an item that has an individual value of up to $15, including, but not limited to, a plaque, a certificate, a trophy, or a novelty item that is intended solely for presentation or is customarily given away solely for promotional, recognition, or advertising purposes.
(31) "Satellite office" means a secondary office of a nurse registry established pursuant to s. 400.506(1) in the same health service planning district as a licensed nurse registry operational site.
(32) "Skilled care" means nursing services or therapeutic services required by law to be delivered by a health care professional who is licensed under part I of chapter 464; part I, part III, or part V of chapter 468; or chapter 486 and who is employed by or under contract with a licensed home health agency or is referred by a licensed nurse registry.
(33) "Staffing services" means services provided to a health care facility, school, or other business entity on a temporary or school-year basis pursuant to a written contract by licensed health care personnel and by certified nursing assistants and home health aides who are employed by, or work under the auspices of, a licensed home health agency or who are registered with a licensed nurse registry.

59A-18.002 Definitions.
When used in this rule chapter, unless the context otherwise requires, the term:

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(1) "AHCA" means Agency for Health Care Administration.
(2) "Assistance with activities of daily living" means a certified nursing assistant or a home health aide providing an individual assistance with activities promoting self-care and independence, to include the following:
(a) Ambulation. Providing physical support to enable the patient to move about within or outside of the patient's place of residence. Physical support includes holding the patient's hand, elbow, under the arm, or holding on to a support belt worn by the patient to assist in providing stability or direction while the patient ambulates.
(b) Bathing. Helping the patient in and out of the bathtub or shower, adjusting water temperatures, washing and drying portions of the body which are difficult for the patient to reach, and being available while the patient is bathing. Can also include washing and drying the patient who is bed-bound.
(c) Dressing. Helping the patient put on and remove clothing.
(d) Eating. Helping with feeding patients who require assistance with feeding themselves.
(e) Personal hygiene. Helping the patient with shaving and with oral, hair, skin and nail care.
(f) Toileting. Reminding the patient about using the toilet, assisting to the bathroom, helping to undress, positioning on the commode, and helping with related personal hygiene, including assistance with changing of an adult brief. Also includes assisting with positioning the patient on the bedpan, and helping with related personal hygiene.
(g) Assistance with physical transfer. Providing verbal and physical cueing, physical assistance, or both while the patient moves from one position to another, for example between the following: a bed, chair, wheelchair, commode, bathtub or shower, or a standing position. Transfer can also include use of a mechanical lift, if a home health aide or CNA is trained in its use.
(3) "Caregiver" means a registered nurse, licensed practical

nurse, certified nursing assistant, home health aide, homemaker or companion that is referred by a nurse registry to provide services to patients.
(4) "Entity" means a partnership, corporation, or other business organization.
(5) "Financial instability" means the nurse registry cannot meet its financial obligation. The issuance of bad checks or an accumulation of delinquent bills or liens or failure to pay any outstanding fines unless the fine has been appealed is evidence of financial instability.
(6) "Geographic Service Area" means one or more of the counties within the health service planning district, as specified on the license, in which the nurse registry may refer its independent contractors to provide services to patients or clients in their homes or to provide staffing in facilities.
(7) "Independent Contractor" means a person who contracts through a referral from a nurse registry. The independent contractor maintains control over the method and means of delivering the services provided, and is responsible for the performance of such services. An independent contractor is not an employee of the nurse registry.
(8) "Licensed Practical Nurse," as defined in section 464.003(16), F.S., means a person who is currently licensed to practice nursing pursuant to chapter 464, F.S.
(9) "Main Office" means the primary office established in a geographic service area which houses all components of the nurse registry operational site including the administration, fiscal management, service provision and supplies.
(10) "Nurse registry services" means referral of independent contractors to provide health care related services to a patient or client in the person's home or place of residence or through staffing in a health care facility by an independent contractor referred through a nurse registry. Such services shall be limited to:
(a) Nursing care provided by licensed registered nurses or

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

licensed practical nurses, or
(b) Care and services provided by certified nursing assistants or home health aides, or
(c) Homemaker or companion services.
(11) "Plan of treatment" means written plan of care and treatment, including a medical plan of treatment, signed within 30 days by the physician, advanced practice registered nurse, or physician assistant to assure the delivery of safe and adequate care provided by a licensed nurse to a patient in the home.
(12) "Registered Nurse," as defined in section 464.003(22), F.S., means a person who is currently licensed to practice pursuant to chapter 464, F.S.

ST - G0101 - Licensure of Sites

Title Licensure of Sites

Type Rule

400.506(1) FS; 59A-18.004(5) FAC

Regulation Definition

400.506
(1)(a) A nurse registry is exempt from the licensing requirements of a home health agency but must be licensed as a nurse registry. The requirements of part II of chapter 408 apply to the provision of services that require licensure pursuant to this section and ss. 400.509-400.518 and part II of chapter 408 and to entities licensed by or applying for such license from the Agency for Health Care Administration pursuant to this section and ss. 400.509-400.518. A license issued by the agency is required for the operation of a nurse registry. Each operational site of the nurse registry must be licensed, unless there is more than one site within the health service planning district for which a license is issued. In such case, each operational site within the health service planning

Interpretive Guideline

The surveyor should determine if the nurse registry has additional office locations. Each office outside the county of the licensed nurse registry must be licensed. Only one license per county is required. For example, a nurse registry located in West Palm Beach and licensed for this county and all the other counties in Area 9 may have another office in Delray Beach on the same license. The nurse registry could not have an office in Port St. Lucie unless it was separately licensed since it is in a different county.

Review the license in comparison with the Nurse Registry (NR) current brochures (or other materials or information provided by the NR) to determine if there is a separate license for each county where there is a nurse registry office.

Note: Nurse registries cannot have drop off sites for independent contractors since there is no legal authority for nurse registries to have drop off sites in state law or rules.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

district must be listed on the license.
(b) A licensed nurse registry may operate a satellite office as defined in s. 400.462. The nurse registry operational site must administer all satellite offices. A satellite office may store supplies and records, register and process contractors, and conduct business by telephone as is done at other operational sites. Nurse registries may use signs and advertisements to notify the public of the location of a satellite office. All original records must be kept at the operational site.
(c) A nurse registry must provide notice, in writing, to the agency at the state and area office levels, as required by agency rule, of a proposed change of address for an operational site or the opening of a satellite office. Before relocating an operational site or opening a satellite office, the nurse registry must submit evidence of its legal right to use the proposed property and evidence that the property is zoned for nurse registry use.

59A-18.004
(5) Satellite offices - A satellite office shares administration, fiscal management, and services with the main operational site; it is not separately licensed and is exempt from the requirements in paragraphs 59A-18.004(9)(a) and (b), F.A.C. A satellite office must be listed on the license of the nurse registry operational site. A nurse registry that operates a satellite office must:
(a) Maintain a system of communication and integration of services between the nurse registry operational site and the satellite office;
(b) Provide access to patient records at the satellite office;
(c) Ensure periodic onsite visits to each satellite office by the nurse registry's administrator;
(d) Make the satellite office's hours of operation available to the public if different than the hours of operation maintained by the nurse registry operational site.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

ST - G0102 - License Number in Ads

Title License Number in Ads

Type Rule

400.506(4) FS; 400.464(4)(a) FS

Regulation Definition

400.506
(4) A licensee that provides, offers, or advertises to the public any service for which licensure is required under this section must include in such advertisement the license number issued to it by the Agency for Health Care Administration. The agency shall assess a fine of not less than $100 against a licensee that fails to include the license number when submitting the advertisement for publication, broadcast, or printing. The fine for a second or subsequent offense is $500.

400.464
(4)(a) A licensee or registrant that offers or advertises to the public any service for which licensure or registration is required under this part must include in the advertisement the license number or registration number issued to the licensee or registrant by the agency. The agency shall assess a fine of not less than $100 to any licensee or registrant that fails to include the license or registration number when submitting the advertisement for publication, broadcast, or printing. The fine for a second or subsequent offense is $500. The holder of a license or registration issued under this part may not advertise or indicate to the public that it holds a home health agency or nurse registry license or registration other than the one it has been issued.

Interpretive Guideline

The surveyor should review advertisements to determine if the license number is included. Check area newspaper ads or phone book to determine if criterion is met. The license # is only required when services are offered. It is not required on business cards or stationery where no services are listed. If violations are found, cite and provide examples along with survey report. The Home Care Unit will assess this fine.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

ST - G0103 - Violation of Nurse Practice Act

Title Violation of Nurse Practice Act

Type Rule

400.506(7), F.S.

Regulation Definition

(7) A person who is referred by a nurse registry for contract in private residences and who is not a nurse licensed under part I of chapter 464 may perform only those services or care to clients that the person has been certified to perform or trained to perform as required by law or rules of the Agency for Health Care Administration or the Department of Business and Professional Regulation. Providing services beyond the scope authorized under this subsection constitutes the unauthorized practice of medicine or a violation of the Nurse Practice Act and is punishable as provided under chapter 458, chapter 459, or part I of chapter 464.

Interpretive Guideline

ST - G0105 - Nurse Registry Operational

Title Nurse Registry Operational

Type Rule

400.462(25) & (33), F.S.

Regulation Definition

Nurse Registry Operational
s. 400.462, F.S.
(25) "Nurse registry" means any person that procures, offers, promises, or attempts to secure health-care-related contracts for registered nurses, licensed practical nurses, certified nursing assistants, home health aides, companions, or

Interpretive Guideline

The nurse registry must meet this definition in s.400.462 (21). It must have set up contracts for RNs, LPNs, CNAs, HH aides, companions and or homemakers during the licensure period. If not, cite as not met and request correction. Failure to be in compliance on the follow-up visit is legal basis for denying or revoking the license per 408.815(1)(c.), F.S.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

homemakers, who are compensated by fees as independent contractors, including, but not limited to, contracts for the provision of services to patients and contracts to provide private duty or staffing services to health care facilities licensed under chapter 395, this chapter, or chapter 429 or other business entities.

(33) "Staffing services" means services provided to a health care facility, school, or other business entity on a temporary or school-year basis pursuant to a written contract by licensed health care personnel and by certified nursing assistants and home health aides who are employed by, or work under the auspices of, a licensed home health agency or who are registered with a licensed nurse registry.

ST - G0106 - Geographic Area

Title Geographic Area

Type Rule

59A-18.004(7-8) FAC

Regulation Definition

Geographic Area
59A-18.004, F.A.C.
(7) All nurse registries must apply for a geographic service area on their initial license application. Nurse registries may apply for a geographic service area which encompasses one or more of the counties within the health services planning district, pursuant to sections 408.032(5) and 400.497(9), F.S., in which the main operational site is located. However, any agency holding a current nurse registry license from AHCA, as of December 24, 2000, may continue to serve patients or clients in those counties listed on its current license.
(8) If a change of address is to occur, or if a nurse registry intends to change the counties served within the geographic

Interpretive Guideline

The rule shown in this standard has been in effect since 12/24/2000. The approved geographic service area is listed on the official license. In the Entrance Interview, ask the administrator what is the geographic service area of the nurse registry. When reviewing the sample of patient records, check the patient's home address to determine if the address is located within the geographic area shown on the NR license.

Staffing services may be provided anywhere within the state.

400.462
(30) "Staffing services" means services provided to a health care facility, school, or other business entity on a temporary or school-year basis pursuant to a written contract by licensed health care personnel and by certified nursing assistants and home health aides who are employed by, or work under the auspices of, a licensed home health agency or who are registered with a licensed nurse registry.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

service area, or open or close a satellite office, the nurse registry must complete and submit the Health Care Licensing Application, Nurse Registry, AHCA Form 3110-7004, March 2016, within the timeframe prescribed in paragraph 59A-35.040(2)(b), F.A.C. For changes of address and addition of satellite offices, the nurse registry must submit, with the application, evidence that the location is zoned for a nurse registry for the new address and evidence of legal right to occupy the property in accordance with sections 400.506(1)(c) and 408.810(6), F.S.

ST - G0150 - Information to Contractors

Title Information to Contractors

Type Rule

59A-18.005(1), F.A.C.

Regulation Definition

(1) Each nurse registry shall disseminate the following rules and statutes to each applicable independent contractor at the time of registration. The rules and statutes may be provided by paper copy, by email or other means of electronic communication.
(a) Registered nurses and licensed practical nurses shall receive for their use and reference:
1. Rule 59A-18.005, F.A.C., Registration Policies.
2. Rule 59A-18.007, F.A.C., Registered Nurses and Licensed Practical Nurses.
3. Rule 59A-18.011, F.A.C., Medical Plan of Treatment.
4. Rule 59A-18.012, F.A.C., Clinical Records.
5. Rule 59A-18.013, F.A.C., Administration of Biologicals.
6. Sections 400.506, 408.809, 400.484, 400.462, 400.488 and 408.810(5), F.S., with the telephone numbers referred to in the law.
7. Rule 59A-18.018, F.A.C., Emergency Management Plans.

Interpretive Guideline

The surveyor finds evidence that the nurse registry has given the rules and statutes listed in the standards to each independent contractor. The surveyor may ask a contractor if he or she has received the above information from the nurse registry.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(b) Certified nursing assistants and home health aides shall receive for their use and reference:
1. Rule 59A-18.005, F.A.C., Registration Policies.
2. Rule 59A-18.0081, F.A.C., Certified Nursing Assistant and Home Health Aide.
3. Sections 400.506, 408.809, 400.484, 400.462, 400.488 and 408.810(5), F.S., with the telephone numbers referred to in the law.
4. Rule 59A-18.018, F.A.C., Emergency Management Plans.
(c) Homemakers and Companions shall receive for their use and reference:
1. Rule 59A-18.009, F.A.C., Homemakers or Companions.
2. Sections 400.506, 408.809, 400.484, 400.462 and 408.810(5), F.S., with the telephone numbers referred to in the law.
3. Rule 59A-18.018, F.A.C., Emergency Management Plans.
4. Rule 59A-18.005, F.A.C., Registration Policies.

ST - G0151 - Communicable Disease

Title Communicable Disease

Type Rule

59A-18.005(6) FAC; 400.506(6)(a) FS

Regulation Definition

Communicable Disease
59A-18.005, F.A.C.
(6) Prior to contact with patients or clients, each independent contractor referred for client care must furnish to the registry a statement from a health care professional licensed under chapters 458 or 459, F.S., a physician's assistant, or an advanced practice registered nurse or a registered nurse licensed under chapter 464, F.S., under the supervision of a licensed physician, or acting pursuant to an established protocol signed by a licensed physician, dated within the last

Interpretive Guideline

The surveyor samples independent contractor file to verify a statement from health care professional stating the independent contractor is free from communicable disease is present as stated in the standard. The health care professional could be a medical doctor (chapter 458), osteopathic physician (chapter 459), a physician's assistant or an ARNP or RN (chapter 464).

Health statements are required for all types of independent contractors referred by Nurse Registries including homemakers and companions.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

six months, that the contractor is free from communicable diseases. The independent contractor will provide this statement to the nurse registry when first referred.

400.506, F.S.
(6)(a) A nurse registry may refer for contract in private residences registered nurses and licensed practical nurses registered and licensed under part I of chapter 464, certified nursing assistants certified under part II of chapter 464, home health aides who present documented proof of successful completion of the training required by rule of the agency, and companions or homemakers for the purposes of providing those services authorized under s. 400.509(1). A licensed nurse registry shall ensure that each certified nursing assistant referred for contract by the nurse registry and each home health aide referred for contract by the nurse registry has presented credentials demonstrating that he or she is adequately trained to perform the tasks of a home health aide in the home setting. Each person referred by a nurse registry must provide current documentation that he or she is free from communicable diseases.

ST - G0152 - Contractor Registration Folders

Title Contractor Registration Folders

Type Rule

59A-18.005(7-8); 400.506(6)(d),8a-d,9-10

Regulation Definition

Contractor Registration Folders
59A-18.005, F.A.C.
(7) Registration folders on each independent contractor must contain the information required in section 400.506(8), F.S., and the following:
(a) For home health aides, evidence of completion of a home

Interpretive Guideline

The surveyor reviews a sample of registration folders of independent contractors to verify all required information. Verify from a sample of closed registration folders that a file was kept three years following the last patient or client related entry as time permits.

Ask if the nurse registry has provided the complainant with information on how to report the complaint to the appropriate entity:

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

health aide training course or certification from the Florida Board of Nursing, Department of Health as a certified nursing assistant;
(b) Evidence of a contract with the nurse registry;
(c) Evidence of background screening that meets the requirements in section 408.809(4), F.S.; and,

(8) Each nurse registry shall establish a system for the recording complaints involving individuals they refer. If the complaints are violations of state law, the nurse registry shall take the actions specified in section 400.506(19), F.S. Records of complaints and actions taken by the nurse registry shall be kept in the individual's registration file or retained in the central files of the nurse registry.

400.506, F.S.
(6)(d) A registered nurse, licensed practical nurse, certified nursing assistant, companion or homemaker, or home health aide referred for contract under this chapter by a nurse registry is deemed an independent contractor and not an employee of the nurse registry under any chapter regardless of the obligations imposed on a nurse registry under this chapter or chapter 408.

(8) Each nurse registry must require every applicant for contract to complete an application form providing the following information:
(a) The name, address, date of birth, and social security number of the applicant.
(b) The educational background and employment history of the applicant.
(c) The number and date of the applicable license or certification.
(d) When appropriate, information concerning the renewal of the applicable license, registration, or certification.

(a) Report theft to local law enforcement;
(b) Report abuse, neglect or exploitation to the central abuse hotline 1(800) 962-2873;
(c) Report nurses and certified nursing assistants to the Department of Health by completing and submitting the complaint form at <http://www.floridahealth.gov/licensing-and-regulation/enforcement/admin-complaint-process/forms.html> if there are alleged professional practice violations.
(d) Report other complaints to the Agency for Health Care Administration by calling (888) 419-3456 or submitting the on-line complaint form at https://apps.ahca.myflorida.com/hcfc/default.aspx.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(9) Each nurse registry must comply with the background screening requirements in s. 400.512 for all persons referred for contract. However, an initial screening may not be required for persons who have been continuously registered with the nurse registry since October 1, 2000.

(10) The nurse registry must maintain the application on file, and that file must be open to the inspection of the Agency for Health Care Administration. The nurse registry must maintain on file the name and address of the patient or client to whom nurse registry personnel are referred for contract and the amount of the fee received by the nurse registry. A nurse registry must maintain the file that includes the application and other applicable documentation for 3 years after the date of the last file entry of patient-related or client-related information.

ST - G0153 - Advise Patient of Independent Contractor

Title Advise Patient of Independent Contractor

Type Rule

400.506(6)(e), F.S.

Regulation Definition

(e) Upon referral of a registered nurse, licensed practical nurse, certified nursing assistant, companion or homemaker, or home health aide for contract in a private residence or facility, the nurse registry shall advise the patient, the patient's family, or any other person acting on behalf of the patient, at the time of the contract for services, that the caregiver referred by the nurse registry is an independent contractor and that the nurse registry may not monitor, supervise, manage, or train a caregiver referred for contract under this chapter.

Interpretive Guideline

Ask the nurse registry what evidence it can provide that shows it is advising the patient, the patient's family or any other person acting on behalf of the patient at the time of contract for services that:

1. The caregiver referred is an independent contractor
2. The nurse registry is not obligated to monitor, supervisor, manage, or train the caregiver.

In the telephone interview with the patient or the patient's family or responsible party, ask if they were advised by the nurse registry that the caregiver is an independent contractor and that the nurse registry is not obligated to monitor, supervise, manage or train the caregiver.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

ST - G0154 - Notify Patient and Report Caregiver

Title Notify Patient and Report Caregiver

Type Rule

400.506(19) FS; 59A-18.0081(12)

Regulation Definition

400.506
(19) A nurse registry may not monitor, supervise, manage, or train a registered nurse, licensed practical nurse, certified nursing assistant, companion or homemaker, or home health aide referred for contract under this chapter. In the event of a violation of this chapter or a violation of any other law of this state by a referred registered nurse, licensed practical nurse, certified nursing assistant, companion or homemaker, or home health aide, or a deficiency in credentials which comes to the attention of the nurse registry, the nurse registry shall advise the patient to terminate the referred person's contract, providing the reason for the suggested termination; cease referring the person to other patients or facilities; and, if practice violations are involved, notify the licensing board. This section does not affect or negate any other obligations imposed on a nurse registry under chapter 408.

59A-18.0081
(12) Pursuant to section 400.506(19), F.S., a nurse registry may not monitor, supervise, manage, or train a registered nurse, licensed practical nurse, certified nursing assistant, companion or homemaker, or home health aide referred for contract under this chapter. In the event of violation of state laws that comes to the attention of the nurse registry, the nurse registry shall take action in accordance with section 400.506(19), F.S. A nurse registry is not prohibited from reviewing records and may do so per section 400.506(20),

Interpretive Guideline

Has there been any evidence of a violation of state laws or a deficiency in the caregiver's credentials? If the nurse registry becomes aware of the violation or problem with credentials, such as licensing or background screening, or other violations of state laws, did the nurse registry do the following?

1. Advise the patient to terminate the referred individual,

2. Provide the reason for termination,

3. Cease to refer the person to other patients or facilities, and,

4. If there are practice violations, notify the appropriate licensing board (Board of Nursing, Department of Health for RN, LPN, and CNAs). Notify the Department of Health by completing the "Healthcare Practitioner Complaint Form" at www.floridahealth.gov/licensing-and-regulation/enforcement/index.html and mailing it to:
Florida Department of Health
Consumer Services Unit
4052 Bald Cypress Way, Bin C-75
Tallahassee, FL 32399-3275

If an RN or LPN continues to work as a nurse and is no longer licensed, call 1-877-HALT-ULA(1-877-425-8852) or mail the complaint form referred to above.

If the nurse registry did not know about the violations or problem with credentials, then inform the nurse registry in writing and provide the opportunity to do the items listed in law before citing a deficiency in the survey report.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

F.S.

ST - G0160 - Administrator

Title Administrator

Type Rule

400.506(18); 59A-18.006

Regulation Definition

400.506
(18) An administrator may manage only one nurse registry, except that an administrator may manage up to five registries if all five registries have identical controlling interests as defined in s. 408.803 and are located within one agency geographic service area or within an immediately contiguous county. An administrator shall designate, in writing, for each licensed entity, a qualified alternate administrator to serve during the administrator's absence.

59A-18.006 Administrator.
The administrator of the nurse registry shall:
(1) Be a licensed physician, an advanced practice registered nurse, a registered nurse, or an individual with training and experience in health service administration and at least one year of supervisory or administrative experience in the health care field;
(2) Have knowledge, through training, experience or education, with the work requirements and the prerequisites for licensure or certification in each of the health care disciplines and specialties for which the registry is providing referrals;
(3) Have knowledge with the rules of AHCA and maintain them in the nurse registry;
(4) Be available, or have the alternate administrator available, at all times during operating hours as stated in paragraph

Interpretive Guideline

The surveyor reviews file and credentials of any administrator hired since the last survey.

Does the administrator manage other nurse registries? How many? Cannot exceed 5 nurse registries if the requirements in law are met:

A. Do all of the nurse registries have "identical controlling interests"? This means that all of the nurse registries administered by the one administrator must have (1) the same legal entity/licensee; (2) the exact same owners (people and/or entities) with the exact same percentage of ownership; (3) the exact same board of directors (when there is a board of directors); and (4) if there is management company, have the exact same people or entities with the exact same percentage of ownership in the management company which manages all of the nurse registries. If all of the nurse registries do not have identical controlling interests, cite this standard as not met.

B. Where are the nurse registries located? Same AHCA geographic area? If not, the administrator can only manage a nurse registry that has its licensed office located in a county that is immediately contiguous to the county in another AHCA geographic service area where the other nurse registry's licensed office is located (county boundaries must touch). For example, a nurse registry administrator of a nurse registry located in Orange County can be the nurse registry administrator of a nurse registry located in Lake County (immediately contiguous) but not in Marion County; a nurse registry administrator in Miami-Dade County can be the administrator of a nurse registry in Broward County but not in Palm Beach County.

The surveyor interviews the administrator to determine familiarity with the law and rules of the agency and determines whether the laws and rules are available.

The surveyor reviews the document designating a qualified representative to serve during the absence of the administrator.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

59A-18.004(8)(a), F.A.C., and be responsible for the total operation of the nurse registry. Available during operating hours means being readily available on the premises or by telecommunications during the above operating hours;
(5) Designate in writing a qualified individual to serve as the alternate administrator during absences of the administrator. During such absences, the on-site alternate administrator will have the responsibility and authority for the daily operation of the registry. The alternate administrator must meet qualifications as stated in subsection 59A-18.006(1), F.A.C.;
(6) Be responsible for the completion, maintenance and submission of such reports and records as required by AHCA;
(7) Be responsible for making sure that the nurse registry advises the patient, the patient's family, or any other person acting on behalf of the patient at the time the referral is made that:
(a) The caregiver is an independent contractor and that it is not the obligation of a nurse registry to monitor, supervise, manage or train the caregiver as required in section 400.506(6)(e), F.S.; and,
(b) Registered nurses are available to make visits to the patient's home for an additional cost when a certified nursing assistant or home health aide is referred as required in section 400.506(6)(c), F.S.

If controlling interest is identified as a concern, cross reference to CORE TAG Z809.

DEFINITION
408.803(7) "Controlling interest" means:
(a) The applicant or licensee:
(b) A person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the applicant or licensee; or
(c) A person or entity that serves as an officer of , is on the board of directors of, or has a 5-percent or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider.
The term does not include a voluntary board member.

ST - G0169 - Home Infusion

Title Home Infusion

Type Rule

400.464(3) FS;

Regulation Definition

Home Infusion Therapy
400.464, F.S.
(3) A home infusion therapy provider must be licensed as a

Interpretive Guideline

Nurse registries can refer nurses to patients to provide home infusion therapy. A registered nurse can provide home infusion therapy.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

home health agency or nurse registry.

Only license practical nurses that have met the education and competency requirement in state nursing rules at 64B9-12, FAC, can provide infusion therapy within the scope permitted in this regulation.

400.462, F.S.
(17) "Home infusion therapy provider" means an organization that employs, contracts with, or refers a licensed professional who has received advanced training and experience in intravenous infusion therapy and who administers infusion therapy to a patient in the patient's home or place of residence.
(18) "Home infusion therapy" means the administration of intravenous pharmacological or nutritional products to a patient in his or her home.

ST - G0170 - RN and LPN

Title RN and LPN

Type Rule

59A-18.007, F.A.C.

Regulation Definition

RN and LPN
59A-18.007, F.A.C.
The registered nurse and the licensed practical nurse shall:
(1) Be responsible for the clinical records for their patients. The clinical records shall be filed with the nurse registry, for each patient or client to whom they are giving care in the home or place of residence. Clinical notes and clinical records related to care given under a staffing arrangement are maintained by the facility where the staffing contract is arranged;
(2) Be responsible for maintaining the medical plan of treatment with clinical notes and filing the initial medical plan of treatment, any amendments to the plan, any additional order or change in orders, and a copy of the clinical notes at the office of the nurse registry.

Interpretive Guideline

The surveyor reviews a sample of clinical records to determine if the nurse is maintaining the record and the plan of treatment with progress notes, and changes in the plan or orders.

Performance of services in the medical plan of treatment signed by a physician, physician's assistant or ARNP shall suffice as meeting the requirement for working under the direction of a physician.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

ST - G0171 - Homemaker

Title Homemaker

Type Rule

59A-18.009(1&3) FAC

Regulation Definition

Homemaker
59A-18.009, F.A.C.
(1) The homemaker shall have the following responsibilities:
(a) To maintain the home in the optimum state of cleanliness and safety depending upon the client's and the caregiver's resources;
(b) To perform the functions generally undertaken by the natural homemaker, including such duties as preparation of meals, laundry, and shopping;
(c) To perform casual, cosmetic assistance, such as brushing the client's hair, assisting with make-up, filing and polishing nails, with the exception of clipping nails for diabetic patients;
(d) To stabilize the client when walking, as needed, by holding the client's arm or hand; and,
(e) To report any unusual incidents or changes in the patient's or client's behavior to the person(s) designated by the client.

(3) Homemakers... shall be responsible for providing to patient and nurse registry copies of any documentation which reflects the services provided. This will be stored by the nurse registry in the client's file. The nurse registry is not obligated to review patient or client records per section 400.506(20), F.S., but the nurse registry is not prohibited from reviewing the records and may do so.

Interpretive Guideline

The surveyor samples and reviews files of patients receiving homemaker services to see if
(1) they perform appropriate tasks as stated in the standard and
(2) there is documentation in the file of services provided.

s. 400.462, F.S.
(16) "Homemaker" means a person who performs household chores that include housekeeping, meal planning and preparation, shopping assistance, and routine household activities for an elderly, handicapped, or convalescent individual. A homemaker may not provide hands-on personal care to a client.
(24) "Personal care" means assistance to a patient in the activities of daily living, such as dressing, bathing, eating, or personal hygiene, and assistance in physical transfer, ambulation, and in administering medications as permitted by rule.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

ST - G0173 - Companions

Title Companions

Type Rule

59A-18.009(2-3) FAC

Regulation Definition

(2) The companion shall have the following responsibilities:
(a) To provide companionship for the patient or client;
(b) To provide escort services such as taking the patient or client to the health care provider;
(c) To provide light housekeeping tasks such as preparation of a meal or laundering the client's personal garments;
(d) To perform casual, cosmetic assistance, such as brushing the client's hair, assisting with make-up, filing and polishing nails, with the exception of clipping nails for diabetic patients;
(e) To stabilize the client when walking, as needed, by holding the client's arm or hand; and,
(f) To report any unusual incidents or changes in the patient's or client's behavior to the person(s) designated by the client.

(3) ... companions shall be responsible for providing to patient and nurse registry copies of any documentation which reflects the services provided. This will be stored by the nurse registry in the client's file. The nurse registry is not obligated to review patient or client records per section 400.506(20), F.S., but the nurse registry is not prohibited from reviewing the records and may do so.

Interpretive Guideline

The surveyor samples and reviews files of patients receiving companion services to see if the companion performs appropriate tasks as stated in the standard.

The surveyor reviews review client records to verify documentation of services.

s. 400.462, F.S.
(7) "Companion" or "sitter" means a person who spends time with or cares for an elderly, handicapped, or convalescent individual and accompanies such individual on trips and outings and may prepare and serve meals to such individual. A companion may not provide hands-on personal care to a client.
(24) "Personal care" means assistance to a patient in the activities of daily living, such as dressing, bathing, eating, or personal hygiene, and assistance in physical transfer, ambulation, and in administering medications as permitted by rule.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

ST - G0174 - Access to Files

Title Access to Files

Type Rule

59A-18.004(9)(c-d); 59A-18.012(7) FAC

Regulation Definition

59A-18.004(9), F.A.C.
(c) If an AHCA surveyor arrives on the premises to conduct a survey and the administrator, or a person authorized to give access to patient records, is not available on the premises he, or his alternate, must be available on the premises within two hours.
(d) The nurse registry shall provide to the patient or the patient's representative a list of telephone numbers to be called if a replacement caregiver is needed along with local emergency numbers as determined by the nurse registry.

59A-18.012, FAC
(7) Each nurse registry shall keep clinical records received from the independent contractor licensed nurse for 5 years following the termination of service. Retained records can be stored as hard paper copy, microfilm, computer disks or tapes and must be retrievable for use during unannounced surveys.

Interpretive Guideline

If 59A-18.004 (9) (c) is not met, 400.484(2), F.S., provides legal authority for a classed deficiency with a fine; and the license may be denied or revoked per 408.815(1)(c), F.S.

The surveyor must have access to patient records within 2 hours of his/her arrival at the nurse registry. Any other files requested by the surveyor need to be provided to surveyor during the survey.

Does the nurse registry have a listing of telephone numbers of replacement caregivers and local emergency numbers for patients? Review patient files.

ST - G0175 - Hours of Operation

Title Hours of Operation

Type Rule

59A-18.004(9)(a-b), F.A.C.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

Regulation Definition	Interpretive Guideline
Hours of Operation 59A-18.004, F.A.C. (9) A nurse registry has the following responsibility in terms of hours of operation: (a) The nurse registry administrator, or his alternate, must be available to the public for any eight consecutive hours between 7:00 a.m. and 6:00 p.m., Monday through Friday of each week, excluding legal and religious holidays. Available to the public means being readily available on the premises or by telecommunications. (b) When the administrator, or the designated alternate, are not on the premises during designated business hours, pursuant to paragraph 59A-18.004(8)(a), F.A.C., a staff person must be available to answer the phone and the door and must be able to contact the administrator, or the alternate, by telecommunications during the designated business hours. This individual can be a clerical staff person.	If 59A-18.004 (9) (a) or (b) are not met, the surveyor should cite the standard as not met and require correction. The standard is classed and fined as specified in 400.484(2), F.S. This would typically be a class III deficiency.

ST - G0180 - Acceptance of Patients

Title Acceptance of Patients

Type Rule

59A-18.010, F.A.C.

Regulation Definition	Interpretive Guideline
Policies for acceptance of patients or clients and termination of services to patients or clients shall include, for example, the following conditions: (1) No patient or client shall be refused service because of age, race, color, sex or national origin, pursuant to chapter 760, F.S. (2) When a patient or client is accepted for referrals of independent contractors, there shall be a reasonable	The surveyor reviews the policies regarding acceptance of patients, civil rights compliance, and termination of services. The surveyor reviews patient records to verify that the policies required in the standard are being complied with.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

expectation that the requested services can be provided adequately and safely in their residence. The responsibility of the registry is to refer independent contractors capable of delivering services as defined in a specific medical plan of treatment for a patient or services requested by a client, including all visits.
(3) When medical treatments or medications are administered, physician's, advanced practice registered nurse's, or physician assistant's orders in writing that are signed and dated shall be included in the clinical record; and,
(4) When services are to be terminated, the patient or client, or the person designated by the patient or client shall be notified of the date of termination and the reason for termination, and these shall be documented in the patient or client's record.

ST - G0190 - Plan of Treatment

Title Plan of Treatment

Type Rule

400.506(13) FS; 59A-18.011(1-6) FAC

Regulation Definition

400.506, FS
(13) All persons referred for contract in private residences by a nurse registry must comply with the following requirements for a plan of treatment:
(a) When, in accordance with the privileges and restrictions imposed upon a nurse under part I of chapter 464, the delivery of care to a patient is under the direction or supervision of a physician or when a physician is responsible for the medical care of the patient, a medical plan of treatment must be established for each patient receiving care or treatment provided by a licensed nurse in the home. The original medical plan of treatment must be timely signed by the physician, physician assistant, or advanced practice registered

Interpretive Guideline

The surveyor should sample records of patients receiving a nursing service to see if the standard is being met. Is the information in 400.506(13)(b) maintained at the NR office within the time frame in 59A-19.011(5).

The surveyor reviews the medical orders in the clinical records and verifies the plan of treatment.

The surveyor reviews the clinical records to verify signed plans of treatment within 30 days of initiation of services and reviewed by the physician, physician assistant or advanced registered nurse practitioner in consultation with the licensed nurse at least every 2 months.

The surveyor reviews the nurse's notes to determine whether the nurse documented the patient's progress.

Do the patient records show that the patient is receiving care in accordance with the plan of treatment?

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

nurse, acting within his or her respective scope of practice, and reviewed in consultation with the licensed nurse at least every 2 months. Any additional order or change in orders must be obtained from the physician, physician assistant, or advanced practice registered nurse and reduced to writing and timely signed by the physician, physician assistant, or advanced practice registered nurse. The delivery of care under a medical plan of treatment must be substantiated by the appropriate nursing notes or documentation made by the nurse in compliance with nursing practices established under part I of chapter 464.
(b) Whenever a medical plan of treatment is established for a patient, the initial medical plan of treatment, any amendment to the plan, additional order or change in orders, and copy of nursing notes must be filed in the office of the nurse registry.

59A-18.011, F.A.C.
(1) When the delivery of skilled care to a patient in the home is under the direction or supervision of a physician or when a physician, physician's assistant or advanced practice registered nurse is responsible for the medical care of the patient, a medical plan of treatment must be established for each patient receiving care or treatment provided by the licensed nurse in the home or residence.
(2) The licensed nurse providing care to the patient is responsible for having the medical plan of treatment signed by the physician, physician assistant, or advanced practice registered nurse, acting within his or her respective scope of practice, within 30 days from the initiation of services and reviewed by the physician, physician assistant, or advanced practice registered nurse in consultation with the licensed nurse at least every 2 months.
(3) The licensed nurse responsible for delivering care to the patient is responsible for the medical plan of treatment which shall include, at a minimum, the following:

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(a) Diagnoses;
(b) Activities permitted when indicated;
(c) Diet when indicated;
(d) Medication, treatments, and equipment required; and,
(e) Dated signature of physician, physician assistant, or advanced practice registered nurse.
(4) The delivery of care pursuant to a medical plan of treatment must be substantiated by the nursing notes or documentation made by the nurse in compliance with nursing practices established under chapter 464, F.S.
(5) The initial medical plan of treatment, any amendment to the plan, additional orders or change in orders, and copy of clinical notes must be filed in the office of the nurse registry, pursuant to section 400.506(13)(b), F.S., within 30 days, pursuant to Section 400.497(8), F.S.
(6) The nurse registry shall inform nurse registrants that the shift nurse that communicates with the physician's office, the physician assistant or the advanced practice registered nurse about any changes in the orders should update the plan of treatment.

ST - G0191 - Patient Rights

Title Patient Rights

Type Rule

59A-18.011(7), F.A.C.

Regulation Definition

(7) The patient, caregiver or guardian must be informed by independent contractors of the nurse registry that:
(a) They have the right to be informed of the medical plan of treatment;
(b) They have the right to participate in the development of the medical plan of treatment;
(c) They may have a copy of the medical plan of treatment if

Interpretive Guideline

Is the patient, caregiver or guardian being informed of his rights as stated in the standard? Interview at least one independent contractor to find out if they are informing these persons of their rights. As time permits, make a telephone interview of a patient or caregiver to determine if they are informed of their rights.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

requested; and,
(d) The caregiver being referred is an independent contractor of the registry.

ST - G0193 - Abuse and Neglect

Title Abuse and Neglect

Type Rule

400.506(14)

Regulation Definition

400.506
(14) The nurse registry must comply with the notice requirements of s. 408.810(5), relating to abuse reporting.

Interpretive Guideline

When an intentional or negligent act that materially affects the health or safety of a client is found, the surveyor would cite this standard. The Home Care Unit will submit a Recommendation for Sanction to the AHCA General Counsel's office to revoke the license of the nurse registry.

If abuse and neglect is identified as a concern, also cross reference to CORE TAG Z818.

Abuse and Neglect
408.810 Minimum licensure requirements.-In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license.
(5)(a) On or before the first day services are provided to a client, a licensee must inform the client and his or her immediate family or representative, if appropriate, of the right to report:
1. Complaints. The statewide toll-free telephone number for reporting complaints to the agency must be provided to clients in a manner that is clearly legible and must include the words: "To report a complaint regarding the services you receive, please call toll-free (phone number)."
2. Abusive, neglectful, or exploitative practices. The statewide toll-free telephone number for the central abuse hotline must be provided to clients in a manner that is clearly legible and must include the words: "To report abuse, neglect, or exploitation, please call toll-free (phone number)."
3. Medicaid fraud. An agency-written description of Medicaid fraud and the statewide toll-free telephone number for the central Medicaid fraud hotline must be provided to clients in a manner that is clearly legible and must include the words: "To report suspected Medicaid fraud, please call toll-free (phone number)."
The agency shall publish a minimum of a 90-day advance notice of a change in the toll-free telephone numbers.
(b) Each licensee shall establish appropriate policies and procedures for providing such notice to clients.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

408.803(7) "Controlling interest" means:
(a) The applicant or licensee;
(b) A person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the applicant or licensee; or
(c) A person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider.

ST - G0200 - Clinical Records

Title Clinical Records

Type Rule

59A-18.012(1-6 & 8), F.A.C.

Regulation Definition

The licensed nurse responsible for the delivery of skilled patient care shall maintain a clinical record, pursuant to section 400.497(8), F.S., for each patient receiving nursing services in the home that shall include, at a minimum, the following:
(1) Identification sheet containing the patient's name, address, telephone number, date of birth, sex, and caregiver or guardian;

(2) Before information can be released, an authorization for such release must be dated and signed by the patient, caregiver, or guardian;

(3) Plan of treatment as required in section 400.506(13), F.S.;

(4) Clinical and service notes, signed and dated by the nurse providing the service which shall include:
(a) Any assessments by a registered nurse;
(b) Progress notes with changes in the person's condition;
(c) Services provided;

Interpretive Guideline

The surveyor reviews the documentation in a sampling of clinical records verifying that they are completed and current according to the requirements in the standard.

The surveyor reviews the termination summary to see if all items in the standard are included.

Are records kept for 5 years following the termination of services?

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(d) Observations; and,
(e) Instructions to the patient and caregiver;

(5) Reports to physicians;

(6) Termination summary including:
(a) The date of the first and last visit;
(b) The reason for termination of services;
(c) An evaluation of established goals at time of termination;
(d) The condition of the patient at the time of termination of services; and,
(e) The referral for additional services when the patient requires continuing services.

(8) The nurse registry is not obligated to review patient or client records per section 400.506(20), F.S., but the nurse registry is not prohibited from reviewing records and may do so. In the event of violation of state law which comes to the attention of the nurse registry, the nurse registry shall take the actions specified in section 400.506(19), F.S.

ST - G0225 - Administration of Drugs and Biologicals

Title Administration of Drugs and Biologicals

Type Rule

59A-18.013, F.A.C.

Regulation Definition

Administration of Drugs and Biologicals
59A-18.013, F.A.C.
(1) Each nurse registry shall disseminate to its independent contractor nurses the procedures required by chapter 464, F.S., and the rules of the Agency for Health Care Administration governing the administration of drugs and biologicals to patients.

Interpretive Guideline

The surveyor reviews the NR procedures governing the administration of drugs and biological to patients. The procedure must include the items in the standard.

Review a sampling of records for nursing patients to determine if procedures are being followed.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(2) The procedures shall include the following:
(a) An order for medications to be administered by the licensed nurse shall be dated and signed by the attending physician, physician assistant, or advanced practice registered nurse as required in section 400.506(13), F.S.;
(b) An order for medications shall contain the name of the patient, the name of the drug, dosage, frequency, method or site of injection, and order from the physician, physician assistant, or advanced practice registered nurse if the patient or caregiver are to be taught to give the medication; and,
(c) A verbal order for medication or change in the medication orders from the physician, physician assistant, or advanced practice registered nurse shall be taken by a licensed registered nurse, reduced to writing, to include the patient's name, the date, time, order received, signature and title. The physician, physician assistant, or advanced practice registered nurse shall acknowledge the telephone order within 30 days by signing and dating the orders. A verbal order or change in medication order shall be on file in the clinical record at the nurse registry within 30 days.

ST - G0251 - Procedures for Contractors

Title Procedures for Contractors

Type Rule

59A-18.005(2), F.A.C.

Regulation Definition

(2) Each nurse registry shall establish written procedures for the selection, documentation, screening and verification of credentials for each independent contractor referred by the registry.

Interpretive Guideline

The surveyor reviews written procedures on initial licensure survey and on subsequent surveys if procedures have changed, to determine if the items required in the standard are included.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

ST - G0252 - Confirming Licensure

Title Confirming Licensure

Type Rule

59A-18.005(3-5), F.A.C.

Regulation Definition

(3) Each nurse registry shall confirm a new independent contractor's licensure or certification with the issuing board or department. A screen print from the Department of Health website that shows a clear and active license or certification for each nurse and certified nursing assistant is sufficient for documentation.
(4) Each nurse registry shall, at least annually, reconfirm the licensure or certification of all of its independent contractors who are licensed or certified. If the nurse registry cannot confirm the licensure of any registered nurse, licensed practical nurse or certification of any certified nursing assistant, the nurse registry shall take the actions specified in section 400.506(19), F.S. This includes reporting the individual to the Florida Board of Nursing, Department of Health as specified at its website: http://www.floridahealth.gov/licensing-and-regulation/enforcement/report-unlicensed-activity/file-a-complaint.html.
(5) Each nurse registry shall confirm the identity of the independent contractor prior to referral. Identification shall be verified by using the individual's current driver's license or other photo identification, including the professional license or certificate.

Interpretive Guideline

Files of independent contractors shall be sampled by the surveyor to verify licensure or certification for nurses and CNAs.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

ST - G0253 - Supplemental Staffing

Title Supplemental Staffing

Type Rule

59A-18.017 FAC

Regulation Definition

(1) Each nurse registry may provide staffing services as defined in section 400.462(29), F.S.

(2) Each independent contractor shall carry their professional license or certification with them at all times during their working hours at a health care facility, and shall produce such a record for review by the health care facility, upon request.

(3) Each nurse registry shall establish a system for the recording complaints involving individuals they referred to health care facilities or other business entity, and such records shall be kept in the individual's registration file. The nurse registry is not obligated to review records per section 400.506(20), F.S., but the nurse registry is not prohibited from reviewing records and may do so.

(4) Each nurse registry shall provide to the independent contractor, the name of the appropriate person at the health care facility who will be responsible for orientation to the facility.

(5) Each nurse registry shall, upon receiving licensure and certification information, inform the health care facility or other business entity, if a licensed or certified individual being referred to the facility is on probation with their professional licensing board or certifying agency or has any other restrictions placed on their license or certification. The

Interpretive Guideline

The surveyor should request that the administrator show the system for recording complaints.

Do the contractor records show complaints as required in the standard?

Does the contractor file show any restrictions on the contractor's license or certification? If so, does the file indicate that the facility was notified?

Does the contractor file include the information required in (7) of the standard?

If a contractor is referred for staffing in nursing homes, does the contractor file of an independent contractor whom has not maintained continuous residency in Florida for 5 years preceding the staffing referral include evidence that the individual completed a level 2 background screening?

Are the files available for inspection by the surveyor?

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

registry shall also advise the licensed or certified individual that this information has been given to the health care facility or other business entity and keep a copy of this information in the independent contractor's file.

(6) Each nurse registry shall maintain on file the name and address of facilities to whom the independent contractor is referred for contract, the amount of the fee charged, the title of the position, and the amount of the fee received by the registry.

(7) Each nurse registry shall maintain files in an organized manner and such files will be made available for inspection by the agency during the hours the registry is in operation. The nurse registry is not obligated to review patient or client records per section 400.506(20), F.S., but the nurse registry is not prohibited from reviewing records and may do so.

(8) The nurse registry is not obligated to monitor, manage or supervise a referred independent contractor pursuant to Section 400.506(19), F.S. In the event of violation of state law which comes to the attention of the nurse registry, the nurse registry shall take the actions specified in section 400.506(19), F.S.

ST - G0270 - Certified Nursing Assistant

Title Certified Nursing Assistant

Type Rule

59A-18.0081(7), F.A.C.

Regulation Definition	Interpretive Guideline
Certified Nursing Assistant 59A-18.0081, F.A.C. (7) CNA Qualifications.	Moved C.N.A. certificate requirement from G 277. Review CNA personnel files to see if certification is included.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(a) For every CNA, a nurse registry shall have on file a copy of the person's State of Florida certification.
(b) Individuals who earn their CNA certificate in another state must contact the Florida Department of Health, Board of Nursing to inquire about taking the written examination prior to working as a CNA in Florida, pursuant to chapter 464, part II, F.S.
(c) A CNA may work as a home health aide.

ST - G0271 - HH Aide Qualifications

Title HH Aide Qualifications

Type Rule

59A-18.0081(8 & 10), FAC

Regulation Definition

(8) Home Health Aide Qualifications.
(a) For every home health aide registered with the nurse registry since May 4, 2015, a nurse registry shall have on file a certificate or documentation of successful completion of at least forty hours of home health aide training, pursuant to section 400.506(6)(a), F.S., from a public vocational technical school or a nonpublic post-secondary educational institution approved by the Florida Department of Education, Commission for Independent Education.
(b) Home health aides registered with the nurse registry since May 4, 2015 who complete their training in another state must provide a certificate of completion of home health aide training from a vocational technical school or a post-secondary educational institution licensed in that state.

(10) Licensed practical nurses and registered nurses that are licensed in Florida or another state may work as home health aides. Also, persons who have completed the licensed practical nurse or registered nurse training from a public

Interpretive Guideline

Review files of sample of new home health aides registered since May 4, 2015 to see if there is a certificate or evidence of at least 40 hours of home health aide training from a public vocational technical school or a licensed non-public career education school.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

school, college, or university or a nonpublic post-secondary educational institution approved by the Florida Department of Education, Commission for Independent Education but are not yet licensed may work as home health aides.

ST - G0272 - CNA & Home Health Aide - CPR

Title CNA & Home Health Aide - CPR

Type Rule

59A-18.0081(9), F.A.C.

Regulation Definition	Interpretive Guideline
(9) CNAs and home health aides referred by nurse registries must maintain a current cardiopulmonary resuscitation (CPR) certification from an instructor or training provider that is approved to provide training by the American Heart Association, the American Red Cross, or the Health and Safety Institute, and that provides CPR training in which the student is required to demonstrate, in person, that he or she is able to perform cardiopulmonary resuscitation.	Review a sample of C.N.A. and home health aides to ensure that CPR certification is current.

ST - G0273 - Evidence of HIV Training

Title Evidence of HIV Training

Type Rule

400.506(8)(e), F.S.

Regulation Definition	Interpretive Guideline
(8) Each nurse registry must require every applicant for contract to complete an application form providing the following information: ... (e) Proof of completion of a continuing educational course on	Review a sample of independent contractors to ensure a course on HIV/AIDS has been completed. This requirement was added by the 2008 Legislature. (Note: this is a one-time only course. In the past the training was biennial.)

modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome with an emphasis on appropriate behavior and attitude change. Such instruction shall include information on current Florida law and its effect on testing, confidentiality of test results, and treatment of patients and any protocols and procedures applicable to human immunodeficiency virus counseling and testing, reporting, offering HIV testing to pregnant women, and partner notification issues pursuant to ss. 381.004 and 384.25.

ST - G0275 - C.N.A. & Home Health Aide - Physician

Title C.N.A. & Home Health Aide - Physician

Type Rule

400.506(6)(b), F.S

Regulation Definition

(b) A certified nursing assistant or home health aide may be referred for a contract to provide care to a patient in his or her home only if that patient is under a physician's care. A certified nursing assistant or home health aide referred for contract in a private residence shall be limited to assisting a patient with bathing, dressing, toileting, grooming, eating, physical transfer, and those normal daily routines the patient could perform for himself or herself were he or she physically capable. A certified nursing assistant or home health aide may not provide medical or other health care services that require specialized training and that may be performed only by licensed health care professionals. The nurse registry shall obtain the name and address of the attending physician and send written notification to the physician within 48 hours after a contract is concluded that a certified nursing assistant or home health aide will be providing care for that patient.

Interpretive Guideline

The surveyor reviews a sampling of the records of those patients receiving CNA and home health aide to:
(1.) determine if CNAs and HH aides are performing appropriate tasks. (This can also be checked on a home visit or telephone interview as time permits.); and
(2.) determine whether the attending physician has been notified that a CNA and home health aide will be providing care for the patients.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

ST - G0276 - CNA and HH Aide - RN Available

Title CNA and HH Aide - RN Available

Type Rule

400.506(6)(c), F.S.

Regulation Definition	Interpretive Guideline
(c) When a certified nursing assistant or home health aide is referred to a patient's home by a nurse registry, the nurse registry shall advise the patient, the patient's family, or any other person acting on behalf of the patient at the time the contract for services is made that registered nurses are available to make visits to the patient's home for an additional cost.	The surveyor reviews how the information is provided to the patient or family or other person on behalf of the patient that RNs are available to make visits.

ST - G0277 - CNA and Home Health Aide - Responsibilities

Title CNA and Home Health Aide - Responsibilities

Type Rule

59A-18.0081(1-6) FAC

Regulation Definition	Interpretive Guideline
The certified nursing assistant (CNA) and the home health aide shall: (1) Be limited to assisting a patient in accordance with Section 400.506(6)(b), F.S.; (2) Be responsible for documenting services provided to the patient or client and for filing said documentation with the nurse registry on a regular basis. These service logs will be stored by the nurse registry in the client's file. The service logs shall include the name of the patient or client and a listing of the services provided;	Sample records of patients receiving CNAs and home health aides to determine whether services are documented and whether appearance and behavioral changes are noted and reported. Review duties performed by the CNA and home health aide as reported in the file to determine if appropriate as per items (4) through (6) of the standard. Review CNA personnel files to see if certification is included.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(3) Be responsible for observing appearance and gross behavioral changes in the patient and reporting these changes to the patient's health care surrogate or other person designated by the patient and the nurse registry or to the responsible facility employee if staffing in a facility;
(4) Be responsible to maintain a clean, safe and healthy environment, which may include light cleaning and straightening of the bathroom, straightening the sleeping and living areas, washing the patient's dishes or laundry, and such tasks to maintain cleanliness and safety for the patient;
(5) Perform other activities as taught and documented by a registered nurse, concerning activities for a specific patient and restricted to the following:
(a) Assisting with the placement or removal of a colostomy bag, excluding the removal of the flange or manipulation of the stoma's site;
(b) Assisting with the application and removal of anti-embolism stockings and hosiery prescribed for therapeutic treatment of the legs.
(c) Assisting with the use of devices for aid to daily living such as a wheelchair or walker;
(d) Assisting with prescribed range of motion exercises;
(e) Assisting with prescribed ice cap or collar;
(f) Administer simple urine tests for sugar, acetone or albumin;
(g) Assisting with the use of a glucometer to perform blood glucose testing;
(h) Measuring and preparing special diets;
(i) Measuring intake and output of fluids;
(j) Measuring vital signs, including temperature, pulse, respiration or blood pressure;
(k) Assisting with oxygen nasal cannulas and continuous positive airway pressure (CPAP) devices, excluding the titration of the prescribed oxygen levels; and
(l) Assisting with the reinforcement of dressing.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(6) A home health aide or CNA shall not perform the following activities:
(a) Administer any nursing or therapeutic service that requires licensure as a health care professional;
(b) Change sterile dressings.
(c) Irrigate body cavities such as giving an enema;
(d) Perform irrigation of any wounds (such as vascular ulcers, diabetic ulcers, pressure ulcers, surgical wounds) or apply agents used in the debridement of necrotic tissues in wounds of any type;
(e) Perform a gastric irrigation or enteral feeding;
(f) Catheterize a patient;
(g) Administer medications;
(h) Apply heat by any method;
(i) Care for a tracheotomy tube;
(j) Provide any service which has not been included in the plan of treatment; or,
(k) Providing assistance with a pill organizer, such as removing medication from a pill organizer and placing the medication in the patient's hand or filling a pill organizer with the patient's medication(s).

ST - G0278 - Assistance with Medications

Title Assistance with Medications

Type Rule

400.488(1-5) FS 59A-18.0081(11)(d-e) FAC

Regulation Definition

400.488 Assistance with self-administration of medication and with other tasks.-
(1) For purposes of this section, the term:
(a) "Informed consent" means advising the patient, or the patient's surrogate, guardian, or attorney in fact, that the patient may be receiving assistance with self-administration of

Interpretive Guideline

Identify and review files of patients receiving assistance with medications to determine compliance with these provisions.

If the surveyor makes a home visit to a patient that is receiving assistance with their medication, the surveyor should ask what the home health aide or CNA does to assist the patient with his or her medications. If the assistance is more than what is permitted under this standard, the nurse registry is not in compliance with this standard and should be

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

medication or other tasks from an unlicensed person.
(b) "Unlicensed person" means an individual not currently licensed to practice nursing or medicine who is employed by or under contract to a home health agency and who has received training with respect to assisting with the self-administration of medication or other tasks as provided by agency rule.
(2) Patients who are capable of self-administering their own medications and performing other tasks without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a patient whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. An unlicensed person may also provide assistance with other tasks specified in subsection (6). Assistance with self-administration of medication or such other tasks by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a patient or the patient's surrogate, guardian, or attorney in fact. For purposes of this section, self-administered medications include both legend and over-the-counter oral dosage forms, topical dosage forms, transdermal patches, and topical ophthalmic, otic, and nasal dosage forms, including solutions, suspensions, sprays, inhalers, and nebulizer treatments.
(3) Assistance with self-administration of medication includes:
(a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored and bringing it to the patient. For purposes of this paragraph, an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers.
(b) In the presence of the patient, confirming that the

cited.

Check the sample of patient records to see if the patients that receive such assistance are medically stable and have regularly scheduled medications that are intended to be self-administered.

When reviewing sampled patient files, look for documentation of consent in the patient's record for those patients that are getting assistance for medication as permitted in the law.

Was a review of the medications for which assistance is to be provided conducted by a registered nurse or licensed practical nurse to ensure the HHA or CNA was able to assist in accordance with training and the medication prescription?

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

medication is intended for that patient, orally advising the patient of the medication name and purpose, opening the container, removing a prescribed amount of medication from the container, and closing the container.
(c) Placing an oral dosage in the patient's hand or placing the dosage in another container and helping the patient by lifting the container to his or her mouth.
(d) Applying topical medications.
(e) Returning the medication container to proper storage.
(f) Keeping a record of when a patient receives assistance with self-administration under this section.
(g) Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solutions, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.
(4) Assistance with self-administration of medication does not include:
(a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications by way of a tube inserted in a cavity of the body.
(d) Administration of parenteral preparations.
(e) The use of irrigations or debriding agents used in the treatment of a skin condition.
(f) Assisting with rectal, urethral, or vaginal preparations.
(g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent patient.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
(5) Assistance with the self-administration of medication by an unlicensed person as described in this section does not constitute administration as defined in s. 465.003.

59A-18.0081, F.A.C.
(11) CNAs and home health aides referred by nurse registries may assist with self-administration of medication as described in Section 400.488, F.S.

(d) In cases where a home health aide or a CNA will provide assistance with self-administered medications as described in Section 400.488, F.S., and paragraph (e) below, an RN shall conduct an assessment of the patient and patient's medications for which assistance is to be provided to ensure that a patient receiving such assistance is medically stable and has regularly scheduled medications that are intended to be self administered as required in s. 400.488(2), F.S. and the CNA and home health aide are able to assist in accordance with their training and with the medication prescription. If the patient will not consent to a visit by the nurse to conduct an assessment, a written list with the dosage, frequency and route of administration shall be provided by the patient or the patient's health care surrogate, family member, or person designated by the patient to the home health aide or CNA to have reviewed by the nurse. The patient or the patient's surrogate, guardian, or attorney in fact must give written consent for a home health aide or C.N.A. to provide assistance with self-administered medications, as required in Section 400.488(2), F.S.
(e) The trained home health aide and CNA may also provide the following assistance with self-administered medication, as

needed by the patient and as described in Section 400.488, F.S.:
1. Prepare necessary items such as juice, water, cups, or spoons to assist the patient in the self-administration of medication,
2. Open and close the medication container or tear the foil of prepackaged medications,
3. Assist the resident in the self-administration process. Examples of such assistance include the steadying of the arm, hand, or other parts of the patient's body so as to allow the self-administration of medication,
4. Assist the patient by placing unused doses of solid medication back into the medication container.

ST - G0279 - Training on Assistance With Medications

Title Training on Assistance With Medications

Type Rule

59A-18.0081(11)(a-c), F.A.C.

Regulation Definition

(11) CNAs and home health aides referred by nurse registries may assist with self-administration of medication as described in Section 400.488, F.S.
(a) Home health aides and CNAs assisting with self-administered medication, as described in Section 400.488, F.S., shall have received a minimum of 2 hours of training covering the following content:
1. Training shall cover state law and rule requirements with respect to the assistance with self-administration of medications in the home, procedures for assisting the resident with self-administration of medication, common medications, recognition of side effects and adverse reactions and procedures to follow when patients appear to be experiencing side effects and adverse reactions. Training must include

Interpretive Guideline

Identify and review files of patients receiving assistance with medications.

Verify that the file for the HHA or CNA independent contractor providing the assistance with medications for the patient file reviewed by the surveyor contains documentation of a minimum of 2 hours of training.

Does the training documentation meet the types of acceptable training listed in the standard?

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

verification that each CNA and home health aide can read the prescription label and any instructions.
2. Individuals who cannot read shall not be permitted to assist with prescription medications.
(b) Documentation of training on assistance with self-administered medication from one of the following sources is acceptable:
1. Documentation of 2 hours of training in compliance with subsection 59A-8.0095(5), F.A.C., from a home health agency if the home health aide or CNA previously worked for the home health agency;
2. A training certificate for assisted living facility staff in compliance with Section 429.52(6), F.S.;
3. A training certificate for at least 2 hours of training from a post-secondary educational institution approved by the Florida Department of Education;
4. Documentation of at least 2 hours of training by a provider approved by the Florida Department of Health, Board of Nursing.
(c) Documentation of the training must be maintained in the file of each home health aide and CNA. who assists patients with self-administered medication.

ST - G0280 - Assisted Living Facilities & Other

Title Assisted Living Facilities & Other

Type Rule

400.506(15)(a-b)

Regulation Definition

Assisted Living Facilities & Other
400.506
(15)(a) The agency may deny, suspend, or revoke the license of a nurse registry and shall impose a fine of $5,000 against a nurse registry that:

Interpretive Guideline

"Fair market value" means the value in arm's length transactions, consistent with the price that an asset would bring as the result of bona fide bargaining between well informed buyers and sellers who are not otherwise in a position to generate business for the other party, or the compensation that would be included in a service agreement as the result of bona fide bargaining between well-informed parties to the agreement who are not otherwise in a position to generate business for the other party, on the date of acquisition of the asset or at the time of the service agreement.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

1. Provides services to residents in an assisted living facility for which the nurse registry does not receive fair market value remuneration.
2. Provides staffing to an assisted living facility for which the nurse registry does not receive fair market value remuneration.
3. Fails to provide the agency, upon request, with copies of all contracts with assisted living facilities which were executed within the last 5 years.
(b) The agency shall also impose an administrative fine of $15,000 if the nurse registry refers nurses, certified nursing assistants, home health aides, or other staff without charge to a facility licensed under chapter 429 in return for patient referrals from the facility.
(s.400.462 (11), F.S.)

ALFs:
Check contracts the Nurse Registry may have with ALFs for staffing, referrals and/or space. Failure to provide copies of all contracts with ALFs is a fine of $5,000 and may result in denial, revocation or suspension of the license.
Are the NR personnel working in ALFs under contract with specific residents to provide services in their rooms?
Does the NR staff the ALF and/or operate a resident drop-in office at the facility? Is this NR the only NR that sees its residents?
ALF, Adult Day Care, Adult Family Care Home: Any HHA that provides nurses, CNAs, HH aides or other staff without charge to an ALF, adult day care center, or adult family care home in return for patient referrals is to be fined (400.518(4), F.S.). The Field Office submits a Recommendation for Sanction to General Counsel's office.

ST - G0290 - Special needs registration

Title Special needs registration

Type Rule

400.506(11); 59A-18.018(6,7&11)

Regulation Definition

Special needs registration
400.506, F.S.
(11) Nurse registries shall assist persons who would need assistance and sheltering during evacuations because of physical, mental, or sensory disabilities in registering with the appropriate local emergency management agency pursuant to s. 252.355.

59A-18.018, F.A.C.
(6) Nurse registries shall assist patients who would need assistance and sheltering during evacuations because of physical, mental, or sensory disabilities in registering with the local emergency management agency, as required in section 400.506(11), F.S.

Interpretive Guideline

Is there evidence that the NR has received the information necessary to assist special needs patients with registration through the local emergency management agency? The NR should have contacted the local Emergency Management Agency in each county to find out what information needs to be submitted.

Review the procedure used at intake by the NR to identify and assist special needs patients with registration.

Verify that the procedure allows for an annual review of the registered patients and the specific steps taken to determine if the special needs patient continues to need ongoing registration with the local Emergency Management Agency.

Review the NR's emergency management plan to verify that procedures for registering special needs patients are included.

Verify that special needs registration information has been sent to the county emergency management office.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(a) Upon initial contract for services, and at a minimum on an annual basis, each nurse registry shall, pursuant to sections 400.506(12) and 252.355, F.S., inform the patient and the patient's family member or other person acting on behalf of the patient, by the best method possible as it pertains to the person's disability, of the special needs registry and procedures for registration at the special needs registry maintained by their county emergency management office.
(b) If the patient is to be registered at the special needs registry, the nurse registry shall assist the patient with registering, pursuant to sections 400.506(12), F.S., and must document in the patient's file if the patient plans to evacuate or remain at home; if the patient's family or other person that provides care to the patient can take responsibility during the emergency for services normally provided by independent contractors referred by the registry; or if the registry needs to make referrals in order for services to continue. If the patient has a case manager through the Community Care for the Elderly or the Medicaid Waiver programs or any other state funded program designated in law to help patients and clients register with the special needs registry, then the nurse registry will check with the case manager to verify if the patient has already been registered. If so, a note will be made in the patient's file by the nurse registry that the patient's need for registration has already been reviewed and handled by the other program's case manager.
(c) The independent contractors referred by the nurse registry, or registry staff, shall inform patients registered with the special needs registry that special needs shelters are an option of last resort and that services may not be equal to what they have received in their homes.
(d) This registration information, when collected, shall be submitted, pursuant to section 400.506(12), F.S., to the county emergency management office.

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The following statutory requirement falls under the Division of Emergency Management within the Executive Office of the Governor, or the successor to that division:

252.355 Registry of persons with special needs; notice; registration program.-
(1) In order to meet the special needs of persons who would need assistance during evacuations and sheltering because of physical, mental, cognitive impairment, or sensory disabilities, the division, in coordination with each local emergency management agency in the state, shall maintain a registry of persons with special needs located within the jurisdiction of the local agency. The registration shall identify those persons in need of assistance and plan for resource allocation to meet those identified needs.

(2) In order to ensure that all persons with special needs may register, the division shall develop and maintain a special needs shelter registration program. ...
(b) To assist in identifying persons with special needs, home health agencies, hospices, nurse registries, home medical equipment providers, the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Department of Education, the Agency for Persons with Disabilities, the Department of Elderly Affairs, and memory disorder clinics shall, and any physician licensed under chapter 458 or chapter 459 and any pharmacy licensed under chapter 465 may, annually provide registration information to all of their special needs clients or their caregivers. The division shall develop a brochure that provides information regarding special needs shelter registration procedures. The brochure must be easily accessible on the division's website. All appropriate agencies and community-based service providers, including aging and disability resource centers, memory disorder clinics, home health care providers, hospices, nurse registries, and home medical equipment providers, shall, and any physician licensed under chapter 458 or chapter 459 may, assist emergency management agencies by annually registering persons with special needs for special needs shelters, collecting registration information for persons with special needs as part of the program intake process, and establishing programs to educate clients about the registration process and disaster preparedness safety procedures. A client of a state-funded or federally funded service program who has a physical, mental, or cognitive impairment or sensory disability and who needs assistance in evacuating, or when in a shelter, must register as a person with special needs. The registration program shall give persons with special needs the option of preauthorizing emergency response personnel to enter their homes during search and rescue operations if necessary to ensure their safety and welfare following disasters.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

(7) The person referred for contract to a patient registered with the special needs registry, which shall include special needs registry patients being served in assisted living facilities and adult family care homes, shall ensure that the same type and quantity of continuous care is provided in the special needs shelter that was provided prior to the emergency as specified in section 400.506(12), F.S., unless circumstances beyond the control of the independent contractor as described in section 400.506(12)(d), F.S., make it impossible to continue services.

(11) During emergency situations, when there is not a mandatory evacuation order issued by the local county emergency management office, some patients, registered pursuant to section 252.355, F.S., may decide not to evacuate and will stay in their homes. The nurse registry must establish procedures, prior to the time of an emergency, which will delineate to what extent the registry will continue to arrange for care during and immediately following an emergency pursuant to section 400.506(12)(a), F.S. The registry shall also contact the patients who need continuing services by calling the patient at home or calling the assisted living facility or adult family care home the patient resides in to determine if the patient still needs services from the registry and which patients have plans to receive care from their family or other persons. If the assisted living facility or adult family care home does relocate the residents to another assisted living facility or adult family care home in the geographic area served by the nurse registry, the registry will continue to provide services to the residents. If the patients relocated outside the area served by the registry, the registry will assist the assisted living facility and adult family care home in obtaining the services of another registry already licensed for that area until the patient returns back to their original location.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

ST - G0291 - Emergency Management Plan

Title Emergency Management Plan

Type Rule

400.506(12) FS; 59A-18.018(1) FAC

Regulation Definition

Emergency Management Plan

400.506, F.S.
(12) .... The plan shall include the means by which the nurse registry will continue to provide the same type and quantity of services to its patients who evacuate to special needs shelters which were being provided to those patients prior to evacuation. The plan shall specify how the nurse registry shall facilitate the provision of continuous care by persons referred for contract to persons who are registered pursuant to s. 252.355 during an emergency that interrupts the provision of care or services in private residences. Nurse registries may establish links to local emergency operations centers to determine a mechanism by which to approach specific areas within a disaster area in order for a provider to reach its clients. ...

59A-18.018, F.A.C.
(1) Pursuant to section 400.506(12), F.S., each nurse registry shall prepare and maintain a written comprehensive emergency management plan, in accordance with the Comprehensive Emergency Management Plan for Nurse Registries, AHCA Form 3110-1017, May 2015, incorporated by reference and available at https://www.flrules.org/Gateway/reference.asp?No=Ref-05234 . This document is available from the Agency for Health Care Administration at

Interpretive Guideline

Does the NR have an emergency management plan?

The Department of Health has provided contact information for nurse registry plan reviews. Nurse registries will need to send a separate plan to each of the counties that appear on their license. Plans are to be sent electronically to the county health department contacts. The AHCA website links to the Department of Health's county health department contact information at . The document entitled Emergency Management Plan Review Contacts contains the e-mail and the phone number for the county health department reviewer for each of the 67 counties in the state. The nurse registry staff should check with the reviewer before sending the plan and make sure they get a confirmation from the county reviewer that the plan was received. Some of the counties may not be reviewing plans as there was no funding allocated for reviewer positions. However, the nurse registry still needs to complete a plan and send it to the reviewer and get confirmation that it was received.

If the NR submitted a plan, and it has been over 90 days and no response by the designated reviewer has been received by the NR, then ask to see the reviewer's initial response and the NR's response if the reviewer requested revisions to the plan. The NR must do any revisions requested by the county health department reviewer and return it for approval. A deficiency should only be cited if the NR did not revise the plan as instructed and did not return the plan to the county health department reviewer for a second review.

A deficiency should be cited if there is no emergency management plan. If the plan is not done on the required format this is also a deficiency.

If the county health department has notified AHCA that a NR has failed to submit a plan or requested revisions within 30 days after notification from the county health department, this is a deficiency and subject to a $5,000 fine. If not corrected, a Recommendation for Sanction (the $5,000 fine) is prepared and submitted by the Home Care Unit to AHCA General Counsel's office.

Plan Contents:

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

http://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml. The plan shall describe how the nurse registry establishes and maintains an effective response to emergencies and disasters. The plan, once completed, will be sent electronically to the contact designated by the Department of Health as required in section 400.506(12), F.S.

Has the NR included items III A.1.-4. in their emergency management plan regarding plan implementation?

Has the NR included in their emergency management plan item III C 3 and 4 how independent contractors responsible for special needs patient's will be notified and continue the same type and quantity of services to patients evacuating to the special needs shelters?

Has the NR included in their emergency management plan item III C 5 and 6 how the NR will contact special needs patients in the event of an emergency?

Has the NR included in their emergency management plan item III D 1 how independent contractors will continue services to special needs patients when evacuation is not ordered?

Has the NR included in their emergency management plan III E 4 what other resources they will utilize to continue services to special needs shelter patients in the event their independent contractors cannot continue the same type and quantity of services in the shelter?

Refer to CORE Tag Z830 for additional requirements.

ST - G0292 - Emergency Management Plan Updates

Title Emergency Management Plan Updates

Type Rule

59A-18.018(3) FAC

Regulation Definition

59A-18.018, F.A.C.
(3) Changes in the telephone numbers of those administrative staff who are coordinating the nurse registry's emergency response must be reported to the county emergency management office and to the county health department. For nurse registries with multiple counties on their license, the changes must be reported to each county health department and each county emergency management office. The telephone numbers must include numbers where the coordinating staff

Interpretive Guideline

Were changes reported to the applicable county emergency management offices and local county health department?

Refer to CORE Tag Z830 for additional requirements.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

can be contacted outside of the nurse registry's regular office hours. All nurse registries must report these changes, whether their plan has been previously reviewed or not, as defined in subsection (1).

ST - G0294 - EM Plan and Patient Records

Title EM Plan and Patient Records

Type Rule

400.506(12)(a) FS; 59A-18.018(10)

Regulation Definition

Emergency Management Plan and Patient Records
400.506, F.S.
(12)(a) All persons referred for contract who care for persons registered pursuant to s. 252.355 must include in the patient record a description of how care will be continued during a disaster or emergency that interrupts the provision of care in the patient's home. It shall be the responsibility of the person referred for contract to ensure that continuous care is provided.

59A-18.018, F.A.C.
(10) If the independent contractor is unable to provide services to special needs registry patients, including any assisted living facility and adult family care home special needs registry patients, due to circumstances beyond their control pursuant to section 400.506(12)(d), F.S., then the nurse registry will contact the independent contractors it has available for referral to find another independent contractor for the patient, pursuant to section 400.506(12), F.S.

Interpretive Guideline

When sampling patient records, including records for patients in assisted living facilities and adult family care homes, is the patient's plan for evacuation and continuing the same type and quantity of services in a special needs shelter during an emergency documented?

If the emergency does not require evacuation does the patient record indicate how services will be continued?

Did the NR collect the special needs registration information for the patient and submit it to the county emergency management office?

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

ST - G0295 - Emergency Management - Prioritized List

Title Emergency Management - Prioritized List

Type Rule

400.506(12)(b) FS; 59A-18.018(12) FAC

Regulation Definition

Emergency Management - Prioritized List

s.400.506(12), F.S.
(b) Each nurse registry shall maintain a current prioritized list of patients in private residences who are registered pursuant to s. 252.355 and are under the care of persons referred for contract and who need continued services during an emergency. This list shall indicate, for each patient, if the client is to be transported to a special needs shelter and if the patient is receiving skilled nursing services. Nurse registries shall make this list available to county health departments and to local emergency management agencies upon request.

59A-18.018, F.A.C.
(12) The prioritized list of registered special needs patients maintained by the nurse registry shall be kept current and shall include information, as defined in sections 400.506(12)(b) and (c), F.S. This list also shall be furnished to county health departments and to the county emergency management office, upon request.

Interpretive Guideline

Ask the Administrator how the NR maintains and keeps the prioritized list current.

Has the NR included in their emergency management plan item III C 7 on how the NR will maintain and keep current a prioritized list of special needs registry patients?

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

ST - G0296 - Emergency Management and List of Meds

Title Emergency Management and List of Meds

Type Rule

400.506(12)(c) FS; 59A-18.018(13 &14)

Regulation Definition

Emergency Management and List of Meds

s. 400.506(12), F.S.
(c) Each person referred for contract who is caring for a patient who is registered pursuant to s. 252.355 shall provide a list of the patient's medication and equipment needs to the nurse registry. Each person referred for contract shall make this information available to county health departments and to local emergency management agencies upon request.

59A-18.018, F.A.C.
(13) The independent contractor from the nurse registry is required to maintain in the home of the special needs patient a list of patient-specific medications, supplies and equipment required for continuing care and service should the patient be evacuated as per section 400.506(12)(c), F.S. The list must include the names of all medications, their dose, frequency, route, time of day and any special considerations for administration. The list must also include any allergies; the name of the patient's physician, physician assistant, or advanced practice registered nurse and the physician, physician assistant or advanced practice registered nurse's phone number; and the name, phone number and address of the patient's pharmacy. If the patient permits, the list can also include the patient's diagnosis.
(14) The patient record for each person registered as a special needs patient shall include the list described in subsection (13)

Interpretive Guideline

Review a special needs registry patient record to verify the presence of the list of items described in (16)(c)

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

above, and information as listed in sections 400.506(12)(a) and (b), F.S.

ST - G0297 - Emergency Mgmt Plan and Contacting Patients

Title Emergency Mgmt Plan and Contacting Patients

Type Rule

59A-18.018(9), F.A.C.

Regulation Definition	Interpretive Guideline
(9) When a state of emergency has been declared by executive order or proclamation of the Governor, pursuant to section 252.36(2), F.S., the nurse registry must contact those patients needing ongoing services pursuant to section 400.506(12)(a), F.S., and confirm each patient's plan during and immediately following an emergency. The nurse registry shall contact the assisted living facility and adult family care home patients and confirm their plans during and immediately following an emergency.	If an emergency has occurred since the last survey verify through review of special needs patient records that the NR made contact and to confirm plans.

ST - G0298 - Emergency Management Plan Implementation

Title Emergency Management Plan Implementation

Type Rule

59A-18.018(5) & (8) FAC; 400.506(12)

Regulation Definition	Interpretive Guideline
59A-18.018 (5) In the event of an emergency, the nurse registry shall implement the nurse registry's emergency management plan pursuant to section 400.506(12), F.S. Also, the registry must meet the following requirements: (a) All administrative staff shall be informed of	If there has been an emergency or a complaint since the last survey does the patient record reflect that the same type and quantity of services was delivered to the patient? If not is there documentation in the patient record describing what steps the NR took to try and continue services to the special needs patient? Was another independent contractor referred to care for the patient in the special needs shelter? Review a sample of files of special needs patients that live in the home, assisted living facility and adult family care home, if applicable, to see if the file was documented with the efforts made by the NR to find an alternative provider for services. If there is no evidence that a good faith effort

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

responsibilities for implementing the emergency management plan.
(b) If telephone service is not available during an emergency, the registry shall have a contingency plan to support communication, pursuant to section 400.506(12)(f), F.S. A contingency plan may include cell phones, contact with a community based ham radio group, public announcements through radio or television stations, driving directly to the patient's home, and, in medical emergency situations, contact with police or emergency rescue services.

(8) When a nurse registry is unable to continue services to special needs patients registered under section 252.355, F.S., that patient's record must contain documentation of the efforts made by the registry to comply with their emergency management plan in accordance with section 400.506(12), F.S. Documentation includes but is not limited to contacts made to the patient's family or other person that provides care, if applicable, contacts made to the assisted living facility and adult family care home if applicable; contacts made to local emergency operation centers to obtain assistance in reaching patients and contacts made to other agencies which may be able to provide temporary services.

400.506(12), F.S.
...Nurse registries shall demonstrate a good faith effort to comply with the requirements of this subsection by documenting attempts of staff to follow procedures outlined in the nurse registry's comprehensive emergency management plan which support a finding that the provision of continuing care has been attempted for patients identified as needing care by the nurse registry and registered under s. 252.355 in the event of an emergency under this subsection.
(d)?Each person referred for contract shall not be required to continue to provide care to patients in emergency situations was made, the NR should be cited.

Aspen State Regulation Set: G 3.07 Nurse Registry Licensure

that are beyond the person's control and that make it impossible to provide services, such as when roads are impassable or when patients do not go to the location specified in their patient records.